**Coalition** Action Plan

July 1, 2016- June 30, 2017

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.*



***Strategy:***

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| Activity/Program | Funding Source | Brief Description | How | When | Who | Lead | Responsible  Party (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* |