

STOP Violence Against Women Formula Grant Program Implementation Planning Participation

Please send back to _____ at _____ by _____.

State/Territory: _____

Administering Agency: _____

Participant Agency: _____

Type of Agency:

If population specific organization, please specify which population: _____

Other: _____

Planning Team Meeting Date(s): _____

Did you receive notification of meeting dates at least one month in advance? Yes No

How were you notified? (check all that apply)

Email In-person Phone call Website post Letter Other: _____

Were you able to participate in the meetings? Yes No

If yes, how many meetings did you attend? All Some

Meeting format: (check all that apply) Teleconference Video conference In-person

If no, please explain: _____

During the meeting(s), were you able to freely provide input, ask questions, share concerns, and propose goals? Yes No Partially

Did you receive a draft of the Implementation Plan *and* a list of major concerns raised during the planning process? Yes No

If no, please explain: _____

Were you given at least one month to review the draft plan? Yes No

If no, please explain: _____

Were the major concerns raised during the planning process included in the draft plan? Yes No

If no, please explain: _____

Did you provide comments or recommended changes to the draft plan? Yes No

Did you receive a copy of the Final Implementation Plan? Yes No

If no, please explain: _____

If applicable, do you believe your recommended changes to the draft plan were adequately addressed in the Final Implementation Plan? Yes No Not applicable

If no, please explain: _____

Overall, were the feedback, concerns, recommended goals, etc. of planning group participants adequately reflected in the Final Implementation Plan? Yes No

If no, please explain: _____

Do you have any concerns with the content of the Final Implementation Plan? Yes No

If yes, please explain: _____

Name _____

Signature _____

Date _____