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| **cid:7FE201CB-362F-41D4-9E33-6D54DF6B2068** | Millennium Fund Annual Report*For the Period July 1, 2014, through June 30, 2015* |

The Idaho Legislature appropriates funding from the Idaho Millennium Fund to eligible applicants who provide services that help individuals to never start, to quit, or to receive treatment for, tobacco or substance use. This process begins with a submitted application to the Joint Legislative Millennium Fund Committee. Applicants that are awarded a Millennium Fund Grant must submit an annual report detailing the project, and any outcomes and expenses, using the criteria listed below. Please contact Jared Tatro, Legislative Services Office, with any questions at (208) 334-4740 or email jtatro@lso.idaho.gov.

<Project Title Goes Here>

**Organizational Contact Information**:

|  |  |
| --- | --- |
| ***Full Legal Organization Name*** | **<Insert Name>** |
| Address | <Insert Address> |
| City | <insert City> |
| State | <Insert State> |
| Zip Code | <Insert Zip Code> |
| Website | <Insert Website> |
|  |  |
| ***Primary Contact Person*** |  |
| Name | <Insert Name> |
| Title | <Insert Title> |
| Phone | <Insert Phone> |
| Email Address | <Insert E-mail> |
|  |  |
| ***Alternate Contact Person***  |  |
| Name | <Insert Name> |
| Title | <Insert Title> |
| Phone | <Insert Phone> |
| Email Address | <Insert E-mail> |
|  |  |
| ***Executive Director***  |  |
| Name | <Insert Name> |
| Title | <Insert Title> |
| Phone | <Insert Phone> |
| Email Address | <Insert E-mail> |
|  |  |
| **Millennium Fund Grant Award** | <Insert Amount> |
|  |  |
| **Report Date** | <Insert Date> |

**I. Overview, Rationale, and Justification for the Project/Program:** <*Replace with own text:*Provide a brief summary of your Millennium Fund project/program. Be sure to include the purpose of the project/program and how your project/program related to prevention, cessation, or treatment.>

**II. Distribution**: <*Replace with own text*: Provide a brief description of how your project/program was implemented and be sure to include the number of counties and/or cities served. In addition, include the number of entities that participated in your project/program, as well as the number of participants in your project/program. You will need to compare these data points to the number of entities and participants you anticipated serving when you applied for the Millennium Fund Grant. Please explain any differences, and account for the change.>

**III. Goals**: *<Replace with own text:* Provide a brief description of the goals, outputs, objectives, and outcomes that you anticipated when you applied for a Millennium Fund Grant and how those goals, outputs, objectives and outcomes compared to the request. Be sure to include any measures you took to increase the number of entities or participants for your project/program. Explain any issues you encountered with your project/program and how you overcame those challenges. This information can be provided in both the summary text and with tables.>

**IV. Financial Statement:** <*Replace with own text:* Include any highlights and/or major deviations from the requested budget here>

<Delete bracketed sentences upon report submittal. Download and complete the MSExcel file: *Annual Report Budget* and submit with this MSWord report. Your financial statement will need to compare the requested funds by category to where funds were actually spent.>

**V. Entities Visited/Sponsored and Participants in the Project/Program**: <*Replace with own text*: Include a list of all organizations (e.g., schools) that participated in your project/program, the number of participants at each visit, contact information for each organization, and the date/time visited. If you sponsored activities, include the event name, amount sponsored, date(s), contact information for the event, purpose of sponsorship and how it related to your award.>