**SECTION E: Education, Training, and Prevention Activities**

**Supplemental Form**

**Activity #**

1. **Name/title of activity**: Use this text box to provide the description.
2. **Activity category.** Select the category or categories that best describes the information provided. Select all that apply.

Cultural/Intergenerational gathering

Domestic violence prevention education

Gathering of Native Americans (GONA)

Healing or talking circles

Human trafficking prevention education

Mentor training

MMIP awareness and prevention education

Substance use disorder education

Suicide prevention education

Trauma-informed care training

Trauma recovery training (e.g. Seeking Safety)

Other, please describe: describe here.

1. **Activity description.** Provide a brief description of the activity.

Use this text box to provide the description.

1. **Target audience.** Select the target audience/attendees. Select all that apply:

County health care services

County superior court

Local community

Local law enforcement

Private investigator

Tribal advocates

Tribal community

Tribal court

Tribal law enforcement

Tribal staff

Tribal youth

Other, please describe: describe here.

1. **Number of times delivered.** Report the number of times this activity was delivered during the reporting period. If it was only delivered one time, enter 1:

Enter a whole number here. Report numerical values only.

1. **Total number of attendees.** If offered once, fill in the first row only. If offered multiple times during the reporting period, enter the number of attendees for each time it was offered. Include a total of all attendees in the last row. If additional rows are needed, report the instances offered and number of attendees within item #E.12 Additional information, below. If additional rows are reported in item #E.12, include those attendees in the Total row in item #E.10.

|  |  |
| --- | --- |
| **Sessions** | **Number of Attendees** |
| 1st time offered | Enter here |
| 2nd time offered | Enter here |
| 3rd time offered | Enter here |
| 4th time offered | Enter here |
| 5th time offered | Enter here |
| 6th time offered | Enter here |
| 7th time offered | Enter here |
| 8th time offered | Enter here |
| 9th time offered | Enter here |
| 10th time offered | Enter here |
| 11th time offered | Enter here |
| 12th time offered | Enter here |
| 13th time offered | Enter here |
| **TOTAL** | Enter here |

1. **Metrics.** Describe any data/metrics collected (e.g., pre- post surveys) to assess the effectiveness of this activity and report any findings.

Use this text box to provide the description.

1. **Additional information.** Provide any additional information or impacts related to the activity.

Use this text box to provide the description.