**STOP Violence Against Women Formula Grant Program**

Implementation Planning Process

**DOCUMENTATION OF COLLABORATION**

**Instructions:** This form can be used for states to provide “documentation from each member of the planning committee as to their participation in the planning process.” Each member of the committee should be given a copy of the form to return to the state for inclusion in the plan. The state should attach the forms to the final implementation plan: one that has all necessary approvals from the committee and the state.

If a state chooses not to use this form the state is still required to provide this type of information to OVW on its collaboration process during the implementation process. Please refer to the STOP FAQ Documentation of Collaboration for further guidance.

State/Territory:

Administering Agency:

Collaborating Agency:

Category of collaborating agency (e.g., victim service provider, law enforcement, tribal, etc.):

Planning Team Meeting Date(s):

The following questions should be answered by the Collaborating Agency:

Did you participate in planning meeting (please circle one): **Yes No**

If so, did you participate In-person attendance Via conference call

Did you have adequate opportunity to discuss the concerns or issues **Yes No**

impacting your area of expertise and/or the population (s) you were

representing?

Did you receive a copy of the draft plan? **Yes No**

Did you review the draft plan? **Yes No**

Do you feel the primary needs were addressed in draft plan? **Yes No**

Did you offer feedback on draft plan? **Yes No**

Did you receive a copy of the state’s final plan prior to submission **Yes No**

to OVW?

Were you satisfied that the plan included any issues you may

have asked be included? **Yes No**

If no, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature

Dated:

Summary of Issues Raised

*(To be completed by the STOP Administrator)*

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| --- | --- | --- |
| **Primary Needs/Issues Discussed** | **How were these addressed in the Implementation Plan?** | **If not addressed in the plan, why not?** |
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