**Stakeholder Summary Tool**

**Coalition Summary**

*For each county in your region, what coalitions exist? Consider coalitions addressing traffic safety, health, substance misuse prevention, injury prevention, etc.*

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| **Counties in Region** | **Existing Coalitions** | **Do they currently work on traffic safety? If not, are they willing?** | **Meeting Dates** |
| ABC County | ABC Health Coalition | No | Monthly 2nd Tues |
| GHI County | GHI Traffic Safety Coalition | Yes | Monthly 3rd Thur |
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**Stakeholder Summary**

*Who are your stakeholders?*

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| **Name** | **Role/Organization** | **Status in Coalition**  **(Active/Non-Active)** |
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**Coalition Capacity Building Opportunities**

*What capacity building opportunities were provided to the coalition this quarter?*

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| **Name** | **Topic** | **Date** |
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*How were stakeholders (within the coalition or outside of the coalition) kept informed this quarter?*

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| **Audience (Coalition or Other Stakeholder)** | **Communication Channel** | **Topic(s)** | **Date** |
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**Community Presentations**

*What community presentations were delivered this quarter?*

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| **Audience** | **Content** | **Date** | **Location** |
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**Organization Presentations**

*What organizational presentations were delivered this quarter?*

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| **Audience** | **Content** | **Date** | **Location** |
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