

EARLY MENTAL HEALTH INITIATIVE  
EMHI-2009

KEY STAFF SUMMARY CHART

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

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

PROJECT COORDINATOR

Hours  
per  
Week

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City and Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

PLEASE LIST ALL OTHER KEY PROFESSIONAL STAFF

Hours  
per  
Week

Name

Role in Program

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

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

PROJECTED CONFERENCE ATTENDANCE

Enter the estimated number people who will attend the Training Conference to be conducted in December 2009 (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