Haverhill Community Development Department
Appendix A
Scope of Services / FY2026-2027

Agency: _____ Project Name: _____

Project Description/Scope of Services (one page):

(Please limit form to one page)

Measuring Accomplishments Table:					
NEED STATEMENT Description of Need to be Addressed	**GOAL** Proposed goals to reduce extent of problems or needs	**INPUTS** Resources to be dedicated or utilized to meet proposed goals	**ACTIVITIES** What the program does with the input to fulfill its mission	**OUTPUTS** Direct products of program activities	**OUTCOMES** 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):