Purpose: Tell us how your organization is working toward the goals of the state plan.

Agency Name: ___________________________ Date: ______________
Contact Person: ___________________________ Phone: ______________

Other Agencies Participating:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

This report describes an activity related to:

Goal: _____ One _____ Two _____ Three _____ Four _____ Five _____ Six

Objective: _____ A – Agency and Community Partnerships
______ B – Education and Public Awareness
______ C – Advocacy

Strategy Number: ______________

Description of Activity:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Any Results to Report at This Time? Please describe.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Follow-Up Activities Planned:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Suggestions for follow-up by Alaska Commission on Aging or others?
________________________________________________________________________