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| FUNDING SOURCE LEGEND | |
| SOR II | *State Opioid Response (SOR) II Grant* ***(Federal Funds)*** |
| DMA | *Dedicated Marijuana Account* ***(State Funds)*** |
| MHPP | *Mental Health Promotion Projects* ***(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* |

**ACTION PLAN**

**SOR FOUNDATION II**

**Budget period: 9/30/2021 – 9/29/2022**

*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.* Use the Survey Selection Guide at <https://www.theathenaforum.org/surveyselection>. You may add additional goals or strategies if needed by copying and pasting the entire section.

This form now has a row that describes the corresponding question in the Minerva system while building the program profile. This is to be used as a reference as you build your new programs in the online reporting system, as well as fill this template out. If awarded, you will receive training on the Minerva online reporting system.

***Goal 1:***  *(Minerva #11)*

***Objective 2.1:***  *(Minerva #12, #13)*

***CSAP Strategy:***Choose an item. *(Minerva #15)*

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| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *See list above* | *Briefly state the main purpose of activity* | *How much?*  *How often? During which months?* | *Who is this service for?  How many people reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Organization delivering program?  Who is making sure this gets done?* | *What survey will you be using? How often (one-time, pre/post, etc.)?* |
| *Minerva #3* | *#7* | *#4* | *#18, #19* | *#16, #21, #22, #23* | *N/A* | *#24, #25* |
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***Goal 2:*** *(Minerva #11)*

***Objective 2.1:*** *(Minerva #12, #13)*

***CSAP Strategy:***Choose an item. *(Minerva #15)*

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| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *See list above* | *Briefly state the main purpose of activity* | *How much?*  *How often? During which months?* | *Who is this service for?  How many people reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Organization delivering program?  Who is making sure this gets done?* | *What survey will you be using? How often (one-time, pre/post, etc.)?* |
| *Minerva #3* | *#7* | *#4* | *#18, #19* | *#16, #21, #22, #23* | *N/A* | *#24, #25* |
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***Goal 2:*** *(Minerva #11)*

***Objective 2.1:*** *(Minerva #12, #13)*

***CSAP Strategy:***Choose an item. *(Minerva #15)*

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| **Name of Program** | **Funding Source** | | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *See list above* | *Briefly state the main purpose of activity* | | *How much?*  *How often? During which months?* | *Who is this service for?  How many people reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Organization delivering program?  Who is making sure this gets done?* | *What survey will you be using? How often (one-time, pre/post, etc.)?* |
| *Minerva #3* | *#7* | *#4* | | *#18, #19* | *#16, #21, #22, #23* | *N/A* | *#24, #25* |
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