

# APPENDIX C: COALITION TWELVE COMMUNITY SECTOR CHECK-LIST

**Please provide specific name(s) of individual(s) and organization in associated sector.**

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| Name of COALITION: | |  | | date: | Click or tap to enter a date. |
| community: | |  | | Chair: |  |
|  | Health Care Professionals: | |  | | |
|  | Schools: | |  | | |
|  | Law Enforcement: | |  | | |
|  | State, Local, Regional or Tribal Government Agencies | |  | | |
|  | Business community: | |  | | |
|  | Mental Health: | |  | | |
|  | Parents: | |  | | |
|  | Media: | |  | | |
|  | Youth and youth-serving organizations: | |  | | |
|  | Faith community or fraternal organizations: | |  | | |
|  | Civic and volunteer groups: | |  | | |
|  | Other organizations involved in reducing substance abuse: | |  | | |
| OTHER POTENTIAL PARTNERS: | | | | | |
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| If not currently identified, what is your plan for inclusion, involvement, commitment? |
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