|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Annual Service Plan*** **Original (**  **) Revision (**  **)** | | | | | | | |
| **Date: \_\_\_ \_\_\_\_\_\_** **Time Period Covered by Plan From: To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **State or County:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Description of Contracted or**  **State-provided**  **Services** |  | **Contracted Amount**  **by Funding**  **Source** | **Total**  **Number** | **Program**  **0 - 12**  **Months** | | **Participants**  **13 - 60**  **Months** | **Type of Agency and Percent of Funds** |
|  | **SS** |  |  |  | |  |  |
| **TAP** |  |  |  | |  |  |
| **Other** |  |  |  | |  |  |
| **ELT** | **SS** |  |  |  | |  |  |
| **TAP** |  |  |  | |  |  |
| **Other** |  |  |  | |  |  |
| **OJT** | **SS** |  |  |  | |  |  |
| **TAP** |  |  |  | |  |  |
| **Other** |  |  |  | |  |  |
| **Skills Training** | **SS** |  |  |  | |  |  |
| **TAP** |  |  |  | |  |  |
| **Other** |  |  |  | |  |  |
| **Case Management** | **SS** |  |  |  | |  |  |
| **TAP** |  |  |  | |  |  |
| **Other** |  |  |  | |  |  |
| **Other** | **SS** |  |  |  | |  |  |
| **TAP** |  |  |  | |  |  |
| **Other** |  |  |  | |  |  |
| **Type of Agency** | | A. State/ County | | | E. Adult Basic Education | | |
| B. Mutual Assistance Association | | | F. Other Non-Profit Organization | | |
| C. Voluntary Agency | | | G. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| D. Community College | | |  | | |
|  | | | | | | | |

**ORR-6** OMB Control No. 0970-0036