## 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 Rriefly describe the services provided:			

4.	Did anything about your project occur differently than was previously outlined on the original grant application? If yes, please describe.
5.	What were the projected goals and objectives of the grant? Were these met? Why or why not?
6.	What were the measurable outcomes of the grant? Please provide all data compiled of the project's success.
7.	Comment on any difficulties encountered in providing these services and improvements that could be made.
Co	Was the name of the <i>Local Coordinating Council for a Drug-free Vermillion ounty</i> used in all advertisements, brochures, flyers, etc. ? Please attach copies of vertisements, news clippings, etc.
9.	Has your agency been faithfully attending monthly LCC meetings?

Personnel	se specify now grant monies were utilized).
Contractual Services	
<b>Supplies and Expenses</b>	
Travel	
Equipment	
Other	
TOTAL	
Other funds and in-kind do	nations contributed from partnering agencies:
TOTAL EXPENSE of PRO	JECT:
	ect be worthy of consideration for future funding? y changes or improvements that would need to be

10 Rudget Summary: (Place specify how grant monies were utilized)

LC Wh 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.