

**California Personal Responsibility Education Programs (CA PREP)  
Local Stakeholder Coalition or Collaborative (LSC) Roster**

**Applicant:** Enter the applicant organization's legal name.

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

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

**Status of LSC:** Indicate whether the LSC has already been established or whether it is in the planning process. If in the planning process, applicants must propose organizations they plan to include but may leave blank contact names, telephone numbers, and e-mail addresses if they are not known at this time.

**Local Stakeholders:** Please enter the following information for each individual entity participating in the LSC:

- Stakeholder Name
- Title of Stakeholder
- Organization Name
- Telephone Number
- E-mail Address

*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. E, Program Requirements, in the ASH Ed 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: \_\_\_\_\_

Status of Local Stakeholder Coalition or Collaborative:  Existing  Planned

**Local Stakeholder Coalition Members**

**Stakeholder Name:** \_\_\_\_\_  
Title of Stakeholder: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Stakeholder Name:** \_\_\_\_\_  
Title of Stakeholder: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Stakeholder Name:** \_\_\_\_\_  
Title of Stakeholder: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Stakeholder Name:** \_\_\_\_\_  
Title of Stakeholder: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Stakeholder Name:** \_\_\_\_\_  
Title of Stakeholder: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Stakeholder Name:** \_\_\_\_\_  
Title of Stakeholder: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Stakeholder Name:** \_\_\_\_\_  
Title of Stakeholder: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Stakeholder Name:** \_\_\_\_\_  
Title of Stakeholder: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Stakeholder Name:** \_\_\_\_\_  
Title of Stakeholder: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Stakeholder Name:** \_\_\_\_\_  
Title of Stakeholder: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Stakeholder Name:** \_\_\_\_\_  
Title of Stakeholder: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Stakeholder Name:** \_\_\_\_\_  
Title of Stakeholder: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Stakeholder Name:** \_\_\_\_\_  
Title of Stakeholder: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Stakeholder Name:** \_\_\_\_\_  
Title of Stakeholder: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_