

PO #

FORM 1

**CHICAGO DEPARTMENT OF FAMILY AND SUPPORT SERVICES  
SUPPORT SERVICES WORK PROGRAM**

**INFORMATION SUMMARY**

AGENCY NAME:	
PROJECT NAME:	
SUB-GRANT AGREEMENT/AMENDMENT PERIOD:	
FEIN / IRS IDENTIFICATION #:	
EXECUTIVE DIRECTOR'S NAME AND TITLE:	
EXECUTIVE DIRECTOR'S PHONE # AND FAX #:	
EXECUTIVE DIRECTOR'S E-MAIL ADDRESS:	
CENTRAL OFFICE ADDRESS AND ZIP CODE:	
CENTRAL OFFICE HOURS:	
PROJECT DIRECTOR'S NAME AND TITLE:	
PROJECT DIRECTOR'S PHONE # AND FAX #:	
PROJECT DIRECTOR'S E-MAIL ADDRESS:	
PROJECT OFFICE ADDRESS AND ZIP CODE:	
PROJECT OFFICE HOURS:	
PROJECT SITE SERVICE HOURS:	
FISCAL CONTACT'S NAME AND TITLE:	
FISCAL CONTACT'S PHONE # AND FAX #:	
FISCAL CONTACT'S E-MAIL ADDRESS:	
TOTAL PROJECT BUDGET:	
TOTAL DFSS AWARD AMOUNT:	

**Approval Signature for Entire Work Program**

Agency Signature \_\_\_\_\_ Date \_\_\_\_\_

DFSS Children Services Division \_\_\_\_\_ Date \_\_\_\_\_

PO # \_\_\_\_\_

FORM 2

**SCOPE OF SERVICES**

Agency Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Please attach a clear and specific narrative description of each funded project that your organization will provide as part of this sub-grant agreement that answers the following:

A. Tasks to be completed

- 1) Number of staff, children and/or families to be served
- 2) Demographics of the clients to be served
- 3) Project objectives to be accomplished

B. Deliverables

- 1) Problems to be addressed
- 2) Quantifiable/Outcome Measures that your agency will utilize to measure progress of proposed objectives.
- 3) Qualifications of your agency's personnel who will provide services



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FORM 4

**MONITORING & EVALUATION PROCEDURES**

A. Describe below how your agency will monitor this project's expenditures, and how your agency will ensure that appropriate fiscal controls and records are in place.

B. Describe below the methods your agency will employ to evaluate this project's progress and record project accomplishments.

Use additional sheets if necessary.

**PROJECT FACILITY INFORMATION**  
(IF APPLICABLE)

Agency Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

**If your agency operates at a site(s) other than the central or project office addresses on Form 1, provide below all physical facilities in which the project will operate and furnish the requested information for each site.**

Site Name			
Contact Person & Title			
Site Address & Zip Code			
Hours of Operations			
E-mail Address			
Telephone Number	Fax Number	(    )	(    )

Site Name			
Contact Person & Title			
Site Address & Zip Code			
Hours of Operations			
E-mail Address			
Telephone Number	Fax Number	(    )	(    )

Site Name			
Contact Person & Title			
Site Address & Zip Code			
Hours of Operations			
E-mail Address			
Telephone Number	Fax Number	(    )	(    )

Use additional sheets if necessary



