

**EARLY MENTAL HEALTH INITIATIVE  
EMHI-2008**

**KEY STAFF SUMMARY CHART**

County: \_\_\_\_\_

School District or  
County Office of Education: \_\_\_\_\_

**PROJECT COORDINATOR**

	<b>Hours per Week</b>
Name: _____	_____
Address: _____	
_____	
City and Zip Code _____	
Telephone Number: _____	
E-Mail Address: _____	

**PLEASE LIST ALL OTHER KEY PROFESSIONAL STAFF**

Name	Role in Program	Hours per Week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Staff hours per week should match information provided in the application narrative and budget narrative.

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**PROJECTED CONFERENCE ATTENDANCE**

Enter the estimated number people who will attend the Training Conference to be conducted in October-November 2008 (remember, all key staff are required to attend this conference). Please do not include staff from any continuing EMHI funded programs:

Child Aides:       Project Coordinator, SBMHP's and  
MH Consultants:       Others