

SFY 2012 ADAMHS/ADAS Board Review/Comment Form Prevention Services

ADAMHS/ADAS Board	
Provider Agency	
Program Title	
Grant Number	

The Board review/comment form is required to be submitted to ODADAS by April 1, 2011. This signifies the Board's receipt of the grant application. (Please submit one form for each program)

Please comment on the Agency's ability to integrate these services/programs into the local system-of-care and how these services are consistent with priorities identified in the Board's Community Plan:

No ADAMHS/ADAS Board Comments

Name of Person Completing Board Review Date Telephone E-mail

ADAMHS/ADAS Board Executive Director or Designee Date (Print name)

C: Implementing Agency Executive Director