

CENTRAL ADMINISTRATION PROGRAM DESCRIPTION FY2025

Agency Name:

Program Name: Central Administration

Central Administration Location(s):

Brief Description of Structure and Functions of Central Administration:

Staffing Pattern:

<u>Pos. #</u>	<u>Position Title</u>	<u>Annual Hours</u>
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PROGRAM DESCRIPTION FY2025

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

Agency Name:

Program Name:

Type of Program:

Mental Health
 Treatment Prevention
 Other _____

AOD
 Treatment Prevention

Program Location:

Program Description (including any tracked outcomes):

Staffing Pattern:

Pos. # **Position Title** _____

Staff Name _____

Annual Hours
For This Program