

CPWI Strategic Plan Checklist

For Manager Review of CPWI Strategic Plan Updates

Plan Submission Overview

- Community Name:
- Coalition Coordinator Name(s):
- Date of Submission:
- Reviewed by:
- Review date:
- General Comments or Context (optional):

Instructions for Reviewers: In general, the prompts in the “Required Component” sections below are copied directly from the “CPWI Strategic Plan Template”, posted to the [Athena Forum](#). While reviewing plans, you may want to keep a blank copy of the Template open so you can double check requirements and ensure that the overall structure is maintained.

Required Component:	Acceptable	Not Acceptable	Comments
<p>Executive Summary: 1-2 pages recommended. <i>Note: Much of what is in the ES can also be found elsewhere in the plan. When reviewing the ES, make sure that each component is consistent with the content in other sections, but at a higher level.</i></p>			N/A
<ul style="list-style-type: none"> • What we are about: <ul style="list-style-type: none"> ○ Mission statement. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Who we are: <ul style="list-style-type: none"> ○ <i>Note: Double check the use of the CPWI language from template regarding the CPWI Strategic Planning Framework.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Describe the makeup of the Coalition including key partners. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Define the area being served including the name of the community, the School District being served, where the coordinator's workstation is located within the community, and the school(s) being served by the Student Assistance Professional (SAP). Please also name the fiscal agent for the CPWI Coalition and the fiscal agent for school-based services. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • What we do: <ul style="list-style-type: none"> ○ Briefly describe the intended outcome(s) of the Coalition and the impact the efforts are expected to have to benefit the community. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Add each goal and objective with the identified program(s) that correspond to each. <i>Note: Ensure that all goals/objectives are listed.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Organizational Structure, Organization, and Development (Getting Started) 2-3 pages recommended.</p>			N/A

Required Component:	Acceptable	Not Acceptable	Comments
<ul style="list-style-type: none"> • What we are about: <ul style="list-style-type: none"> ○ Mission statement ○ <i>Note: You may also include any vision statements or values in your narrative.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Who we are: <ul style="list-style-type: none"> ○ <i>Note: Double check the use of the CPWI language from template regarding the CPWI Strategic Planning Framework. They may add to this language but cannot delete core components.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Describe the makeup of the Coalition including key partners and sector representatives. ○ <i>Note: In the Template's Getting Started section, this wording was included as part of the previous prompt. Please check to ensure that it is included in their response.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Define the area being served including the name of the community, the School District being served, and the school(s) being served by the SAP. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Describe the roles and responsibilities of the fiscal agent for the Coalition and for School-Based Services, the Coalition Coordinator, the SAP, the Coalition, and subcommittees/workgroups. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Our structure: <ul style="list-style-type: none"> ○ Describe the relationship between the fiscal agent for the Coalition and for School-Based Services, the Coalition Coordinator, the SAP, the Coalition, and subcommittees/workgroups. ○ <i>Note: While the narrative portion is required, providers may also include an Organizational</i> 	<input type="checkbox"/>	<input type="checkbox"/>	

Required Component:	Acceptable	Not Acceptable	Comments
<i>Chart as a separate document attached in the Appendix.</i>			
<ul style="list-style-type: none"> • Our decision-making process: <ul style="list-style-type: none"> ○ Explain the decision-making process of the Coalition. ○ <i>Note: While the narrative portion is required, providers may also include a decision-making model as a separate document.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Who is a member: <ul style="list-style-type: none"> ○ Explain the rules for membership including who is considered a member, what is required to become a member, and who has decision making abilities / gets to vote. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Explain and define any others who engage and/or have decision making abilities in the Coalition (i.e. guests, leadership team, etc.). 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Explain how the Coalition Assessment Tool (CAT) will be implemented to Coalition members and used as an evaluative tool to inform membership. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Create a List of Coalition members and sectors represented using a table or other format of your choosing and attach as part of the Appendix. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Recruitment: <ul style="list-style-type: none"> ○ Describe the Coalition’s recruitment strategies including how the Coalition will obtain and maintain a minimum of eight (8) of the required twelve (12) sectors. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Health equity and sustainability <ul style="list-style-type: none"> ○ <i>Note: Health equity and sustainability continue to be documented in the Plan in a separate</i> 			<i>N/A</i>

Required Component:	Acceptable	Not Acceptable	Comments
<p><i>portion under each section. However, we know these concepts are not separate from the work you are leading in each section. With that, these prompts may be answered in full or in part as you respond to other prompts within this section. Please ensure you are still responding to these prompts within each health equity and sustainability portion of each section but if previously answered, you may keep this portion shorter.</i></p>			
<ul style="list-style-type: none"> ○ Explain how the Coalition is representative of the community being served. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Explain how community voice is active in the Coalition including in decision making. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Explain how the Coalition ensures that engaging in the Coalition, including attending Coalition meetings, is accessible. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Describe how the fiscal agent for the Coalition and the fiscal agent for school-based services will work together to create a foundation within their organization(s) to support the continued implementation of CPWI over time. 	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Capacity Building: <i>3-4 pages recommended.</i></p>			N/A
<p>Collaboration and Partnership</p>			N/A
<ul style="list-style-type: none"> • Describe the current capacity of the community, Coalition, school-based services, etc. to implement prevention strategies. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • List the organizations and partners the Coalition is collaborating with to build and maintain the work of the Coalition. 	<input type="checkbox"/>	<input type="checkbox"/>	

Required Component:	Acceptable	Not Acceptable	Comments
<ul style="list-style-type: none"> Describe the strategies the Coalition took to build these relationships. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Describe the Key Leader Event and how this will be held annually to involve key leaders and other stakeholders to provide input, promote, and expand the Coalition's efforts. 	<input type="checkbox"/>	<input type="checkbox"/>	
Building Prevention Knowledge			N/A
<ul style="list-style-type: none"> Describe how prevention knowledge will be increased for the Coalition coordinator to ensure they have the prevention knowledge to lead the Coalition and obtain/maintain the Certified Prevention Professional (CPP). <ul style="list-style-type: none"> <i>Note: In the Planning portion, you will list the required training, and this portion of the Plan is meant to be conceptual and provide a high-level overview.</i> <i>Note: While the narrative portion is required, you may also include a copy of a sample training plan as a separate document.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Describe how prevention knowledge will be increased for the Coalition and other community members to raise their capacity to address prevention priorities in your community. <ul style="list-style-type: none"> <i>Note: In the Planning portion, you will list the trainings and this portion of the Plan is meant to be conceptual and provide a high-level overview.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Describe how the fiscal agent including the Contract Contact and fiscal staff, the Educational Service District for school-based services, the Coordinator, and any other required personnel will engage in required HCA/DBHR meetings and 	<input type="checkbox"/>	<input type="checkbox"/>	

Required Component:	Acceptable	Not Acceptable	Comments
trainings including the Learning Community Meeting, the Annual Contractor Meeting, the Provider Meeting/Prevention Summit, the Coalition Leadership Institute, etc. and how that knowledge will be shared with the Coalition to help raise their capacity to support prevention initiatives.			
Health Equity and Sustainability	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Describe how the organizations, partnerships, and key leaders are diverse, and representative of the community being served. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Describe how building prevention knowledge includes training related to understanding the Culturally and Linguistically Appropriate Services (CLAS Standards) and promotes a health equity lens. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Describe how building capacity including building new partnerships and maintaining the current partnerships, increasing prevention knowledge through training, and the Key Leader Event will continue to be a focus of the Coalition to further sustain efforts over time. 	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment: 3-4 pages recommended. Use this field to track completion of all components in this section.	<input type="checkbox"/>	<input type="checkbox"/>	
Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> List the sources of data used from Data Book, Community Survey, any local community data, and any others. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Summarize the process the Coalition took to complete the needs assessment including: 	<input type="checkbox"/>	<input type="checkbox"/>	

Required Component:	Acceptable	Not Acceptable	Comments
<ul style="list-style-type: none"> ○ Listing who was involved in collecting and/or reviewing data and the role they held. ○ How data was collected and compiled. ○ Any training/presentations provided. ○ How the Coalition decided which results were most important and significant to consider. 			
<ul style="list-style-type: none"> ● What's the problem? List the prioritized long-term consequences (outcomes) to include School Performance, Youth Delinquency, and Mental Health; and for each, describe how these are locally relevant. <ul style="list-style-type: none"> ○ <i>Note: Ensure the Logic Model column corresponding to this item is updated. Decide if any additional long-term consequences should be added and if so, add these to both to this narrative portion as well as the Logic Model template.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ● Why is this a problem? List the prioritized behavioral health problems (consumption) which may include, depending on your assessment and funding through CPWI, Underage Drinking, Underage Problem and Heavy Drinking, Opioid / Rx Misuse, Cannabis Use, Vaping / E-Cigarette Use, and for each, describe how these are locally relevant. <ul style="list-style-type: none"> ○ <i>Note: Ensure the Logic Model column corresponding to this item is updated, including removing any that were not prioritized. Decide if any additional behavioral health problems should be added and if so, add these to both this narrative portion as well as the Logic Model template.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	

Required Component:	Acceptable	Not Acceptable	Comments
<ul style="list-style-type: none"> • Why is this a problem here? List the prioritized intervening variables (risk / protective factors). For example, Low Neighborhood Attachment / Community Disorganization, Availability (Retail or Social Access), Community Laws and Norms (Policies, Enforcement, and Regulations), and Favorable Attitudes Towards the Problem Behavior, and for each, describe how these were derived from your assessment. <ul style="list-style-type: none"> ○ <i>Note: Ensure the Logic Model column corresponding to this item is updated. Decide if any additional risk and protective factors should be added and if so, add these to both this narrative portion as well as the Logic Model template.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • But why is this a problem specifically in our community? List the prioritized local conditions and contributing factors and for each, describe how these were derived from your assessment. <ul style="list-style-type: none"> ○ <i>Note: Ensure the Logic Model column corresponding to this item is updated.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	
Resource Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Summarize the process the Coalition took to complete the resource assessment including: <ul style="list-style-type: none"> • Listing who was involved in collecting and/or reviewing data and the role they held. • How data was collected and compiled. • Any trainings / presentations provided. • How the Coalition decided which results were most important and significant to consider. 	<input type="checkbox"/>	<input type="checkbox"/>	

Required Component:	Acceptable	Not Acceptable	Comments
<ul style="list-style-type: none"> List the existing resources identified in your community that impact your prioritized intervening variables and/or contributing factors. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> List the gaps identified in your community that help highlight areas to focus efforts on. 	<input type="checkbox"/>	<input type="checkbox"/>	
Health Equity and Sustainability	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Describe how input from diverse members of the community was a part of your assessment process including gathering additional data (i.e. adding additional questions to the Community Survey), reviewing the data, and making decisions based upon the data. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Describe how the assessment process will be updated over time, key staff engaged even if not part of the Coalition ongoing. 	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Planning: <i>3-5 pages recommended.</i> Use this field to track completion of all components in this section.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
Goals and Objectives	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Summarize the process the Coalition took to create a goal statement and objective(s) then identify a program(s) for each of the prioritized intervening variables to include how the Center for Substance Abuse Prevention (CSAP) Principles of Effectiveness was utilized as a resource to inform program selection particularly for creation or review of any innovative programs. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Describe the plan to ensure that programs selected met fund source requirements and contractual obligations including evidence-based program (EBP) requirements. 	<input type="checkbox"/>	<input type="checkbox"/>	

Required Component:	Acceptable	Not Acceptable	Comments
<ul style="list-style-type: none"> • List the prioritized intervening variables (risk/protective factors) and for each, provide the following information: <ul style="list-style-type: none"> ○ Provide a <u>goal</u> statement that explains what the community plans to accomplish or change about the intervention variable that sets the direction for the intermediate outcome (2-5 years) to be achieved. ○ Provide at least one <u>objective</u> for each goal that addresses the local condition and breaks down the goal into smaller parts that provide specific, measurable actions through which the goal will then be accomplished that sets the direction for the short-term outcome (6 months – 2 years) with realistic targets. ○ Provide at least one <u>program</u> for each goal and objective with the following information listed: <ul style="list-style-type: none"> ▪ Brief description of the program. ▪ Which fund source(s) will be used to support the program. ▪ Lead organization / responsible party (ies) who are responsible to ensure this program occurs as well as who is facilitating the program and collecting data. ▪ Partner engagement including any permissions obtained (i.e. school district approval to implement school-based services and collect data). ▪ Who will be served by this program. ▪ When, in month(s)/year (s), this program is to be implemented. ▪ How many implementations are done during those month(s)/year(s). 	<input type="checkbox"/>	<input type="checkbox"/>	

Required Component:	Acceptable	Not Acceptable	Comments
<ul style="list-style-type: none"> ▪ <i>Note: You may also include programs not funded through CPWI or programs the Coalition would like to implement if funding becomes available. Please document these programs as either "other [insert fund source name/description]" or "seeking additional funding."</i> 			
<p>Note For Reviewers: Add more rows to this section, one for each goal and strategy listed in the plan you are reviewing, by Copy Pasting more sections on the table.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Community Engagement/Coalition Development <ul style="list-style-type: none"> ○ In addition to the program(s) described above, summarize opportunities for the community to be engaged with the Coalition. Include engagement in a variety of settings (i.e. Coalition meetings, during strategic planning, at events within the community, etc.) and in a variety of different capacities whether as a formal member, guest, etc. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Public Awareness/Information Dissemination <ul style="list-style-type: none"> ○ In addition to the program(s) described above, summarize the Coalition's communication plan including how Coalition members including subcommittees/workgroups, the Coalition and school-based services fiscal agent(s), decision makers within the community and the broader community, and any others who should be informed are informed about the work of the Coalition including opportunities for engagement like the Key Leader Event. 	<input type="checkbox"/>	<input type="checkbox"/>	

Required Component:	Acceptable	Not Acceptable	Comments
<ul style="list-style-type: none"> • Direct Services <ul style="list-style-type: none"> ○ In addition to the program(s) described above, describe how the Coalition will ensure direct services in both a community and school-based setting will be prioritized to ensure an annual delivery of services. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Describe how those engaged in direct service program selection, implementation, and evaluation are trained and knowledgeable about these direct services to include program design, adaptation, implementing to fidelity (including creating a fidelity monitoring plan for both EBPs and innovative programs), and familiar with CSAP Principles of Effectiveness. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ○ Describe the plan for data collection to further detail the plan for how those responsible to collect the data will ensure permission is obtained and the proper data is planned to be collected (i.e. reviewing surveys in advance, seeking permission from the school, etc.). 	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Note: Check to ensure providers have updated the Logic Model template column corresponding to the items above.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Health Equity and Sustainability</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Describe how input from diverse members of the community was a part of the planning process to include decision-making on programs. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Describe how these programs help to decrease health disparities within the community. 	<input type="checkbox"/>	<input type="checkbox"/>	

Required Component:	Acceptable	Not Acceptable	Comments
<ul style="list-style-type: none"> Describe what strategies will be taken to decrease barriers to access and increase participation in these programs. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Describe how the programs selected will be sustained over time including leadership and administrative support, financial support, provider selection, and provider training/implementation support. 	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Implementation: <i>2-3 pages recommended.</i> Use this field to track completion of all components in this section.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Implementation Monitoring</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Describe the infrastructure and support system to ensure successful implementation of these programs to include the role of the Coalition and other partners in the implementation process and how the Coalition will remain updated on implementation. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Summarize the process taken to create and implement a fidelity monitoring plan for each program implemented to include any innovative programs. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Summarize the process taken to adapt and monitor any programs including outreach to developers. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Describe the process and plan to adjust implementation as needed to include in circumstances where there are no expected participants or implementation cannot occur as regularly scheduled due to unforeseen circumstances like weather conditions. Also 	<input type="checkbox"/>	<input type="checkbox"/>	

Required Component:	Acceptable	Not Acceptable	Comments
include how any changes will ensure that fund source requirements and any EBP requirements are met.			
Budget	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • List the resources allocated to support the Coalition’s efforts including funding allocated by HCA/ DBHR and any other financial or other in-kind resources provided. For non-HCA/DBHR resources, please also provide a narrative portion to describe how these resources were obtained. <ul style="list-style-type: none"> ○ <i>Note: Using the template provided, include the Coalition’s Budget as a separate attachment in the Appendix.</i> 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Describe how the Coalition’s budget was created by the Coalition in collaboration with the fiscal agent (and any associated fiscal staff) to include how the budget will be reviewed and updated as needed with the support of the Coalition. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Describe how the Coalition will ensure funding is expended appropriately. 	<input type="checkbox"/>	<input type="checkbox"/>	
Health Equity and Sustainability	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Describe how programs will be monitored to ensure the intended population is being served appropriately. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Describe the resources and areas of focus (i.e. funding, staffing, positive outcomes of programs, policies, integration of programs into existing community organizations, etc.) the Coalition will prioritize to sustain the implementation of these programs. 	<input type="checkbox"/>	<input type="checkbox"/>	

Required Component:	Acceptable	Not Acceptable	Comments
<ul style="list-style-type: none"> Explain how the Coalition will solicit additional funding and in-kind services and goods to further sustain (and expand) prevention initiatives in the community. 	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Reporting and Evaluation: 2-3 pages recommended. Use this field to track completion of all components in this section.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Expected Outcomes</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Describe the Coalition’s intended outcomes, impacts, and changes for the short-term (6 months – 1 year), immediate (2-4 years), and long-term (5+ years). 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <i>Using the table below, list the process and outcome measures for each program and for each, list which tools/instruments will be used to collect information. Please delete the example provided in italics and copy / paste the table as needed.</i> <p>Note for Reviewers: Ensure that the table included in the template has been transposed and repeats for each Program/Strategy listed in the Planning and Implementation sections. Use the copy/paste feature to add rows to this section if needed.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Data Collection and Reporting</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Describe how the Coalition will ensure timely and accurate proper reporting to HCA / DBHR for both community and school-based services, including those implemented by the Student Assistance Professional. 	<input type="checkbox"/>	<input type="checkbox"/>	

Required Component:	Acceptable	Not Acceptable	Comments
<ul style="list-style-type: none"> • Describe how the Coalition will be engaged in the data collection and the evaluation process to ensure performance-based measures are met to include the following: <ul style="list-style-type: none"> ○ How data and program evaluation information will be shared with the Coalition. ○ How often data and program evaluation information will be shared with the Coalition. ○ How data and program evaluation information will be used by the Coalition to adjust, as needed, to implementation. 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Describe how the broader community will be engaged in the data collection and the evaluation process to include the following: <ul style="list-style-type: none"> ○ Who, including key leaders/stakeholders, can help support data collection. ○ Who, including key leaders/stakeholders, will want to have data and program evaluation information shared with them and what purpose it will have to share this information with them. ○ Any formal reports/presentations that can help disseminate this information and how this information will be shared including through public platforms as appropriate. 	<input type="checkbox"/>	<input type="checkbox"/>	
Health Equity and Sustainability	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> • Explain the considerations the Coalition has made in preparing for and completing data collection and the evaluation process, including survey content and methods for conducting surveys in a sensitive and inclusive manner, that meet the 	<input type="checkbox"/>	<input type="checkbox"/>	

Required Component:	Acceptable	Not Acceptable	Comments
needs of the community and support them in understanding as well as responding to the survey.			
<ul style="list-style-type: none"> Explain what policies and procedures are in place to ensure ongoing data collection and evaluation efforts. 	<input type="checkbox"/>	<input type="checkbox"/>	
Appendices: Use this field to track the completion of all <i>required</i> components in this section.	<input type="checkbox"/>	<input type="checkbox"/>	
Organizational Chart (<i>optional</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
Decision-Making Model (<i>optional</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
List of Coalition Members and Sectors Represented	<input type="checkbox"/>	<input type="checkbox"/>	
Logic Model	<input type="checkbox"/>	<input type="checkbox"/>	
Budget	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Impressions: This portion is for elements of the plan not captured in the template prompts.	Acceptable	Not Acceptable	Comments
<p>Grammar and Spelling: Does the overall quality of writing meet minimum standards for professional documents?</p> <p>Note: Consider community/cultural context when reviewing this aspect, based on your knowledge of the coordinator and coalition. If adjustments are needed,</p>	<input type="checkbox"/>	<input type="checkbox"/>	

Required Component:	Acceptable	Not Acceptable	Comments
please be respectful of capacity and use all resources to provide guidance.			
<p>Narrative Voice: Consider the tone of the writing throughout, and check for consistency and consideration of the audience.</p> <p>Example: Switching from 1st person "<i>I plan to do X</i>" and then back to 3rd person "<i>the coalition plans to do X</i>" in various sections could be something you note for revision.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Other: [add]</p> <p>Note: Use this for any other additional comments or suggested edits. For example, suggestions around font choice to support ADA requirements.</p>	<input type="checkbox"/>	<input type="checkbox"/>	