

**Haverhill Community Development Department**

**Appendix A**

**Scope of Services / FY2024-2025**

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

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

**Project Description/Scope of Services (one page):**

  
  
  
  
  
  
  
  
  
  

(Please limit form to one page)

**Measuring Accomplishments Table:**

<b><u>NEED STATEMENT</u></b> Description of Need to be Addressed	<b><u>GOAL</u></b> Proposed goals to reduce extent of problems or needs	<b><u>INPUTS</u></b> Resources to be dedicated or utilized to meet proposed goals	<b><u>ACTIVITIES</u></b> What the program does with the input to fulfill its mission	<b><u>OUTPUTS</u></b> Direct products of program activities	<b><u>OUTCOMES</u></b> ST (Short Term)/ LT (Long Term) Benefits resulting from the program

**DESCRIBE METHODOLOGY FOR MEASURING OUTCOME** (You are required to measure at least one outcome):