| **PROGRAM DESCRIPTION** |
| --- |
| **Department**  |  | **AB 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.** |