

SFY 2012 ADAMHS/ADAS Board Review/Comment Form Treatment and Recovery Services

ADAMHS/ADAS Board	
Implementing Agency	
Program Title	
Grant Number	

These questions were designed to take into consideration Boards' community plans and future needs. Please use as much space as necessary to complete the form. The Board review and comments are required to be submitted to ODADAS **by April 1, 2011**.

1. Are the customer(s) identified in the application the priority population(s) in your Community Plan, i.e., your Board area? (Check yes or no.)

Yes No

2. How are the proposed results closely connected to the Board's priorities/Board's Investor targets?

3. Taking into consideration the customer(s) to be served and total budget, how likely is it that the proposed results can be achieved within the grant funding period?

4. Other ADAMHS/ADAS Board comments on the ability to integrate the Implementing Agency's services/programs into the local system-of-care and how services are consistent with priorities identified in the Board's Community Plan:

No ADAMHS/ADAS Board Comment

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