Service Area Authority Outcome Report

REPORTING REQUIREMENTS ARE SUBJECT TO CHANGE

Project Period - by State Fiscal Year: _____

Service Area : _____

Date Submitted: _____

Recipient of Funds	Funding Amount Allocated	Project Description	Targeted Population	Number of People Served	Community Collaboration	Cultural Competency	Sustainability	Budget	Project Goal #1	Project Goal #2	Project Goal #3
County/LAC Name (include contact name and contact information)	Dollar amount allocated for the project.	Provide a description of the project including how the program.	Describe the population served.	How many individuals received services or were impacted by the project.	Identify the community agencies, programs, resources, stakeholders, etc.. who participated in the project collaboration.	Describe how the project was able to impact individuals with an mental illness or substance use disorder who have diverse backgrounds.	Describe how the project will continue to provide services to individuals with a mental illness or substance use disorder.	Did the project operate within the proposed budget?	Describe the project goal and if the goal was met. Provide numeric data (e.g. goal was to provide brochures and materials to 100 individuals).	If applicable, describe additional project goals and if the goals were met.	If applicable, describe additional project goals and if the goals were met.