

PLANNING SHEET

Partners in Prevention Fund – Capacity Building Program

Provider: _____ Today's Date: _____

Contact Name: _____

Contact Email: _____ Contact Phone: _____

Program Name: _____ Location: _____

Location Zip Code: _____ Location in an Opportunity Neighborhood? Y N

Program Schedule (list dates of all program sessions):

of Participants Expected: _____ # of Families Expected (family programs only): _____

Target Audience (e.g., after-school program participants, general community members):

Staff*:	Role:	Trained?	Background Check?
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

*All staff (including volunteers and subcontractors) who will have contact with participants must be listed and must have cleared a background check. All staff directly implementing/facilitating the program must have completed the training provided by the County.

Provide any other details if necessary:

SUBMIT PLANNING SHEET AT LEAST 3 WEEKS PRIOR TO PROGRAM IMPLEMENTATION TO:

LIAISON (Email your Prevention Unit liaison)	AND	EVALUATOR Llunghofer@makinggoodwork.org	AND	NCS PREVENTION UNIT ncs-prevention@fairfaxcounty.gov
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