**Purpose:** This form is to be completed by Providers directly and/or the Community Outreach Project Manager in observing community events where Providers are presenting.

**Data Collection:** This can be completed as a physical document and scanned to deb.lu@techserv.io with subject line: Provider Directory Form Completed\_\_[Your Organization’s Name Here] or can be completed on-line at: \_\_\_[insert URL]\_\_\_\_\_\_\_ and *insert QR Code here*

**Youth Violence Prevention Provider Directory Form**

|  |  |
| --- | --- |
| **Name of person completing form:**  |  |
| **Email of person completing form:**  |  |
|  |  |
| **Name of Provider Organization:** |  |
| **Name of Program:**  |  |
| **Point of Contact Name at Organization/Program:**  |  |
| **Point of Contact Email:**  |  |
| **Point of Contact Phone Number:**  |  |
| **Point of Contact Work Address:**  |  |
| **Program Site Location Addresses:**  |  |
| **Program Description:**  | **Name of Program:****Who does your program serve?** Please include age groups and demographics.**What are the main activities of your program?** Please list the activities as a service list will be created. **Where are the activities held?** Please include addresses as a Provider Google Map will be created. **What is the current impact of services provided?** Please include: 1. When did the program start?
2. What is the frequency of the program activities?
3. How many adults does the program serve annually?
4. How many youth (under 18) does the program serve annually?
5. Which Marion County neighborhoods do you serve?

List neighborhoods. 1. Do you employ Youth Workers?

**Is there registration available?** 1. Website
2. Contact Person
3. Is the program accepting new clients?
4. What is the typical length of time for clients to be accepted into program?

Days: Weeks: **How is your program funded?** 1. Donations
2. Grants – Private Foundation
3. Grants – State Agencies
4. Grants – Federal Agencies
5. Other:
 |
| **Please select all that apply:**  | * Program addresses reduction to gun access
* Program addresses gun safety
* Program addresses youth safety
* Program addresses violent crime reduction/prevention
* Program addresses violent crime survivorship
* Program addresses trauma
* Program address healing
* Program addresses physical abuse reduction
* Program addresses family supportive services
* Program addresses financial support
* Program addresses family budgeting
* Program addresses family stress reduction/prevention
* Program addresses human trafficking reduction/prevention
* Program addresses gang intervention
* Program addresses firm arm incidents
* Program addresses bystander trauma
* Program addresses victim trauma
* Program addresses shooter trauma
 |
| **Provider Website** |  |
| **Provider Social Media** | * Facebook
* Instagram
* TikTok
* Other: [Fill in]
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