



Coalition Information

Membership Type

- New Renewal Individual

What Communities or Populations Does Your Coalition Serve? (Check All That Apply)

- Urban Suburban Rural College
 Other (please specify): _____

Your Coalition/Organization Addresses The Following: (Check All That Apply)

- Underage Drinking Prevention Prescription Drug Abuse Prevention Violence Prevention Mental Health Promotion
 Opiate Overdose Prevention Highway Safety or Drinking and Driving Prevention Marijuana Prevention Problem Gambling
 Other Drug Abuse Prevention Suicide Prevention Tobacco Prevention
 Other (please specify): _____

Check All That Apply to Your Coalition/Organization:

- Federal DFC Grantee (1-5) Former DFC or SPF SIG Grantee Current/Former STOP Act Grantee Family Engagement Advocacy Group (GAP)
 Federal DFC Grantee (6-10) SPF-PFS Grantee Board Allocated Funds
 Other funding structure: _____

Are There Any Paid Staff Within Your Coalition?

- Yes
 Full-Time Paid Staff Part-Time Paid Staff
 No
 Volunteer Staff In-Kind Staff (County Board, Nonprofit Support, etc.)

Is There Currently a Community Overdose Prevention Program in Your Service Area? (i.e. Project Dawn, Naloxone Or Narcan Distribution/Training Sites)

- I don't know
 No
 Yes (please indicate if and how your efforts overlap or coordinate):

If Applicable, Please Indicate the Fiscal Agent Supporting Your Coalition with Staff or Resources (Choose Only One)

- | | | | |
|---|--|--|---------------------------------|
| <input type="checkbox"/> Health Department | <input type="checkbox"/> School District | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Other: |
| <input type="checkbox"/> County Behavioral Health Board | <input type="checkbox"/> Prevention Service Provider | <input type="checkbox"/> Recreation Services | |

Which of the 12 Sectors Are Actively Engaged with Your Coalition/Organization? (Check All That Apply)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Youth | <input type="checkbox"/> Business | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Media |
| <input type="checkbox"/> State, Local, or Tribal Governmental Agency | <input type="checkbox"/> Youth-Serving Organization | <input type="checkbox"/> Other Organization Involved in Reducing Substance Abuse | <input type="checkbox"/> Religious/Fraternal Organization |
| <input type="checkbox"/> Parent | <input type="checkbox"/> School | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Civic/Volunteer Groups |

Is A Certified Prevention Specialist on Your Staff/Coalition?

- | | | | |
|--------------------------------------|-------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I Don't Know | |
| If yes, what level of certification? | | | |
| <input type="checkbox"/> OCPC | <input type="checkbox"/> OCPS | <input type="checkbox"/> OCPSA | <input type="checkbox"/> Registered Applicant |

What Trainings or Special Certifications Have You/Your Coalition Completed?

What Does Your Organization/Coalition Need Assistance With?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Developing a planning process | <input type="checkbox"/> Creating a vision, mission, or goals | <input type="checkbox"/> Developing a theory of change | <input type="checkbox"/> Developing a logic model |
| <input type="checkbox"/> Creation of a strategic plan | <input type="checkbox"/> Developing an action plan | <input type="checkbox"/> Evaluation or tracking outcomes | <input type="checkbox"/> Budgeting |
| <input type="checkbox"/> Engaging members | <input type="checkbox"/> Coalition function | <input type="checkbox"/> Identifying prevention strategies | <input type="checkbox"/> New member training |
| <input type="checkbox"/> Staying informed on new/emerging prevention strategies | <input type="checkbox"/> Other: _____ | | |

Membership Information

Organization/Coalition:

Point of Contact/Primary Representative:

Address:

County:

City:

State:

Zip:

Email:

Phone:

Fax:

Website:

Ohio Congressional District(s):

Please list up to four (4) additional contacts to be included in this membership.

Additional Members

Name of Representative(s):

Organization:

Sector Representing (if a specific one):

Email:

Name of Representative(s):

Organization:

Sector Representing (if a specific one):

Email:

Name of Representative(s):

Organization:

Sector Representing (if a specific one):

Email:

Name of Representative(s):

Organization:

Sector Representing (if a specific one):

Email:

Membership Payment

Agency/Coalition Annual Budget	Membership Fee	Check Applicable Fee
Less than \$100,000	\$50	
\$100,000 - \$299,000	\$75	
\$300,000 - \$499,000	\$100	
Over \$500,000	\$125	

Please Confirm The Following Statements

	I approve the above-named coalition/organization and contact information to be listed on an online directory, available at www.PreventionActionAlliance.org
	<p>Through my participation in this, I hereby grant the Prevention Action Alliance permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.</p> <p>I understand and agree that all photos will become the property of Prevention Action Alliance and will not be returned.</p> <p>I hereby irrevocably authorize the Prevention Action Alliance to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.</p> <p>I hereby hold harmless, release, and forever discharge Prevention Action Alliance from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.</p> <p>I have read and understand the above photo release. I affirm that I am at least 18 years of age, or, if I am under 18 years of age, I have obtained the required consent of my parents/guardians as evidenced by my participation in this event.</p>

Signature

Date

Mail Form And Check Made Payable To Prevention Action Alliance To:

Prevention Action Alliance
6171 Huntley Road, Suite G
Columbus, Ohio 43229

Please Include the Confirmation Number on This Form If You Pay Online