**2) Monthly meeting Agenda**

SAMHSA 988 Tribal Response Grant Program

Monthly meeting agenda

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| --- | --- |
| **Grant information** | |
| **Award Number** | 1 H79 SM08755XXX-01 |
| **Project Title** |  |
| **Grantee** |  |
| **Project Director** |  |
| **GPO** |  |
| **Project Period** | 12/31/2022 – 12/30/2024 |

* **Major updates on your milestone plan for the grant.** *Please also provide detailed updates in the chart below.*
  + [update here]
* **Information or feedback that may improve the quality of the 988 Lifeline response for your community.** *This may include sharing relevant protocols, policies, training materials, challenges you’re having, or wins you’d like to share.*
  + [update here]
* **Any changes in scope, implementation, or personnel?**
  + [update here]
* **Additional updates for the month (challenges, successes, support needs).**
  + [update here]
* **Questions for your GPO.**
  + [update here]

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| **Grant goal updates** | | | |
| **Goal** | **Description** | **To be completed by** | **Progress** |
| **1** |  |  |  |
| 1.1 |  |  |  |
| 1.2 |  |  |  |
| **2** |  |  |  |
| 2.1 |  |  |  |
| 2.2 |  |  |  |
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| **Grant goal updates** | | | |
| **Goal** | **Description** | **To be completed by** | **Progress** |
| **1** |  |  |  |
| 1.1 |  |  |  |
| 1.2 |  |  |  |
| **2** |  |  |  |
| 2.1 |  |  |  |
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*Please propose additions or modifications to this agenda as needed.*