

FINAL PROJECT REPORT – Kosciusko County KCODE

(Due on or before December 1 of grant period – can be used as your 6 & 12 month report.)

2011 - _____

For office use only

Applying Agency: _____

Project Coordinator: _____

Address: _____

Phone: _____ Contact E-Mail: _____

Name of Proposal: _____

Financial Summary

Initial Grant Award..... \$ _____

Amount Spent \$ _____

Amount to be returned to Kosciusko County Drug-Free Fund..... \$ _____

Account for your expenditures for this reporting period below. Provide a detailed description and attach receipts. Attach additional sheets as needed.

Description of Expenditure	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

County Drug-Free Comprehensive Plan Problem Statement – please check all that apply

- (1) Usage rates of alcohol by youth and adults continue to be a problem in Kosciusko County.
- (2) The use of methamphetamine continues to be a problem in Kosciusko County.
- (3) The use of other illicit drugs continues to be a concern within Kosciusko County among youth and adults.

For the Comprehensive Plan Problem Statement(s) you checked, please list the particular objectives your program addressed.

PS#: _____ Objective: _____

PS#: _____ Objective: _____

Program Statistics (include statistics on a separate sheet of paper if desired):

Prevention grants:

1. Total number of participants
2. Breakdown by ethnicity, gender and age of participants
3. Target audience (youth, parents, pregnant women, etc.)
4. Pre/post test results (if applicable; can be an attachment)

Treatment grants:

1. Total number of clients served
2. Breakdown by ethnicity, gender and age of clients
3. Number of sessions provided
4. Drug(s) of choice for clients served (i.e. – Alcohol: 24 males, 26 females)
5. Age of onset or first use for clients
6. Scholarships – referral source, HAP and other 3rd party payee, amount of scholarship for each client

Criminal Justice/Law Enforcement grants:

1. Total number of individuals served.
2. Breakdown by ethnicity, gender and age of individuals.
3. Drug(s) of choice for individuals served (i.e. – Alcohol: 24 males, 26 females)
4. Number of roadside stops/citations if you purchased equipment - LE
5. Number of other contacts/citations/etc. for overtime patrols - LE

Success Meeting Project Outcomes:

Desired Outcomes (as listed in your original project grant application):

Project Inputs (those things you did – workshops, use of purchased equipment, treatment sessions – in an attempt to achieve your desired outcomes):

Success Toward Achieving Desired Outcomes (provide as much information as you can):

Barriers To Meeting Outcomes and Steps Taken To Address These Challenges:

A Success Story (please provide, in 100 words or less, a synopsis of the primary success achieved through your LCC-funded project):

Please include with your report any publicity, news articles, acknowledgements or awards associated with this LCC-funded project.