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: Choose one

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_____