Initial Service Assessment

1. Your Name:       2. Your Position:

3. Agency/Organization/Coalition Name:

4. Type of organization?

Local or State Health Department  National Non-Profit Organization

Community Coalition  Local Non-Profit Organization

Federal Agency  Community-Based Organization

Tribal Government or Agency  Other (please specify):

5. Number of years your coalition or organization has been in existence?

6. Current health focus for your organization. (Check all that apply)

Healthy Eating  Clinic to Community Strategies  Physical Activity

Tobacco Control  Diabetes  Cardiovascular Disease

HIV/AIDS  STD/STI  Teen Pregnancy

Substance Abuse  Youth Development  Other (please specify):

7. New areas of focus for your organization. (Check all that apply)

Healthy Eating  Clinic to Community Strategies  Physical Activity

Tobacco Control  Diabetes  Cardiovascular Disease

HIV/AIDS  STD/STI  Teen Pregnancy

Substance Abuse  Youth Development  Other (please specify):

8. Size of your organization or coalition?

1 – 5 persons  6-10 persons 11-20 persons  21 or more

9. Racial and ethnic population(s) your organization or coalition currently serves? (Check

all that apply):

African American or Black  Asian  Native Hawaiian/Pacific Islander

American Indian/Alaska Native  Other:

10. Racial and ethnic population(s) your organization or coalition would like to serve? (Check all that apply):

African American or Black  Asian  Native Hawaiian/Pacific Islander

American Indian/Alaska Native  Other:

No

11. Geographic area served by your coalition or organization?

12. Are you interested in serving new geographic areas?  Yes  No

Please list:

13. If you are a coalition, what sectors are represented on your coalition? Check all that apply:

Public Health Departments  Hospitals  Local Government

State Government  Businesses  Faith-Based Organizations

Schools/ Higher Education  Foundations  News Media

City Planning  Housing

My organization is not a coalition.

14. The funding sources that support my organization or coalition include:

Federal grants  State grants  Foundation grants

Private donations  Fee for Service  Healthcare services billing

Other (please specify):

15. What are the challenges currently facing your coalition or organization?

16. How would NRC TA and /or Contract services be most beneficial to your coalition or organization?