**Community-based Organization** Action Plan

December 1, 2015- June 30, 2016

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| This template\* is for use with the 2015 Community-based Organization Dedicated Marijuana Account Prevention Services Application.  |

Date Submitted:

For assistance using this template please contact the DBHR Prevention Training Team at PRItraining@dshs.wa.gov.

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| Program/ Strategy | Community Name  | Brief Description | How | When | Who | Lead | ResponsibleParty (ies) |
| *Name of program/ strategy* | *Name of community(ies) this program will serve* | *Briefly state the main purpose of program* | *How much?**How often?* | *List the implementation months of the activity.* | *Who is this service for? How many people reached?* | *Organization delivering program?* | *Who is making sure this gets done?* |
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