

County / Coalition: _____

Program Facilitator Signature Page

Date of Activity/Event: ____/____/____

Program Name: _____

Activity/Event: _____

Location: _____

Collaborator/Partner: _____

This Program Activity is part of the fiscal year 2008-2009

Bienvenido; Session # ____ of 9; topic _____

Body & Soul; Session # ____ of 4; topic _____

Chronic Disease Self-Management; Session # ____ of 6; topic _____

Diabetes Self-Management; Session # ____ of 6; topic _____

First Place Weight Management; Session # ____ of 10; topic _____

Heart Power, Level 3-5 Session # ____ of 4; topic _____

Heart Power, Level 6-8, Session # ____ of 4; topic _____

Operation Fit Kids; Session # ____ of 7; topic _____

Search Your Heart; Session # ____ of 6; topic(s) _____

SISTA; Session # ____ of 5; topic _____

Other Prevention Program: _____

Session # ____ of ____; topic _____

One-Time Event

Total Number of Participants: _____

Total Number of Sign-in Sheets Attached: _____

Or

Educational Awareness, Outreach or Other Coalition Service/Activity

Total Number of Education, Awareness, and Outreach Activity Forms _____

Total Number of Education and Awareness–Satisfaction Survey forms _____

Facilitator's Signature: _____ Print Name: _____

Facilitator's Signature: _____ Print Name: _____

MHC Coordinator's Signature: _____ Review Date: _____

Please attach the Sign-in Sheets that were completed for the Programs, Education, Awareness and Outreach Activities, Health Fairs, and Referrals that were completed for the Coalition Service Activity listed on this Signature Page.