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| Name and Organization: |  |
| My goal for the Convening is to: | [ ]  Share my work with partner organizations to move it forward[ ]  Learn about funding ideas/strategies [ ]  Learn about existing programs and how my organization can support or work with them [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I/We are working on the following MAP Areas (check all that apply)  | [ ]  Data [ ]  Community Supports /SDOH[ ]  Workforce or Education [ ]  Payment Models/Reforms [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Following the convening, I want to work with others in the state, or will continue my work, on:  | Fill in:  |