



Mental Health and Recovery Services Board

FY19 Levy Funded Program Evaluation Form

Agency Name:

Person's Name Completing the Report:

Contact Information (phone #):

Contact Information (email address):

Indicate Reporting Period: _____Mid-Year_____End-Year

Please refer to Attachment 1/Outcomes section of your contract and provide a narrative on the agreed upon deliverables. You may use additional pages if necessary.

- ❖ **Mid-year report: July 1, 2018- December 31, 2018 due by January 31, 2019**
- ❖ **End-year report: July 1, 2018- June 30, 2019 due by July 31, 2019**
- ❖ Program Evaluation Form is to be reported via email to Robin Reaves, Deputy Director at deputy@mhrsbsw.org