

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

**GRANT PROJECT EVALUATION FORM**

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

**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:
  
  
  
  
  
  
  
  
  
  
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.**

**8. Was the name of the *Local Coordinating Council for a Drug-free Vermillion County* used in all advertisements, brochures, flyers, etc. ? Please attach copies of advertisements, news clippings, etc.**

**9. Has your agency been faithfully attending monthly LCC meetings?**

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

<b>Personnel</b>	_____
<b>Contractual Services</b>	_____
<b>Supplies and Expenses</b>	_____
<b>Travel</b>	_____
<b>Equipment</b>	_____
<b>Other</b>	_____
<b>TOTAL</b>	_____

**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.*