CENTRAL ADMINISTRATION PROGRAM DESCRIPTION FY2024

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

<div align="center">**PROGRAM DESCRIPTION FY2024**</div>

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:

                                                          Annual Hours
Pos. #   Position Title   Staff Name   For This Program