

Coalition Action Plan Reporting Form

(Complete this form for each project approved by UNITE for current the funding cycle)

Project status for the month of _____, 2016

Project is (check one): Complete In progress Not yet begun

Coalition name: _____

Project coordinator's name: _____

Name of approved project: _____

Expected project start date (from Action Plan Funding Request Form): _____

Describe present status of project: _____

Number of Youth impacted by project (from Sign-in Sheet): _____

Number of Adults impacted by project (from Sign-in Sheet): _____

Describe the drug prevention component of this project: _____

Submit this report to your Coalition Coordinator by the last day of each month until complete.

Person submitting report: _____

Phone number / e-mail: _____

This form is available for download at <http://operationunite.org/coalitions/coalition-resources/>