**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 |
|  | 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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|  | 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 |

***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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|  | 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 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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|  | 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 |
|  | 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. | Organization delivering the program:      Community lead on this program:       | Survey:      Frequency: Select from list.[ ]  Not Applicable |

***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.

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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 |
|  | 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. | Organization delivering the program:      Community lead on this program:       | Survey:      Frequency: Select from list.[ ]  Not Applicable |

***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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|  | 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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|  | 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. | Organization delivering the program:      Community lead on this program:       | Survey:      Frequency: Select from list.[ ]  Not Applicable |

***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** |
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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.

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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. | Organization delivering the program:      Community lead on this program:       | Survey:      Frequency: Select from list.[ ]  Not Applicable |

***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** |
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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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** |
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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 |
|  | 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. | Organization delivering the program:      Community lead on this program:       | Survey:      Frequency: Select from list.[ ]  Not Applicable |

***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?* |
|  |  |  |  |  |  |  |
|  | 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 |
|  | 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. | Organization delivering the program:      Community lead on this program:       | Survey:      Frequency: Select from list.[ ]  Not Applicable |

***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 |
|  | 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. | Organization delivering the program:      Community lead on this program:       | Survey:      Frequency: Select from list.[ ]  Not Applicable |