

**Indiana Minority Health Coalition, Inc.**  
**Programs Department**  
**Data Delivery Form**

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

To: Minority Health Field Consultant

From: \_\_\_\_\_  
 (Name of local coalition affiliate)

Dear \_\_\_\_\_  
 Minority Health Field Consultant

Enclosed you will find the Data collection forms for the month of \_\_\_\_\_

This package includes the following:

<b>FORMS</b>	<b>Number of forms</b>
Bienvenido Program Posttest	
Body & Soul Program Posttest	
Chronic Disease Self Management Posttest	
Diabetes Self Management Posttest	
First Place Weight Management Program Posttest	
Heart Power (Level 3-5) Program Posttest	
Heart Power (Level 6-8) Program Posttest	
Operation Fit Kids Program Posttest	
Search Your Heart Program Posttest	
S.I.S.T.A. Program Posttest	
Education and Awareness Activity – Satisfaction Survey	
Education, Awareness, and Outreach Sign-in Sheet	
Health Fair Form	
Program Facilitator Signature Page	
Memorandum of Agreement / Memorandum of Understanding	
Other Forms (specify:	
Total forms enclosed	

Please contact me with any questions regarding the enclosed information.

Thank you

\_\_\_\_\_  
 Coalition Coordinator                      Date

\_\_\_\_\_  
 Board President    Date