**Coalition** Action Plan

July 1, 2016- June 30, 2017

Date Submitted:

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***Strategy:***

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| 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?* |
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| *Funding Source Legend:* |
| *SABG* | *Substance Abuse Block Grant (Federal Funds)*  |
| *PFS* | *Partnerships for Success Grant (Federal Funds) (WA is a PFS 2013 awardee)* |
| *DMA* | *Dedicated Marijuana Account (State 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* |