## Resource Datasheet

## **Resource Name**

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Resource Categories  Check all categories that apply.  Service Program Human Resource Criminal Justice	☐ Infrastructure ☐ Funder
Service Program Type (if applicable) Check any program types that describe this resource.  Prevention Intervention Suppression	
Agency/Organization Name	
Type of Agency/Organization (choose one)  Youth-Serving Organization Youth/Youth Group Parent/Parent Group Business-Manufacturing Business-Retail Business-Financial Business-Service Sector Elementary School Secondary School Vocational/Technical School College or University Civic or Volunteer Group Healthcare	Neighborhood Association Faith-Based Organization Professional Association Local, State, and/or Tribal Government Agency Federal Agency Military Elected Officials Law Enforcement Agency Victim Services Public Health Agency Mentoring Organizations Reentry Services Volunteer-Based Organization

**Agency/Organization Address** 

**Age Range** (e.g.: 10-14)

## Resource Datasheet

Name	Name
Phone, Including Extension	Phone, Including Extension
Email	Email
Description of Resource/Services Provided	
Primary Risk Domains Addressed  If applicable, check all risk domains addressed by this i  Individual  Family  Community	resource.
Notes	
Active Coalition Participant	