**Adolescent Family Life Program (AFLP)**

**Local Stakeholder Coalition or Collaborative (LSC) Roster**

**Applicant**: Enter the applicant organization’s legal name.

**Total Number of Local Stakeholders**: Enter the total number of local stakeholders participating in the LSC.

**County**: Enter the name of the County where AFLP services will be implemented.

**Status of LSC:** Indicate whether the LSC has already been established or whether it is in the planning process. If in the planning process, applicants must propose organizations they plan to include but may leave blank contact names, telephone numbers, and e-mail addresses if they are not known at this time.

**Local Stakeholders**: Please enter the following information for each individual or entity participating in the LSC:

* Stakeholder Name
* Title of Stakeholder
* Organization Name
* Telephone Number
* E-mail Address

*Suggested stakeholders are listed in Part III of the RFA.*

**AFLP LOCAL STAKEHOLDER COALITION ROSTER**

*Please note: Duplicate this form if additional pages needed.*

Applicant:

Total Number of Local Stakeholders:  County:

Status of Local Stakeholder Coalition or Collaborative: **[ ]** Existing **[ ]** Planned

| **Local** **Stakeholder** **Coalition** **Members** | **Local** **Stakeholder** **Coalition** **Members** |
| --- | --- |
| Stakeholder Name:Title of Stakeholder: Organization Name: Telephone Number: E-mail Address:  | Stakeholder Name:Title of Stakeholder: Organization Name: Telephone Number: E-mail Address:  |
| Stakeholder Name:Title of Stakeholder: Organization Name: Telephone Number: E-mail Address:  | Stakeholder Name:Title of Stakeholder: Organization Name: Telephone Number: E-mail Address:  |
| Stakeholder Name:Title of Stakeholder: Organization Name: Telephone Number: E-mail Address:  | Stakeholder Name:Title of Stakeholder: Organization Name: Telephone Number: E-mail Address:  |
| Stakeholder Name:Title of Stakeholder: Organization Name: Telephone Number: E-mail Address:  | Stakeholder Name:Title of Stakeholder: Organization Name: Telephone Number: E-mail Address:  |