

CENTRAL ADMINISTRATION PROGRAM DESCRIPTION FY2022

Agency Name:

Program Name: Central Administration

Central Administration Location(s):

Brief Description of Structure and Functions of Central Administration:

Staffing Pattern:

Pos. #

Position Title

**Annual
Hours**

PROGRAM DESCRIPTION FY2022

Please complete one of these forms for each agency program. (See instructions)

Agency Name:

Program Name:

Type of Program:

Mental Health

AOD

Treatment Prevention

Treatment Prevention

Other _____

Program Location:

Program Description (including any tracked outcomes):

Staffing Pattern:

Pos. # **Position Title** _____

Staff Name _____

Annual Hours
For This Program