**Section 4 – Description of Programs**

List of Agency Programs:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Program** | **CSBG** | **Non-CSBG** |
| A |  |  |  |
| B |  |  |  |
| C |  |  |  |
| D |  |  |  |
| E |  |  |  |
| F |  |  |  |
| G |  |  |  |

**Name of Program**:

1. Description of services, including direct services that will be provided by the agency and services that will be provided by partner agencies.

2. Target Population.

3. Projected number of people that will be served.

4. List the types of staff positions and how many staff will be working in each position. Use FTEs.

5. If this is a continuing program, list and describe any planned improvements, changes, and/or expansions that the agency will be implementing in SFY 2017.