Missouri Mega-Grant Program Final Report

**By March 15, 2023, each funded program must submit a final report to their Prevention Resource Center and the Department of Mental Health. Failure to submit this report will result in loss of funding for future programming.**

Registered Coalition Name (as it appears on the registry):

Coalition Project Director:

Email:

Narrative

Use each SMART Objective from your application as section headings. **For each section**, describe:

* List each activity that took place under this objective. Use a broad-brush approach.
	+ For example, you might say “Implemented Program X in School Y for 8 weeks.” You would not list each *week’s* implementation.
* Briefly describe how the strategy was implemented. What, if any, deviations from your plan at the mid-grant report occurred?
* Describe the reach of your efforts – how much of the targeted population was reached?
* Report the process and outcome data in detail. Describe how the results were disseminated.
* What changes have been made in the strategy/program because of the evaluation?
* How will the results listed above be sustained? What type of training or technical assistance are needed to continue moving forward?

**Indicate the number of individuals in the following groups who received services from each program / round of implementation:**

*(Report non duplicated numbers served for each event. Duplicate pages as needed.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AGE** |   |  | **GENDER** |  |
|  Age 0-4 |   |  | Male |   |
|  Age 5-11 |   |  | Female |   |
| Age 12-14 |   |  | Gender Unknown |   |
| Age 15-17 |   |  |  |  |
| Age 18-20 |   |  | **RACE** |  |
| Age 21-24 |   |  | White |   |
| Age 25-44 |   |  | Black or African Am. |   |
| Age 45-64 |   |  | NH/Other Pacific |   |
| Age 65 & over |   |  | Asian |   |
| Unknown |   |  | American Indian |   |
|  |  |  | More than One Race |   |
| **ETHNICITY** |   |  | Other Race |   |
| Hispanic or Latino |   |  | Race Unknown  |   |
| Not Hispanic or Latino |   |  |  |  |
| Ethnicity Unknown |   |  |  |  |

**FINAL BUDGET REPORT**

**Registered Coalition Name:**

**Grant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **BUDGET CATEGORY** | **ORIGINAL AWARD AMOUNT** | **ACTUAL EXPENDITURES** |
| **Personnel/Contractors** |  |  |
| **Supplies** |  |  |
| **Meeting Logistics** |  |  |
| **Curriculum** |  |  |
| **Media & Printed Material** |  |  |
| **Travel** |  |  |
| **Other** |  |  |
| **ORIGINAL AWARD AMOUNT:** |  |
| **ACTUAL EXPENDITURES:** |  |

**Include copies of receipts and invoices.**

**The Final Program Report and Final Budget Report must be submitted to the Department of Mental Health, Amanda Baker at** **Amanda.baker@dmh.mo.gov****.**