**Partnership: Columbus County Partnership for Children, Inc.**

**Activity Name:** **Activity Provider:**

**EC Indicator: PSC: FY: 2022-2023 (You must submit a separate logic model for each fiscal year)**

| *If this condition exists* | *For this Population* | *And we implement these strategies* | *This many times, for these individuals* | *We expect this short-term change* | *And we expect this outcome to impact the overall county* |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Need StatementWhy? | Target PopulationWho? | Program or Activity ElementsWhat? | Projected OutputsHow Many? | Projected OutcomesSo What? | How does outcome impact EC Indicators or other long term goal?  |
|  |  |  |  | *.* | *If none, state – “No EC Indicator for this activity” and describe other long term goals* |
|  |  |  |  |  |  |
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**Additional Information**

**Staffing**

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| --- | --- | --- |
| Job Title | FTE | Minimum Education & Experience Requirements |
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