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?