

# The Division of Behavioral Health COMMUNITY COALITION APPLICATION

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Please complete this form to register your coalition with the Division of Behavioral Health. 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  
 If so, please explain.
  
10. Does the coalition support or implement an evidence-based program or best practice?  Yes       No  
 If so, please list the program(s)/best practice(s)?
  
11. What types of activities does your coalition plan and support?  
 Advocacy     Mentoring programs  
 Project Prom/Graduation                       Media Campaigns  
 After school programs                           Youth conferences  
 Policy initiatives (e.g. keg registration)  
 Other (please list)
  
12. Please list the coalition's current 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 the completed application to your Prevention Resource Center.**

Prevention Resource Centers should send them to:

[amanda.baker@dmh.mo.gov](mailto:amanda.baker@dmh.mo.gov) or to  
 Prevention, Division of Behavioral Health  
 1706 East Elm Street  
 Jefferson City, MO 65101

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<b>For Official Use Only</b>	
State Senate District:	State Representative District:
Prevention Resource Center:	Prevention Resource Center Approval:
Region:	
DBH Approval:	Coalition ID: