

# CPP Support Request Form

## 1. Contact Information

Name:

County or Tribe:

Name of Agency Requesting Support:

Position Title:

Email Address:

Telephone Number:

## 2. Please select the type(s) of support you and/or your cross-sector collaborative are requesting.

- ☐ Policy Clarification (i.e. ACL 22-23, federal law, state law, etc.)
- ☐ Resource Identification (i.e. Logic Model, EBPs, gap analysis)
- ☐ Funding and Fiscal Questions/Clarification
- ☐ Clarification of Comprehensive Prevention Plan (CPP) Components
- ☐ Assistance with Engagement of Community Partners
- ☐ Assistance with Engagement of Tribal Representatives
- ☐ Assistance with Engagement of Those with Lived Expertise
- ☐ Assistance in Completing the Capacity Assessment
- ☐ Assistance with Developing a Plan That Addresses Disproportionality/Disparities in Outcomes
- ☐ Assistance with Building a Continuum of Prevention Services
- ☐ Assistance with Incorporating ICPM into the CPP
- ☐ Assistance with Developing a Sustainability Plan
- ☐ Workforce Development and/or Training
- ☐ Invitation to the Trailblazers Portal (SharePoint site for cross-sector collaboration)
- ☐ Regional Approach to Planning and Implementation of FFPS Program
- ☐ Assistance with Connecting to Another County (Peer to Peer Support)
- ☐ Other (please specify):

## 3. Please define the purpose of the request in further detail.

## 4. Is support requested for the cross-sector collaborative or the Title IV-E Lead Agency?

- ☐ Lead Agency
- ☐ Cross-Sector Collaborative

**5. What level of support do you anticipate is needed? (I.e.: low: 1-2 meetings, medium: 3-4 meetings, high: 5 or more meetings.) [radio button]**

☐ Low

☐ Medium

☐ High