

Coalition Member Organization Profile
To Be Completed By the Organizational Member

1. Organization Name:					
2. Representative Name:					
3. Representative's Phone:		4. Email:			
5. Population(s) served and/or represented:					
6. Does your organization accept funds or other resources from any tobacco company, any of its subsidiaries or parent company?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: briefly describe:			
7. Does your organization have a tobacco-free policy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, briefly describe:			
8. Does your organization have a nutrition and/or fitness policy for employees and/or clients?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, briefly describe:			
<p>9. Please identify the specific commitments and contributions (program support, fiscal or in-kind) you or the organization you represent will make to assist the coalition to achieve its nutrition and fitness objectives. Check all that apply.</p> <p><input type="checkbox"/> Allow our organization's coalition representative (<i>and other staff as needed</i>) to complete coalition tasks as a part of paid job duties.</p> <p><input type="checkbox"/> In-kind contributions of staff expertise (knowledge and skill), material resources, meeting space, refreshments, incentive items, etc. [please specify] _____</p> <p><input type="checkbox"/> Connections to other key organizations/individuals [please specify] _____</p> <p><input type="checkbox"/> A financial commitment for \$ _____</p> <p><input type="checkbox"/> Other [please specify] _____</p>					
<p>10. What does your organization expect to gain as result of its involvement in the nutrition and fitness coalition? Check all that apply.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Networking opportunities <input type="checkbox"/> Information sharing <input type="checkbox"/> Access to resources <input type="checkbox"/> Resource pooling (time, money, effort, etc) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Strategic partnership and collaboration opportunities with other organizations <input type="checkbox"/> Enhanced visibility and recognition of the organization <input type="checkbox"/> Other, specify: _____ </td> </tr> </table>				<input type="checkbox"/> Networking opportunities <input type="checkbox"/> Information sharing <input type="checkbox"/> Access to resources <input type="checkbox"/> Resource pooling (time, money, effort, etc)	<input type="checkbox"/> Strategic partnership and collaboration opportunities with other organizations <input type="checkbox"/> Enhanced visibility and recognition of the organization <input type="checkbox"/> Other, specify: _____
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Director of Member Organization:

As a member of the coalition, my organization will work collaboratively with the lead agency to achieve the scope of work required by this grant.

Signature

Date

Printed or Typed Name and Title