Chronic Disease Risk Reduction Coalition Members List

Coalition members and/or partners: By signing this form you are acknowledging your organization is an active member of the coalition and/or supports the coalition's request for grant funding.

Print Form

Submit Form

Area	Organization Name	Phone Number	Printed Name	Signature
School				
Mental Health				
Substance Abuse				
Regional Prevention Center				
Faith Community				
Youth Group (Youth Representive)				
Extension Agency				
Elected Official				
Non-Profit/Voluntary				
Social Service Agency				
Business				
University/Community College				
Hospital/Health Clinic				
Law Enforcement				
Local Health Department				

*** Indicates a Kansas priority identified by the Data and Evaluation Workgroup. Have form signed, then scanned for submitting.**