

# Partners in Prevention Fund Program Planning Worksheet

Organization Name:

Contact Name:

Phone Number:

Email:

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## I. Program Information – Complete this section and submit 3 weeks prior to start date.

Name of program:

Location:

Start Date:

End Date:

Has the staff implementing the program completed training?      \_\_\_Yes    \_\_\_No

Please provide any other training details if necessary:

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## II. Evaluation Data – Prior to start date, contact Lisa Lunghofer to schedule evaluation.

Midway Interview Date:

Closing Interview Date:

Focus Group Date:

Implementation Checklists Completed and Mailed Date:

Attendance Records Completed and Mailed Date:

Strengthening Families Survey Completed and Mailed Date:  
(only for those grantees implementing Strengthening Families program)

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## III. Contract Information

Date Purchase Order Requested:

Date Purchase Order Received:

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## IV. Additional Information

Please provide any other feedback you think might be helpful for program planning and implementation:

Submit this form, with Section I completed, 3 weeks prior to the program start date.

Submit the fully completed form upon the conclusion of the program.

The form should be emailed to:

[Jesse.ellis@fairfaxcounty.gov](mailto:Jesse.ellis@fairfaxcounty.gov), [kayla.spiegel@fairfaxcounty.gov](mailto:kayla.spiegel@fairfaxcounty.gov), and [llunghofer@manilaconsulting.net](mailto:llunghofer@manilaconsulting.net)