

**Local Coordinating Council**  
**for a Drug-Free Vermillion County**  
**P.O. Box 14**  
**Newport, IN 47966**

**GRANT PROJECT EVALUATION FORM**

**Date:** \_\_\_\_\_

**Grant Recipient:** \_\_\_\_\_

**Contact name:** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**E-mail address is required:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Date Project Completed:** \_\_\_\_\_ **Amount of Grant Received:** \_\_\_\_\_

**Amount of money returned (if applicable)** \_\_\_\_\_ **Date form returned:** \_\_\_\_\_

**Type of Grant:**    \_\_\_\_\_ prevention    \_\_\_\_\_ law enforcement    \_\_\_\_\_ treatment

**Project Summary: (attach additional sheets, if needed)**

1. How many unduplicated people were served?
  
  
  
  
  
  
  
  
  
  
2. How much service time was provided (days, hours, etc.)
  
  
  
  
  
  
  
  
  
  
3. Briefly describe the services provided:



**10. Budget Summary: (Please specify how grant monies were utilized).**

|                       |       |
|-----------------------|-------|
| Personnel             | _____ |
| Contractual Services  | _____ |
| Supplies and Expenses | _____ |
| Travel                | _____ |
| Equipment             | _____ |
| Other                 | _____ |
| TOTAL                 | _____ |

**Other funds and in-kind donations contributed from partnering agencies:**

\_\_\_\_\_

\_\_\_\_\_

**TOTAL EXPENSE of PROJECT:** \_\_\_\_\_

**LCC Sponsor: Would this project be worthy of consideration for future funding? Why or why not? Please list any changes or improvements that would need to be made.**

**Other comments regarding the success of this grant:**

**THANK YOU!!!**

*The mission of the Local Coordinating Council for a Drug-Free Vermillion County is to reduce the prevalence of problems associated with alcohol, tobacco, and other drug use (ATOD). The healthy development of our citizens is being threatened by the problems and challenges of alcohol, tobacco, and other drug use in today's culture. It is our mission to promote healthy lifestyle patterns among Vermillion County residents and to make a positive difference in the area of ATOD issues.*

**If funded, I understand that my organization must complete this Program Evaluation Form, including measurable outcomes in the form of data compiled (such as results of a survey or other research method), flyers, brochures, and media clippings of any coverage of your event, within 30 days of the completed project. A formal written report is due within 90 days of receiving funds for ongoing projects.**