

MULTI-DISCIPLINARY TEAM DEVELOPMENT GRANT MONITORING TOOL
Governor's Task Force on Children at Risk

DATE: _____

Team Name: _____ County: _____

Date Grant Awarded: _____ Amount: _____

Purpose of Grant (i.e. equipment purchase, training, team development)

Current Status

Describe the progress made:

Describe how this grant has benefited your MDT, County and MDTs across the state

MULTI-DISCIPLINARY TEAM DEVELOPMENT GRANT MONITORING TOOL (CONØT)

Return signed application and protocol to: Mindy Peper, CARTF Administrative Support, mindy@idcartf.org

Questions or further information, phone 208-369-1994

If the grant was used for training, how will you pass this information on to the remainder of your team? How will you pass this information on to other teams in your geographic region?

Recommendations: (check one)

Close out grant _____ Additional monitoring needed _____

Person completing this form:

Name: _____ Title: _____

Phone: _____ Fax: _____

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