

Local Advisory Council

This form is to be used to request the annual LAC stipend or to provide the end of year grant report.

Date: County:

Mailing Address:

Current Chair:

Current Co-Chair:

Current Secretary:

Current Treasurer:

Current Representative:

Current Alternative:

When do you have your meeting and where?

When was your last LAC meeting?

Please pick one:

Stipend Request: How will the stipend be used to make an impact in your community in one or more of the areas below?

End of Year Report: How has your grant been used to make and impact in your community in one or more of the areas below?

Evidence based mental health, trauma informed care, recovery principles, peer support, substance abuse services, suicide prevention, and other mental health or co-occurring services:

Mental health training, education, and outreach services:

Meeting the needs of identified gaps in mental health services:

Means to monitor, evaluate effectiveness, and sustain effective activities: