

# 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 \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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/>