

ANNEX A
PROGRAM COMMITMENTS
SELF-HELP CENTERS

NAME OF AGENCY: _____

SITE NAME: _____

SITE ADDRESS & PHONE #: _____

CONTRACT NUMBER: _____ CONTRACT TERM: _____ TO _____

BUDGET MATRIX CODE: **36** BUDGET MODIFICATION NO: _____
(0 = Original)

1. Number of new consumer attendees served: _____
2. Number of unduplicated consumers served: _____
3. Number of duplicated consumers served: _____
4. Number of operational hours during the year: _____
5. Number of operational days during year: _____
6. Average daily attendance at the center: _____
7. Number of self-help activities provided: _____
8. Number of participants in peer support activities: _____
9. Number of wellness/recovery activities provided: _____
10. Number of participants in wellness/recovery activities: _____
11. Number of training/education activities provided: _____
12. Number of participants in training/education activities: _____
13. Number of advocacy activities: _____
14. Number of community outreach activities: _____
15. Units of Service delivered:
(Units of Service average daily attendance x operational days) _____