

**ANNEX A  
PROGRAM COMMITMENTS  
COMMUNITY ADVOCATES / P.O.S.T. SERVICES**

**NAME OF AGENCY:** \_\_\_\_\_

**CONTRACT NUMBER:** \_\_\_\_\_ **CONTRACT TERM:** \_\_\_\_\_ **TO** \_\_\_\_\_

**BUDGET MATRIX CODE:** **28**                      **BUDGET MODIFICATION NO:** \_\_\_\_\_  
(0 = Original)

1. Number of Staff Hours of Training to be delivered by Staff: (Excluding Community Connections) \_\_\_\_\_
2. Number of New Volunteers/Interns/Peers that will Complete Training: \_\_\_\_\_
3. Number of Face-to-Face Socialization Contacts Between Consumers and Volunteers/ Interns/Peers to Be Delivered: \_\_\_\_\_
4. Number of Boarding Homes to be served: \_\_\_\_\_
5. Number of Group Sessions with Boarding Home Residents to be delivered: \_\_\_\_\_
6. Number of Participants in Boarding Home Group Sessions: (Duplicate Count) \_\_\_\_\_
7. Number of Other Group Sessions provided by the Agency (e.g. Self-Help Groups) to be delivered: \_\_\_\_\_
8. Number of Participants in Other Group Sessions: (Duplicate Count): \_\_\_\_\_
9. Number of Advocacy Linkage Contacts Made on Behalf of Consumers not enrolled in other DMHS Services: \_\_\_\_\_
10. Number of Staff Training/Support Hours Provided to Consumers Participating on Mental Health Boards and Other Community Advocacy Groups: \_\_\_\_\_
11. Number of Consumers on Mental Health Boards and Other Community Advocacy Groups that Will Receive Training and Support: \_\_\_\_\_
12. Units of Service to be delivered: (Sum of Lines 1,3,6,8,10, and 11) \_\_\_\_\_