

**State Plan
Implementation Plan
Organization Reporting Tool
(IPOINT)**

email completed forms to Lesley.Bullock@alaska.gov

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?

