**INSTRUCTIONS FOR**

**I&E LOCAL STAKEHOLDER COALITION ROSTER**

**Applicant**: Print or type the applicant organization’s legal name.

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

**County**: Enter the name of the County where I&E services will be implemented.

**Local Stakeholders:** Please enter the following information for each local stakeholder participating in the Local Stakeholder Coalition:

* Stakeholder Name
* Title of Stakeholder
* Organization Name
* Telephone Number
* E-mail Address
* Stakeholder Type (i.e., required or encouraged)

*Representatives from the following organization types are required: Family PACT; foster care; social services; schools and educators; the Local Maternal, Child, and Adolescent Health Director or their public health designee; and current or potential I&E service delivery site(s) serving the awardee’s target population(s). For further details, please refer to Part II. D, Program Requirements, in the* [*I&E RFA*](https://public.staging.cdph.ca.gov/Programs/CFH/DMCAH/IE/Pages/IE-RFA-2019.aspx)*.*

**I&E LOCAL STAKEHOLDER COALITION ROSTER**

*Please note: you may duplicate this form if additional pages are needed.*

Applicant:

Total Number of Local Stakeholders:       County:

| **Local Stakeholder Coalition Members** | |
| --- | --- |
| Stakeholder Name:  Title of Stakeholder:  Organization Name:  Telephone Number:  E-mail Address:  Type of Stakeholder:  Required Member or  Encouraged Member | Stakeholder Name:  Title of Stakeholder:  Organization Name:  Telephone Number:  E-mail Address:  Type of Stakeholder:  Required Member or  Encouraged Member |
| Stakeholder Name:  Title of Stakeholder:  Organization Name:  Telephone Number:  E-mail Address:  Type of Stakeholder:  Required Member or  Encouraged Member | Stakeholder Name:  Title of Stakeholder:  Organization Name:  Telephone Number:  E-mail Address:  Type of Stakeholder:  Required Member or  Encouraged Member |
| Stakeholder Name:  Title of Stakeholder:  Organization Name:  Telephone Number:  E-mail Address:  Type of Stakeholder:  Required Member or  Encouraged Member | Stakeholder Name:  Title of Stakeholder:  Organization Name:  Telephone Number:  E-mail Address:  Type of Stakeholder:  Required Member or  Encouraged Member |

| **Local Stakeholder Coalition Members** | |
| --- | --- |
| Stakeholder Name:  Title of Stakeholder:  Organization Name:  Telephone Number:  E-mail Address:  Type of Stakeholder:  Required Member or  Encouraged Member | Stakeholder Name:  Title of Stakeholder:  Organization Name:  Telephone Number:  E-mail Address:  Type of Stakeholder:  Required Member or  Encouraged Member |
| Stakeholder Name:  Title of Stakeholder:  Organization Name:  Telephone Number:  E-mail Address:  Type of Stakeholder:  Required Member or  Encouraged Member | Stakeholder Name:  Title of Stakeholder:  Organization Name:  Telephone Number:  E-mail Address:  Type of Stakeholder:  Required Member or  Encouraged Member |
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