BROTHER, YOU'RE ON MY MIND

After Action Report

OMB Control Number: 0925-0648

Expiration Date: 05/31/2021

Thank you for all your work in organizing an event to support the *Brother, You're on My Mind* (BYOMM) Initiative. **Please complete the following assessment within 10 days of your event.** Omega Psi Phi Fraternity, Inc.'s international headquarters will use the information to describe the types of activities that chapters are implementing.

Organizer Name:		
Or	rganizer Email:	
Or	rganizer Phone Number:	
Ch	napter Name:	Omega
Di	strict:	
1.	Date of event:	
2.	Location (city, state) of community event:	
3.	Type of event: ☐ Had a mental health professional speak during a chap and/or mental health ☐ Displayed and distributed print materials at key locatio ☐ Hosted a community forum on mental health for men ☐ Participated in a health fair and distributed materials ☐ Worked with congregations and health ministries to for ☐ Other (please describe)	ns (e.g., barbershops, churches) cus on mental health
4.	How many participants attended this BYOMM event?	
5.	Did you work with partners to plan or implement this BYOI ☐ Yes ☐ No	MM event?





BROTHER, YOU'RE ON MY MIND

After Action Report

6.	Please indicate the types of partners that supported this BYOMM event (select all that apply). Community leader Mental health organization or professional Health care or social service (e.g., local health department, community health center) Congregation or health ministry School Other Greek letter organization Community-based organization Other (please describe)	
7.	Did you use the BYOMM toolkit materials to plan and implement this event? Yes (please indicate how helpful these materials were) Extremely helpful Somewhat helpful Slightly helpful Not at all helpful No (please describe why)	
8.	Did you connect participants to a mental health professional and/or organization or distribute resources on how to locate mental health resources? ☐ Yes ☐ No	
9.	Were there any personal stories that were shared by participants describing the impact of the BYOMM event? ☐ Yes (please describe) ☐ No	
10.	If you have any additional feedback about this event, please describe below	

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.