Community-based Prevention Services Action Plan

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| This template\* is for use with the July 1, 2016 to June 30, 2017 DSHS/DBHR Community-based Prevention Services Dedicated Marijuana Account Application. |

Organization Name:  Date Submitted:

For assistance using this template please contact the DBHR Prevention Training Team at [PRItraining@dshs.wa.gov](mailto:PRItraining@dshs.wa.gov). *This form is locked for filling in form functions, but is not password protected. If you need to add rows, feel free to un-restrict the editing protection and make your edits.*

# For Direct Service Programs:

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| Program/ Strategy | Community Name | Will you be able to begin services by 9/1/2016 | How Often | When | Who &  How Many | Lead | Responsible  Party (ies) |
| *Name of program/ strategy* | *Name of community(ies) this program will serve* | *Yes or No?* | *How many groups will be offered?* | *List all of the implementation months of the program* | *Who is this service for?*  *How many people reached?* | *Organization delivering program?* | *Who is making sure this gets done?* |
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# For Environmental Strategies:

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| Environmental Strategies | Community Name | Will you be able to begin services by 9/1/2016 | Goal | When | Who &  How Many | Lead | Responsible  Party (ies) |
| *Name of program/ strategy* | *Name of community(ies) this strategy will serve* | *Yes or No?* | *What is the goal outcome of the strategy?* | *List all of the implementation months of the program* | *Who is this service for?*  *How many people reached?* | *Organization delivering program?* | *Who is making sure this gets done?* |
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*\*This template is provided for planning purposes only. Completion or use of this template is not a binding agreement and in no way secures funding and is not a contract.*