

Host/Implementation Organization Information Form

1. Organization Name: _____

Street 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"/> State Unit on Aging	<input type="checkbox"/> Multi-purpose Social Services Organization
<input type="checkbox"/> Municipal Government	
<input type="checkbox"/> Area Agency on Aging	<input type="checkbox"/> Recreational Organization
<input type="checkbox"/> State Health Department	<input type="checkbox"/> Residential Facility
<input type="checkbox"/> County Health Department	<input type="checkbox"/> Senior Center
<input type="checkbox"/> Educational Institution	<input type="checkbox"/> Other Community Center
<input type="checkbox"/> Faith-based Organization	<input type="checkbox"/> Tribal Center
<input type="checkbox"/> Health Care Organization	<input type="checkbox"/> Workplace
<input type="checkbox"/> Library	<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.

PAPERWORK REDUCTION ACT STATEMENT

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