

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

Name of Person to Contact with Questions: \_\_\_\_\_

## PROGRAM NARRATIVE

Please submit a Program Narrative of up to 3 pages long, for each program that you intend to contract with La Crosse County Human Services for in 2016. Below are some key areas that should be covered in this Program Narrative. Please feel free to add other pertinent information as needed. **This form is required for every program being contracted for.**

1. A description of the nature and scope of services you are proposing to provide (i.e. the purpose, location, hours and days of operation, etc).
  
2. Provide information on the population you propose to serve – i.e. age and disability groups; eligibility criteria; discharge criteria; number of people served, units, etc.
  
3. Provide information on your staff – i.e. # of staff, level of training, certifications, availability, supervision, organizational chart, etc.