|  |  |
| --- | --- |
|  **2025 Steele County Work Plan & Evaluation****\_\_\_Workplan \* \_\_\_ Evaluation** | **FORM 1** |

**Strategic Funding Area:**

**Program Name:**

**Direct Human Services (Health and Financial Stability ONLY) – only list funded programs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Planned # Clients | Description of Service | Planned Outcome | ActualOutcome | Evaluation Tool |
|  |  |  |  |  |
| Actual # Clients |
|  |
| Planned # Units of Service |
|  |
| Actual # Units of Service |
|  |
|  |

**Education & Support Groups (Education ONLY) – only list funded programs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Planned # of Participants | Describe Service | Planned Outcome | ActualOutcome | Evaluation Tool |
|  |  |  |  |  |
| Actual # of Participants |
|  |
| Planned # of Sessions |
|  |
| Actual # of Sessions |
|  |
|  |