**CBO Prevention Services** Action Plan July 1, 2025 - June 30, 2027

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| **Community:** |  |

# Year 1 (July 1, 2025 – June 30, 2026)

***Goal 1:*** *[This is the ‘Risk Factor & Protective Factor’ chosen in your Action Plan Overview.]*

* 1. *[This is the ‘Contributing Factor’ chosen in your Action Plan Overview.]*

***CSAP Strategy:***Select from list.

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *DCA / MHPP / SOR VI* | *Briefly state the main purpose of the activity.* | *How much?*  *How often?* | *Who is this service for?  How many people will be reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Which organization is delivering the program?*  *Who is ensuring implementation occurs?* | *What survey will be used?*  *Frequency?* |
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|  | Select from list.  Select from list.  Select from list. |  | Implementation Type:  Select from list.  How many planned cohorts or campaigns?  Total activities: | Describe who this service will reach:    Estimated number of hours planned for all the cohorts or campaigns:  Estimated number of persons served by the planned cohorts or campaigns:  IOM: Select from list. | Organizational Partner helping deliver the program:  Community representative who is lead on this program: | Survey:  Frequency:  Select from list.  Not Applicable |
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***Objective 1.2:*** *[**This is the ‘Contributing Factor’ chosen in your Action Plan Overview.]*

***CSAP Strategy:***Select from list.

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| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *DCA / MHPP / SOR VI* | *Briefly state the main purpose of the activity.* | *How much?*  *How often?* | *Who is this service for?  How many people will be reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Which organization is delivering the program?*  *Who is ensuring implementation occurs?* | *What survey will be used?*  *Frequency?* |
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***Goal 2:****[This is the ‘Risk Factor & Protective Factor’ chosen in your Action Plan Overview.]*

***Objective 2.1:*** *[This is the ‘Contributing Factor’ chosen in your Action Plan Overview.]*

***CSAP Strategy:***Select from list.

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| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *DCA / MHPP / SOR VI* | *Briefly state the main purpose of the activity.* | *How much?*  *How often?* | *Who is this service for?  How many people will be reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Which organization is delivering the program?*  *Who is ensuring implementation occurs?* | *What survey will be used?*  *Frequency?* |
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***Goal 3:****[This is the ‘Risk Factor & Protective Factor’ chosen in your Action Plan Overview.]*

***Objective 3.1:*** *[This is the ‘Contributing Factor’ chosen in your Action Plan Overview.]*

***CSAP Strategy:***Select from list.

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *DCA / MHPP / SOR VI* | *Briefly state the main purpose of the activity.* | *How much?*  *How often?* | *Who is this service for?  How many people will be reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Which organization is delivering the program?*  *Who is ensuring implementation occurs?* | *What survey will be used?*  *Frequency?* |
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***Goal 4:*** *[This is the ‘Risk Factor & Protective Factor’ chosen in your Action Plan Overview.]*

***Objective 4.1:*** *[This is the ‘Contributing Factor’ chosen in your Action Plan Overview.]*

***CSAP Strategy:***Select from list.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *DCA / MHPP / SOR VI* | *Briefly state the main purpose of the activity.* | *How much?*  *How often?* | *Who is this service for?  How many people will be reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Which organization is delivering the program?*  *Who is ensuring implementation occurs?* | *What survey will be used?*  *Frequency?* |
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***Goal 5:*** *[This is the ‘Risk Factor & Protective Factor’ chosen in your Action Plan Overview.]*

***Objective 5.1:*** *[This is the ‘Contributing Factor’ chosen in your Action Plan Overview.]*

***CSAP Strategy:***Select from list.

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *DCA / MHPP / SOR VI* | *Briefly state the main purpose of the activity.* | *How much?*  *How often?* | *Who is this service for?  How many people will be reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Which organization is delivering the program?*  *Who is ensuring implementation occurs?* | *What survey will be used?*  *Frequency?* |
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***Goal 6:*** *[This is the ‘Risk Factor & Protective Factor’ chosen in your Action Plan Overview.]*

***Objective 6.1:*** *[This is the ‘Contributing Factor’ chosen in your Action Plan Overview.]*

***CSAP Strategy:***Select from list.

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *DCA / MHPP / SOR VI* | *Briefly state the main purpose of the activity.* | *How much?*  *How often?* | *Who is this service for?  How many people will be reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Which organization is delivering the program?*  *Who is ensuring implementation occurs?* | *What survey will be used?*  *Frequency?* |
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# Year 2 (July 1, 2026 – June 30, 2027)

***Goal 1:*** *[This is the ‘Risk Factor & Protective Factor’ chosen in your Action Plan Overview.]*

* 1. *[This is the ‘Contributing Factor’ chosen in your Action Plan Overview.]*

***CSAP Strategy:***Select from list.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *DCA / MHPP / SOR VI* | *Briefly state the main purpose of the activity.* | *How much?*  *How often?* | *Who is this service for?  How many people will be reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Which organization is delivering the program?*  *Who is ensuring implementation occurs?* | *What survey will be used?*  *Frequency?* |
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***Objective 1.2:*** *[This is the ‘Contributing Factor’ chosen in your Action Plan Overview.]*

***CSAP Strategy:***Select from list.

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| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *DCA / MHPP / SOR VI* | *Briefly state the main purpose of the activity.* | *How much?*  *How often?* | *Who is this service for?  How many people will be reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Which organization is delivering the program?*  *Who is ensuring implementation occurs?* | *What survey will be used?*  *Frequency?* |
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***Goal 2:****[This is the ‘Risk Factor & Protective Factor’ chosen in your Action Plan Overview.]*

***Objective 2.1:*** *[This is the ‘Contributing Factor’ chosen in your Action Plan Overview.]*

***CSAP Strategy:***Select from list.

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| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
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***Goal 3:****[This is the ‘Risk Factor & Protective Factor’ chosen in your Action Plan Overview.]*

***Objective 3.1:*** *[This is the ‘Contributing Factor’ chosen in your Action Plan Overview.]*

***CSAP Strategy:***Select from list.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
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***Goal 4:*** *[This is the ‘Risk Factor & Protective Factor’ chosen in your Action Plan Overview.]*

***Objective 4.1:*** *[This is the ‘Contributing Factor’ chosen in your Action Plan Overview.]*

***CSAP Strategy:***Select from list.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
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***Goal 5:*** *[This is the ‘Risk Factor & Protective Factor’ chosen in your Action Plan Overview.]*

***Objective 5.1:*** *[This is the ‘Contributing Factor’ chosen in your Action Plan Overview.]*

***CSAP Strategy:***Select from list.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *DCA / MHPP / SOR VI* | *Briefly state the main purpose of the activity.* | *How much?*  *How often?* | *Who is this service for?  How many people will be reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Which organization is delivering the program?*  *Who is ensuring implementation occurs?* | *What survey will be used?*  *Frequency?* |
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|  | Select from list.  Select from list.  Select from list. |  | Implementation Type:  Select from list.  How many planned cohorts or campaigns?  Total activities: | Describe who this service will reach:    Estimated number of hours planned for all the cohorts or campaigns:  Estimated number of persons served by the planned cohorts or campaigns:  IOM: Select from list. | Organizational Partner helping deliver the program:  Community representative who is lead on this program: | Survey:  Frequency:  Select from list.  Not Applicable |
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***Goal 6:*** *[This is the ‘Risk Factor & Protective Factor’ chosen in your Action Plan Overview.]*

***Objective 6.1:*** *[This is the ‘Contributing Factor’ chosen in your Action Plan Overview.]*

***CSAP Strategy:***Select from list.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program  Name*** | *DCA / MHPP / SOR VI* | *Briefly state the main purpose of the activity.* | *How much?*  *How often?* | *Who is this service for?  How many people will be reached?*  *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Which organization is delivering the program?*  *Who is ensuring implementation occurs?* | *What survey will be used?*  *Frequency?* |
|  |  |  |  |  |  |  |
|  | Select from list.  Select from list.  Select from list. |  | Implementation Type:  Select from list.  How many planned cohorts or campaigns?  Total activities: | Describe who this service will reach:    Estimated number of hours planned for all the cohorts or campaigns:  Estimated number of persons served by the planned cohorts or campaigns:  IOM: Select from list. | Organizational Partner helping deliver the program:  Community representative who is lead on this program: | Survey:  Frequency:  Select from list.  Not Applicable |
|  | Select from list.  Select from list.  Select from list. |  | Implementation Type:  Select from list.  How many planned cohorts or campaigns?  Total activities: | Describe who this service will reach:    Estimated number of hours planned for all the cohorts or campaigns:  Estimated number of persons served by the planned cohorts or campaigns:  IOM: Select from list. | Organizational Partner helping deliver the program:  Community representative who is lead on this program: | Survey:  Frequency:  Select from list.  Not Applicable |
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