**Host/Implementation Organization Information Form**

1. Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. This is a new:

|  |  |
| --- | --- |
|  | Host Organization\* |
|  |  |
|  | Implementation Site\*\* |

1. If this is a new Implementation Site, please provide the name of the affiliated Host Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Type of site (select the type that best describes your site):

|  | Municipal Government |  |  | Multi-purpose Social Services Organization |
| --- | --- | --- | --- | --- |
|  | Area Agency on Aging |  |  | Recreational Organization |
|  | State Health Department |  |  | Residential Facility |
|  | County Health Department |  |  | Senior Center |
|  | Educational Institution |  |  | Other Community Center |
|  | Faith-based Organization |  |  | Tribal Center |
|  | Health Care Organization |  |  | Workplace  |
|  | Library |  |  | Other (please specify): |

1. If this is a host organization, please indicate a contact person’s name and information:

First and last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*A host organization is the organization or agency that coordinates the various aspects of evidence-based program delivery. The host organization is often responsible for training master trainers and leaders/ facilitators and for planning and monitoring the implementation of programs. Often (but not always) the host organization holds the program license. Sometimes a host organization is also an implementation site.

\*\*An implementation site is the physical location where the evidence-based program takes place in the community. An implementation site may be identical to a host organization, or it may be a different location where the host organization arranges to hold a program.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0039). Public reporting burden for this collection of information is estimated to average 3 minutes per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is required to retain or maintain benefits under the statutory authority of the Older Americans Act and Patient Protection and Affordable Care Act.