

# 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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