



PROGRESS REPORT

Note: grant recipients must submit an oral and written Progress Report within three months of utilizing funds.

INSTRUCTIONS:

Please do not include this instructions page with your Progress Report.

- 1. Please contact the Substance Abuse Council (SAC) to be placed on the agenda for presenting your oral and written Progress Report.*
- 2. **Prepare a 2-5 minute oral presentation** for the grant meeting regarding how your grant request impacted one of our Problem Statements.*
- 3. Use a typewriter or computer to enter responses on this Progress Report form.*
- 4. **Submit ONE original** of this written Progress Report to the SAC Coordinator as part of your oral presentation.*
- 5. If you are unable to submit an oral and written Progress Report by the due date, you must notify the SAC of a request to postpone your Progress Report. The Progress Report is expected within three months of expending all grant funds. Failure to submit a Progress Report in a timely fashion will jeopardize future Grant Applications.*
- 6. You are welcome to submit additional pages to this Progress Report, if needed.*
- 7. Any question that is "not applicable" should be marked N/A but the SAC reserves the right to request additional information.*

Contact us at www.duboiscountysubstanceabuse.org,
djc47546@yahoo.com or 812-630-3095.



PROGRESS REPORT

Project Director/Contact Person: _____

Agency: _____ Title: _____

Phone: _____ Fax: _____

Email Address: _____

Address: _____ City/State/Zip: _____

- TYPE OF PROGRAM:** (check one) **Prevention / Education**
 Treatment / Intervention
 Law Enforcement / Justice

AMOUNT FUNDED: _____

DATE GRANT FUNDS WERE EXPENDED: _____

AGREEMENT:

As part of utilizing grant funds from the Dubois County Substance Abuse Council (SAC), the following conditions were met:

1. All Public Service Announcements and/or publicity included recognition of funds provided by the SAC.
2. Our program Progress Report was presented orally and in writing within three months of spending all grant funds.
3. We only utilized funds for what was listed in our written Grant Application. Any/all changes were approved by SAC.
4. We agree to submit any additional information required or requested from the SAC within 30 days.

I, the undersigned, affirm that the above statements are correct. I understand that I am encouraged to participate in the SAC regular meetings.

Signature Title Date

For SAC use only.	
Amount Awarded: \$ _____	Date of Presentation: _____
Comments:	
Project Title: _____	Page 1 of 4

PROJECT DESCRIPTION:

Grant funds must specifically address at least one of the SAC three Problem Statements. Which of the three Problem Statements did your Project incorporate?

_____ **There is a significant rate of underage drinking, tobacco use and other substances in our county.**

_____ **There is an increasing rate of substance abuse among adults in our county.**

_____ **There is a lack of treatment resources in our county.**

1. How did your Project impact the identified Problem Statement?

2. How many people participated (or were affected)?

3. Will you continue this project? If yes, how will you improve your project? If not, why not?

4. What efforts were made to coordinate services with other agencies to avoid duplication of efforts?

APPENDIX REQUIREMENTS: (one or both appendixes can be included on this page or on separate pages)

1. Please attach a synopsis of any/all substance abuse related data collected during your project to this Progress Report as **APPENDIX A**.
2. Please attach copies of any publicity, handouts, brochures or Public Service Announcements related to your project to this Progress Report as **APPENDIX B**. (NOTE: SAC logo and/or information should be highlighted on the documents).