

**CENTRAL ADMINISTRATION PROGRAM DESCRIPTION FY2018**

**Agency Name:**

**Program Name:** Central Administration

**Central Administration Location(s):**

**Brief Description of Structure and Functions of Central Administration:**

**Staffing Pattern:**

**Pos. #**

**Position Title**

**Annual  
Hours**

**PROGRAM DESCRIPTION FY2018**

Please complete one of these forms for each agency program. (See instructions)

**Agency Name:**

**Program Name:**

**Type of Program:**

Mental Health  
 Treatment  Prevention  
 Other \_\_\_\_\_

AOD  
 Treatment  Prevention

**Program Location:**

**Program Description:**

**Staffing Pattern:**

**Pos. #** \_\_\_\_\_ **Position Title** \_\_\_\_\_

**Staff Name** \_\_\_\_\_

**Annual Hours  
For This Program**