



LOMH Annual Report

Agency Name:

Dates of Period: -

Office Name:

Grant #: MIHL -

SECTION I: Demographics – Major Activities Conducted

	Number of Organizations/Individuals Served by Core Competency				
	Comp 1: Monitor Health Status	Comp 2: Inform, Educate & Empower	Comp 3: Mobilize Community Partnerships & Action	Comp 4: Develop Policies & Plans	Other (Specify)
Total Number of Organizations Served by Category (where applicable)	_____	_____	_____	_____	_____
Health Department (Local)	_____	_____	_____	_____	_____
Community-based, Minority-Serving Org.	_____	_____	_____	_____	_____
Faith-based Organizations	_____	_____	_____	_____	_____
Government Agency (Local)	_____	_____	_____	_____	_____
School/Hospital/Clinic	_____	_____	_____	_____	_____
News/Media Company	_____	_____	_____	_____	_____
Business (Local)	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____
Total Number of Individuals Served by Category (where applicable)	_____	_____	_____	_____	_____
Race/Ethnic Group					
American Indian	_____	_____	_____	_____	_____
Asian	_____	_____	_____	_____	_____
Black/African-American	_____	_____	_____	_____	_____
Caucasian	_____	_____	_____	_____	_____
Hispanic/Latino	_____	_____	_____	_____	_____
Other (specify):	_____	_____	_____	_____	_____
Gender					
Male	_____	_____	_____	_____	_____
Female	_____	_____	_____	_____	_____

Annual Program Report

Report Dates: _____ through _____



Agency Name: _____

Grant #: MIHL - _____

Project Name: _____

Total Number of clients served for first year: _____

I. Instructions

1. List each Core Competency and each associated Required (and Optional if appropriate) Program and Outcome Objectives as they appeared in your application.
2. Discuss progress toward accomplishing each associated Required (and Optional if appropriate) Program and Outcome Objectives.
3. Discuss your program's evaluation method(s) used to measure outcomes. You may use separates sheet if necessary.

1. GOALS	2. PROGRESS (NARRATIVE)	3. PROJECT EVALUATION

I. Instructions

1. Continued from page 1.

GOALS	PROGRESS (NARRATIVE)	PROJECT EVALUATION

II. List the total number of clients served (unduplicated count) by your project, by service area and outcome (i.e., if your project provided screenings, what number of those served were diagnosed with a disease/condition?)

NUMBER OF CLIENTS SERVED (LIST BY SERVICE)	MEASUREABLE OUTCOME	FOLLOW-UP SYSTEM USED

III. Was the methodology proposed in your application implemented? If not, please describe any changes, the rationale for the change and the impact of service delivery.

IV. Describe problems encountered in implementing the project. Describe the steps implemented to remediate the problem, if applicable.

V. What were the strengths, successes or lessons learned which were unanticipated? Please describe in detail.

VI. Did you discover unanticipated and/or unmet training needs for your staff?

VII. Was the Commission staff of assistance administratively, programmatically and/or in fiscal matters as you implemented your program?
If not, explain.

VIII. Did you develop written, audio and/or audio-visual materials with grant funds? Copies are to be forwarded to the Commission with this report.

IX. Did you utilize print or electronic media during the funding cycle? Please list and specify whether utilized information, education or promotion.

X. Did consultant meet the programs goals and objectives? (if contracting for deliverables, have deliverables been received?)

XI. List agencies that were primary referral sources to you and those to which you made referrals.

AGENCIES REFERRED TO YOU

MAJOR REASON

AGENCIES TO WHICH YOU
REFERRED

MAJOR REASON

XII: Describe your plans for sustainability of the project. Have you secured other funding? If so, from whom did you receive funds? Please specify the amount of funding and for how long the project is funded.

If you do not have a plan for institutionalization of the project, please schedule an appointment to meet with Commission staff to discuss your future plans and ways the Commission may assist you.

XIII. Comments, suggestions and/or observations.

Executive Director Date

Project Director Date

SECTION II: EVALUATION SECTION (To be completed by REEP Evaluator)

I. Evaluation Method:

- Discuss the project plan, data and evaluation methods used to evaluate your project and the results of the evaluation.

- Was the methodology proposed in your application implemented? If not, please describe any changes, the rationale for the change and the impact of service delivery.

- Describe problems encountered in implementing the project. Describe the steps implemented to remediate the problem, if applicable.

II. Project Results:

- Discuss the results of the project.

- Discuss how the project addressed the OCMH's expectations.

- Provide data to support the results of the proposed activities.

III. Emerging Evidence of Intervention Effectiveness:

- Discuss any emerging evidence of the intervention and its effectiveness.

- As a result of the intervention how did it affect the targeted population?

- What are the implications for replication of your program outcomes in other communities?

- What major internal policy changes occurred within your organization that support health disparity elimination?

- What programs/trainings have been adopted that support increase awareness of health disparities?

- What funding initiatives have had a disparities focus?

IV. Evaluator Recommendations/Lessons Learned:

- Discuss any evaluation recommendations you would make as a result of the project and lessons learned.

- What were the strengths, successes or lessons learned which were unanticipated? Please describe in detail.

Executive Director Date

Project Director Date