

## ATTACHMENT J

# **LOCAL SERVICE DELIVERY MODEL CHANGES**

### FISCAL YEAR 2009 CHANGES

Please complete this form and submit as part of your FY 2009 Annual Plan package.

**Local Area:** \_\_\_\_\_

**Are changes planned for FY2009:**            **YES**            **NO**

If significant changes are planned for FY 2009, describe below each change to the local service delivery model. For each planned change, the description should include both:

- a. a discussion of the basis for each planned change, and
- b. a discussion of the projected outcome(s) and benefit(s) to be realized as result of the planned change.

**Describe Changes:**

**NOTE:** *If additional changes are identified for future implementation during FY 2009, please submit a modified description that includes the additional information.*