**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.