

The Division of Behavioral Health COMMUNITY COALITION APPLICATION

Please complete this form to register your coalition with the Division of Behavioral Health. This information needs to be updated on an annual basis. If you have questions regarding this form, please contact a Prevention staff person at (573) 751-4942.

What type of application is this? (Please check one) New Update

1. Date:

2. Coalition name:
Coalition Leader's Name:

Street Address:

Mailing Address:

City:

Zip code:

Phone Number:

Fax Number:

Email:

Website:

County:

3. Please state the coalition's Mission:

Please list the coalition's goals and objectives:

4. Please identify the coalition's members:

Types of team members: (check all that apply)

- Civic leaders
- Locally elected officials
- Faith Community
- Parents
- School employees
- Students/youth
- Law enforcement
- Health providers
- Media representatives
- Housing representatives
- Local ethnic representative group members
- Other (Please list) –

5. How long has the coalition been in existence?

- Less than a year 1 -2 years 3-4 years 5 or more years

6. Does the coalition meet on a quarterly basis at a minimum? Yes No
7. Describe the geographic area served by the coalition by identifying the counties, cities, school districts, zip codes, census tracts, or block groups fully served.
8. When was the last community needs assessment conducted?
 Past Year Past 2 years Past 3 years Never Other ____
9. Are the coalition's prevention activities part of a comprehensive prevention plan?
Yes No
10. Does the coalition support or implement an evidence-based program or best practice? Yes No
 If so, what program?
11. What types of activities does your coalition plan and support?
 Advocacy Mentoring programs
 Project Prom/Graduation Media Campaigns
 After school programs Youth rallies
 Policy initiatives (e.g. keg registration)
 Other (please list)
12. Please list the coalition's funding sources:
13. Is your coalition a CADCA registered coalition? Yes No
14. Does the coalition perform evaluation outcomes measurement to determine the effectiveness of programs and activities? Yes No
 If so, please identify the evaluation process.
- I am aware that the information provided may be posted on the Department of Mental Health website and viewed by the general public.

Please forward application to your Regional Support Center.

Regional Support Centers should send them to:

amanda.baker@dmh.mo.gov or to
 Prevention, Division of Behavioral Health
 1706 East Elm Street
 Jefferson City, MO 65101

Nov. 2, 2015

For Official Use Only

State Senate District:
 Regional Support Center:
 Region:

State Representative District:
 Regional Support Center Approval:

ADA Approval:

Coalition ID: