**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.*

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Stakeholder Summary**

*Who are your stakeholders?*

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

**Coalition Capacity Building Opportunities**

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

|  |  |  |
| --- | --- | --- |
| **Name** | **Topic** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

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

**Community Presentations**

*What community presentations were delivered this quarter?*

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

**Organization Presentations**

*What organizational presentations were delivered this quarter?*

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