| **PROGRAM DESCRIPTION** | | |
| --- | --- | --- |
| **Department** |  | **HB Section(s):** |
| **Program Name** |  | |
| **Program is found in the following core budget(s):** | | |
| **1a. What strategic priority does this program address?**  **1b. What does this program do?**  **2a. Provide an activity measure(s) for the program.**  **2b. Provide a measure(s) of the program’s quality.**  **2c. Provide a measure(s) of the program’s impact.**  **2d. Provide a measure(s) of the program’s efficiency.**  **3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (*Note: Amounts do not include fringe benefit costs.)***  ***Departments will need to complete the Program Expenditure History table in the Excel version of the Program Description Form and then paste it into this form.***  **4. What are the sources of the “Other” funds?**  **5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)**  **6. Are there federal matching requirements? If yes, please explain.**  **7. Is this a federally mandated program? If yes, please explain.** | | |