## BROTHER, YOU'RE ON MY MIND

## After Action Report

OMB Control Number: 0925-0648

Expiration Date: 03/31/2018

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.

J	rganizer Name:	
Or	rganizer Email:	
Or	rganizer Phone Number:	
Cł	hapter Name:	Omega
Di	istrict:	
1.	Date of event:	
2.	. Location (city, state) of community event:	
3.	Type of event:  ☐ Had a mental health professional speak during a chapter and/or mental health ☐ Displayed and distributed print materials at key locations ☐ Hosted a community forum on mental health for men ☐ Participated in a health fair and distributed materials ☐ Worked with congregations and health ministries to focution of the conformal	s (e.g., barbershops, churches)
4.	How many participants attended this BYOMM event?	
5.	Did you work with partners to plan or implement this BYOM ☐ Yes ☐ No	M event?





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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  Very 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.