**Coalition** Action Plan

July 1, 2015- June 30, 2016

For assistance using this template please contact the CPWI Training Team at PRItraining@dshs.wa.gov. For technical assistance questions regarding goals, objectives, strategies, or activity/program elements please contact your DBHR Prevention System Manager.

If the Coalition has more than one objective for a goal please list them separately and list appropriate activities according to objective. If needed, contact the Training Team for assistance.

*Note****:*** A Coalition may submit the Coalition’s 2015-2016 Action Plan using the Coalition’s current 2014-15 Action Plan template if it looks similar to this and columns are added to mirror what this template contains. *(For example, if there aren’t major changes needed in your update you may not wish to transfer the content into this template. If this is the case, please add the columns that the 14-15 plan does not contain and submit with the updated planning information.)*

1. 1.

***Strategy:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Activity/Program | Funding Source | Brief Description | How | When | Who | Lead | ResponsibleParty (ies) |
| *Name of activity/program* | *See legend below for list* | *Briefly state the main purpose of activity* | *How much?**How often?* | *List the implementation months of the activity.* | *Who is this service for? How many people reached?* | *Organization delivering program?* | *Who from the Coalition is making sure this gets done?* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. 1.

***Strategy:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Activity/Program | Funding Source | Brief Description | How | When | Who | Lead | ResponsibleParty (ies) |
| *Name of activity/program* | *See legend below for list* | *Briefly state the main purpose of activity* | *How much?**How often?* | *List the implementation months of the activity.* | *Who is this service for? How many people reached?* | *Organization delivering program?* | *Who from the Coalition is making sure this gets done?* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. 1.

***Strategy:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Activity/Program | Funding Source | Brief Description | How | When | Who | Lead | ResponsibleParty (ies) |
| *Name of activity/program* | *See legend below for list* | *Briefly state the main purpose of activity* | *How much?**How often?* | *List the implementation months of the activity.* | *Who is this service for? How many people reached?* | *Organization delivering program?* | *Who from the Coalition is making sure this gets done?* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. 1.

***Strategy:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Activity/Program | Funding Source | Brief Description | How | When | Who | Lead | ResponsibleParty (ies) |
| *Name of activity/program* | *See legend below for list* | *Briefly state the main purpose of activity* | *How much?**How often?* | *List the implementation months of the activity.* | *Who is this service for? How many people reached?* | *Organization delivering program?* | *Who from the Coalition is making sure this gets done?* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. 1.

***Strategy:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Activity/Program | Funding Source | Brief Description | How | When | Who | Lead | ResponsibleParty (ies) |
| *Name of activity/program* | *See legend below for list* | *Briefly state the main purpose of activity* | *How much?**How often?* | *List the implementation months of the activity.* | *Who is this service for? How many people reached?* | *Organization delivering program?* | *Who from the Coalition is making sure this gets done?* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. 1.

***Strategy:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Activity/Program | Funding Source | Brief Description | How | When | Who | Lead | ResponsibleParty (ies) |
| *Name of activity/program* | *See legend below for list* | *Briefly state the main purpose of activity* | *How much?**How often?* | *List the implementation months of the activity.* | *Who is this service for? How many people reached?* | *Organization delivering program?* | *Who from the Coalition is making sure this gets done?* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| *Funding Source Legend:* |
| *SAPT* | *Substance Abuse Prevention Treatment Block Grant (Federal Funds)*  |
| *PFS* | *Partnerships for Success Grant (Federal Funds) (WA is a PFS 2013 awardee)* |
| *DMF* | *Dedicated Marijuana Funds (State Funds)*  |
| *MHBG* | *Mental Health Block Grant (Federal Funds)* |
| *DFC* | *Drug Free Communities Grant Funds (Federal Funds)* |
| *Match* | *Match funding to support implementation / training*  |
| *Other* | *Local funding source or not DBHR contracted* |
| *TBD* | *Funding not secured yet, or Future Planning if funds became available* |