

**ATTACHMENT A: STATEMENT OF WORK
FISCAL YEAR 2009/10**

Instructions: Please type your responses on the form provided. If you need additional space, insert extra pages.

- A. List the **Legal Name** of the Agency as listed with the **Florida Division of Corporations** (This is the only name that can be legally recognized.):
- B. Provide a **Program Narrative** for approved activity. In the narrative, please include the following information:
1. Identify the **target population** (including the geographic area such as the Bond, Apalachee Ridge, and Frenchtown communities, county-wide, etc.) that your program will serve. State the number of **unduplicated persons** (persons served only once within a given fiscal year) that you plan to serve during FY 2009/10.
 2. Give an overall **description of services, products, etc.**, that will be provided by the Agency using Grant Funds.
 3. Complete a **timeline**: Provide a **list of major program tasks/activities that you plan to accomplish** during the fiscal year 2009/10 and the date anticipated for its completion. This schedule will be used as a monitoring and planning tool.

Example: Task: Enroll 20 youth Date of Completion: Nov. 1, 2009

Tasks/Activities

Date of Completion