COALITION INITIAL NEEDS ASSESSMENT

1.	If your Coalition has a written mission statement, please write it below:
2.	If your Coalition has written goals or objectives, please write them below. If they are in the form of an action plan or formal document, please include a copy.
3.	In general, what are the main functions of your Coalition? (Check as many as apply) Information and Resource Sharing Planning and Coordination Technical Assistance and Training Advocacy and Community Change
4.	How many organizations are represented on your Coalition?
5.	Please list your Coalition's most active and committed member organizations (or attach a member roster).
6.	How often does your Coalition meet?
7.	If your Coalition has working committees, please list them below.
8.	If your Coalition has elected leadership, please list the offices held.

9.	Thinking about your Coalition, what are its most significant successes, i.e., what accomplishments are your coalition members most proud of?
a. b. c. 10.	Again, thinking about your Coalition, what are its most significant challenges, e.g.,
	lack of resources, commitment, time, organization?
a. b. c.	
11.	If your Coalition could develop further and implement significant change, what could
	you imagine being achieved?
With	in the next few months
Within the next year	
Within the next five years	

12. Add any other information that would help us to learn more about your Coalition.

