



Advantage On-Location Program Enhancement Invitation

Please provide answers to the following questions to be considered for an On-Location Program Enhancement visit.

Organization Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Contact Person: _____

Email Address: _____ Web site: _____

1. Name of Program/Budget Year _____

2. Number of years providing abstinence education _____

3. Stand-alone service or integrated into a wider array of at-risk services? _____

4. Please describe the venue/settings where you provide your abstinence message

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5. Please list other youth-serving organizations that you collaborate with and describe the collaboration strategy/approach for each.

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6. Please describe which of your collaborations are most effective and why.

7. Are there any unique collaborations or strategies you incorporate in your program?

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8. What is your biggest obstacle or barrier in collaborating with other community organizations?

9. How would you benefit the most from an on-location visit to your program?