

MEDINA COUNTY DRUG ABUSE COMMISSION
ANNUAL PERFORMANCE REPORT

Due Date: 8/1/17

Funding Cycle Reporting Period from July 1st, 2016 through June 30th, 2017

GRANTEE: _____ **PROJECT:** _____

I. PERFORMANCE NARRATIVE:

State each objective from the grant and briefly describe progress and accomplishments you achieved during this period. Use outcome indicators with specific statistics and relate these back to your objectives and goals. In other words, attempt to show that the MCDAC monies being spent on your project are producing positive results.

II. BEST PRACTICE OR EVIDENCE-BASED PROGRAM UTILIZED:

Please list any special program (one that was successful at the local, regional, or state level) that your project utilized or initiated during this period.

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| 3. | 6. |

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III. ADVOCACY AND MEDIA:

You are requested here to provide additional information on Alcohol, Tobacco & Other Drugs (ATOD) Advocacy or Media involvement, which aligns with MCDAC's three-tiered mission within Law Enforcement, Prevention or Treatment. You may simply attach; press releases, brochures, flyers, newsletters, etc. that highlight your project's efforts.

IV. MISCELLANEOUS:

1. Please note here if your project faced any barriers and the steps taken to resolve them.
2. How can your project better impact the entire County of Medina?
3. What other avenues for funding your project have you pursued?
4. Indicate here any additional information you would like to report to MCDAC.