|  |
| --- |
|  ***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