

**INSTRUCTIONS FOR  
CA PREP LOCAL STAKEHOLDER COALITION ROSTER**

**Applicant:** Print or type the applicant organization's legal name.

**Total Number of Local Stakeholders:** Enter the total number of local stakeholders participating in the Local Stakeholder Coalition.

**County:** Enter the name of the County where CA PREP services will be implemented.

**Local Stakeholders:** Please enter the following information for each local stakeholder participating in the Local Stakeholder Coalition:

- Stakeholder Name
- Title of Stakeholder
- Organization Name
- Telephone Number
- E-mail Address
- Stakeholder Type (i.e., required or encouraged)

*Representatives from the following organization types are required: Family PACT; foster care; social services; schools and educators; the Local Maternal, Child, and Adolescent Health Director or their public health designee; and current or potential CA PREP service delivery site(s) serving the awardee's target population(s). For further details, please refer to Part II. D, Program Requirements, in the CA PREP RFA.*

**CA PREP LOCAL STAKEHOLDER COALITION ROSTER**

*Please note: you may duplicate this form if additional pages are needed.*

Applicant: \_\_\_\_\_

Total Number of Local Stakeholders: \_\_\_\_\_ County: \_\_\_\_\_

**Local Stakeholder Coalition Members**

**Stakeholder Name:** \_\_\_\_\_  
Title of Stakeholder: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Type of Stakeholder:  Required Member or  Encouraged Member

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