



RVPC Coalition Planning Worksheet

Coalition Information

Name of coalition:	
Date your coalition was formed?	_ / _ / _
Is this a new coalition or an existing coalition? Check one.	<input type="checkbox"/> New coalition. <input type="checkbox"/> Existing coalition
If an existing coalition, please briefly describe why the coalition was developed, its original purpose and how it will incorporate a focus on violence prevention. (Describe here or attach a relevant document).	
How frequently do you plan to meet? Check one.	<input type="checkbox"/> Weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Every other month <input type="checkbox"/> Other:
Will your coalition meet in person, virtually, or a hybrid of both? Check one.	<input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Hybrid

Coalition Members

Member Name/Email	Organization or Affiliations	Does member live or work in the SPA? Check one.
		<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Both
		<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Both
		<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Both
		<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Both



Member Name/Email	Organization or Affiliations	Does member live or work in the SPA? Check one.
		<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Both
		<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Both
		<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Both
		<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Both
		<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Both
	Youth Representative	<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Both
	Youth Representative	<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Both
	Parent Representative	<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Both
	Parent Representative	<input type="checkbox"/> Live <input type="checkbox"/> Work <input type="checkbox"/> Both
Briefly describe your plan for recruiting additional coalition members, including youth and parent representatives?		

Coalition Support:

Please check off all areas where your coalition would like support or assistance.	
Area of Support	Please Check All Areas of Interest
Support with outreach and engagement	<input type="checkbox"/>
Support with communication and messaging	<input type="checkbox"/>
Training on trauma-informed practices	<input type="checkbox"/>
Training on participatory decision making	<input type="checkbox"/>
Training on equity, diversity, and inclusion	<input type="checkbox"/>
Information on county programs, services, and resources (please list any specific services and/or resources you are interested in)	<input type="checkbox"/>
Assistance with data collection and evaluation	<input type="checkbox"/>
Assistance with developing an action plan	<input type="checkbox"/>
Other: Please list:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>



Coalition Strengths and Challenges:

Briefly describe your coalition's strengths and weaknesses.	
Our current RVPC strengths are...	
Our current RVPC challenges are...	

**What other major coalitions/task forces and initiatives already exist in the Service Planning Area?
Please include the names of any significant coalitions/task forces in the region.**