



**ASSOCIATION FOR PREVENTION
TEACHING AND RESEARCH**

PAUL AMBROSE

SCHOLARS

PROGRAM

Post Symposium Project Plan 2015

Form Login Account (optional)

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This form must be submitted by August 1, 2015. You should complete this form with your project mentor. Stipend payment is contingent upon the submission of your project plan.

For additional information on each question you may click on the "?" icon.

Contact Information

* Name:

* Email Address:

* Institution

* Discipline

* Mentor

* Mentor's Email Address:

Project Information

* **Title of Project:**

* **Target Leading Health Indicator Category**

* **Target Audience(s): Indicate which population your project impacts.**

* **Goals/Objective:** 

Include both SMART short-term and long-terms goals/objectives.

* **Description:** 

Planned activities/tactics; Stakeholders or key partners
Organization consideration/funding;
Role of constituents and allies; Barriers, perceived challenges;
Resources needed (human, financial, others);
Sustainability (short and long-term); Marketing (if any)

* **Evaluation Plan:** 

Include results/outcome measures, plans for disseminating findings (conferences, community forums, etc.), role of partners in evaluation, anticipated evaluation materials, etc.

* **Project Timeline (Project Final Reports are due July 1, 2016)**

* **Project Budget and Narrative Justification:** 

The project-related cost reimbursement is up to \$350.
Please note that any additional expenses are contingent upon your own fundraising.

* Indicates Response Required