



## Mental Health Local Advisory Council Mini Grant Committee

### Final Report and Evaluation

(Complete and Submit within **14 days** after the completion of the funded project)

Name of Project \_\_\_\_\_

Name of Agency/Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Supervisor/Contact for the Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Agency Website: \_\_\_\_\_

Activity Start-time/End-time: \_\_\_\_\_

Number of People Involved or Affected \_\_\_\_\_

The primary purpose of this project was: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What were the results of your project? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did the funding received help educate and/or engage the community in mental health issues/awareness?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_

Please send inquiries and completed Report to: **commission@gallatin.mt.gov**

311 West Main \* Room 306 \* Bozeman, Montana 59717

[http://gallatincomt.virtualtownhall.net/Public\\_Documents/GallatinCoMT\\_BComm/mentalhealth/mentalhealth](http://gallatincomt.virtualtownhall.net/Public_Documents/GallatinCoMT_BComm/mentalhealth/mentalhealth)