

Host/Implementation Organization Information Form

1. Organization Name: _____
Address: _____
City: _____ State: _____ Zip code: _____

2. This is a new:

Host Organization*

Implementation Site**

3. If this is a new Implementation Site, please provide the name of the affiliated Host Organization:

4. Type of site (select the type that best describes your site):

<input type="checkbox"/>	Municipal Government
<input type="checkbox"/>	Area Agency on Aging
<input type="checkbox"/>	State Health Department
<input type="checkbox"/>	County Health Department
<input type="checkbox"/>	Educational Institution
<input type="checkbox"/>	Faith-based Organization
<input type="checkbox"/>	Health Care Organization
<input type="checkbox"/>	Library

<input type="checkbox"/>	Multi-purpose Social Services Organization
<input type="checkbox"/>	Recreational Organization
<input type="checkbox"/>	Residential Facility
<input type="checkbox"/>	Senior Center
<input type="checkbox"/>	Other Community Center
<input type="checkbox"/>	Tribal Center
<input type="checkbox"/>	Workplace
<input type="checkbox"/>	Other (please specify):

5. If this is a host organization, please indicate a contact person's name and information:

First and last name: _____

Daytime phone number: _____

Email address: _____

*A host organization is the organization or agency that coordinates the various aspects of evidence-based program delivery. The host organization is often responsible for training master trainers and leaders/facilitators and for planning and monitoring the implementation of programs. Often (but not always) the host organization holds the program license. Sometimes a host organization is also an implementation site.

**An implementation site is the physical location where the evidence-based program takes place in the community. An implementation site may be identical to a host organization, or it may be a different location where the host organization arranges to hold a program.