

**Child Abuse Prevention
Introduction Proposal Request Form
(Submit at least 30 days prior to activity)
\$150 Available to Parenting Education Partners**

Parenting Education Partner: _____ Contact Name _____

Email Address _____ Contact Phone #: _____

Name/Date of Event: _____ Today's Date _____

Activity Provided: _____

Name the organizations/businesses/government/non-profits collaborating on activity:

How will you link/collaborate with Child Protection in your area?

How will the funding be used? (explain the connection to Child Abuse Prevention)

How will the event/activity be marketed? (media, posters, radio announcements, website, PSA's, etc.)

Take pictures of event activities and include in final report.

How will you count the adults and children involved?

Estimated number to be reached?

Adults: _____

Children: _____

Expected Outcome as it relates to preventing child abuse: (Information can be expanded to more than one page to be descriptive.)

Send form to: ashley.schlichenmayerokroi@state.sd.us for approval.

**Child Abuse Prevention
Reporting Form**
(Submit within 15 days after activity.)

Parenting Education Partner: _____ Contact Name _____

Email Address _____ Today's Date: _____

Name/Date of Event: _____

Activity Provided: _____

Organizations/businesses/government/non-profits involved with activity/event:

What was the link/collaboration with Child Protection in your area?

How did the funding get used? (Explain the connection to Child Abuse Prevention)

How was the event/activity marketed? (provide posters, radio announcements, website, PSA's, etc.)

Please send pictures of event to Sherrie Fines-Tracy at the email below.

Number of people attending?

Adults: _____

Children: _____

How does this help prevent child abuse? (Information can be expanded to more than one page to be descriptive.)

Send form to: ashley.schlichenmayerokroi@state.sd.us for approval.