

FY 2016 Annual Services Plan

Original ( ) Revision ( )

Date:		Time Period Covered by Plan:													
County:		From:					To:								
Description of Contracted or State-Provided Services		Contracted Amount by Funding Source	Total Number	0-12 Months	13-60 Months	Type of Agency* and Percent of Funds							Total (Should equal 100)		
						A	B	C	D	E	F	G			
<b>EXAMPLE</b>	SS	\$100,000.00	100	50	50										
	TAP		0												
	Other		0			20%		20%		20%			40%		100%
<b>Employment</b>	SS		0												
	TAP		0												
	TAD		0												0%
<b>ELT</b>	SS		0												
	TAP		0												
	TAD		0												0%
<b>OJT</b>	SS		0												
	TAP		0												
	TAD		0												0%
<b>Skills Training</b>	SS		0												
	TAP		0												
	TAD		0												0%
<b>Case Management</b>	SS		0												
	TAP		0												
	TAD		0												0%
<b>Other (Employment)</b>	SS		0												
	TAP		0												
	TAD		0												0%
<b>SUBTOTAL</b>		\$0.00	0	0	0										
<b>Non-Employment</b>	SS		0												
	TAP		0												
	TAD		0												
	ELDERLY		0												
<b>County Admin (15% admin max)</b>	SS					*Type of Agency									
	TAP					A. State/County				E. Adult Basic Education					
	TAD					B. Ethnic Community-Based Organization						F. Other Non-Profit Organization			
	ELDERLY					C. Resettlement Agencies						G. _____			
<b>Grand Total</b>	SS	\$0.00				D. Community College									
	TAP	\$0.00													
	TAD	\$0.00													
	ELDERLY	\$0.00				(The total percentage for each individual service (i.e., Employment, ELT, etc.) under Type of Agency and Percent of Funds must equal									