Missouri Mini-Grant Program Final Report

**FY2024**

**Thirty days after the conclusion of program activities (no later than June 31st)**, each funded program must submit to their Prevention Resource Center a Final Program Report. **Failure to submit this report will result in loss of funding for future programming.**

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

Title of Program / Activity Conducted:

Prevention Resource Center:

Prevention Resource Center Prevention Specialist:

Grant Contact Person:

Email:

**Please answer the following questions as they apply to the narrative in the grant application.**

1. Identify the strategy/program implemented as a result of this funding.
2. Briefly describe how the strategy was implemented. What, if any, deviations from the original plan occurred? How many people were served?
3. Describe the process and outcome data in detail (if unsure of what these terms mean, contract the Prevention Resource Center).
4. What changes have been made in the strategy/program as a result of the evaluation? How will the results listed above be sustained?
5. 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 this program:**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AGE** |  |  |  | **GENDER** |  |
| Age 0-5 |  |  |  | Male |  |
| Age 6-12 |  |  |  | Female |  |
| Age 13-17 |  |  |  | Trans man |  |
| Age 18-20 |  |  |  | Trans woman |  |
| Age 21-24 |  |  |  | Gender non-conforming |  |
| Age 25-44 |  |  |  | Gender Unknown |  |
| Age 45-64 |  |  |  |  |  |
| Age 65-74 |  |  |  | **RACE** |  |
| Age 75 & over |  |  |  | White |  |
| Unknown |  |  |  | Black or African Am. |  |
|  |  |  |  | NH/Other Pacific |  |
|  |  |  |  | Asian |  |
|  |  |  |  | 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** | **ORGININAL 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**](mailto:Amanda.baker@dmh.mo.gov)**.**