

Health Plan of San Joaquin

Community Wellness Funding Program 2009-2010

Scope-of-Work Form

Applicant: _____

Project Title: _____

Project Outcomes - List expected Outcome(s) for proposed project	Project Outputs - List expected Output(s) (evidence of delivery –specific number of activities, trainings, services, clients served, etc.)	Description of Major Activities - Provide a general list (no numbers) of all start up, planning and implementation activities being implemented to achieve specific outcome	Responsible - Identify staff responsible for implementing activity	Timeline - Include start and targeted finish date		Evaluation Methods – Identify method to be used to determine success of this activity and achievement of outcome
				Start Date	Target Date	
<i>80% of participants will increase their nutrition knowledge</i>	<i>Conduct 10 nutrition trainings for parents (at least 10 parents per session)</i>	<i>Nutrition trainings</i>	<i>Nutrition Educators</i>	<i>1/1/10</i>	<i>12/31/10</i>	<i>Pre and Post Nutrition Test based on nutrition curriculum</i>