

Specialty Project Annual Outcome Report

Agency		
Contact Person and Email address:		
Date of Submission:		
Project Name:		
<p>Outcome Objectives: In the column on the left, list each measurable objective that was submitted in your Specialty Project Grant Application. List the objective exactly as they were in the application. Additional rows may be added if necessary.</p>		
Process Outcomes Planned (one per row):	Was the objective met?	
Participant Outcomes (one per row):	Was the objective met?	
Impact Outcomes (one per row):	Was the objective met?	
<p>Outcomes that were not achieved: In the column on the left, list objectives that were not achieved. Provide the corresponding information requested in the middle and right hand column for each objective listed.</p>		
Outcome: List the unmet objectives below (one per row).	Results: Describe the results for each objective and what might account for the objective not being met.	Modifications: Describe what your agency will change in the future to achieve the intended outcomes.
Additional Information		
Successes: Please provide a description of any successes experienced during the fiscal year.		
Challenges: Please describe any challenges experienced during the fiscal year.		
Other Comments: Please provide any additional information that would assist the CMHSP in promoting this project or making future funding determinations. (optional)		