

RE: ASSET MAPPING TOOL

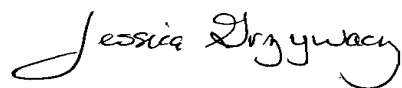
I am very much looking forward to seeing all of you at our October SVP grantee meeting. Enclosed are items to be completed in preparation for the meeting. The purpose of the asset map is to encourage you and your SVP Team to think about available assets and resources you may want to use to accomplish goals and objectives in your work plan. The asset map may also be useful in developing your work plans for Years 2 & 3 (FY 12 & FY 13) of the grant period. The graphic game plan is intended to help you and partners visualize your project. You'll also have time at the meeting to present your game plan in an effort to share what you're doing and learn about what others are doing.

Attached is a template for your asset map. Don't worry-you don't have to explain each answer in-depth and can probably 'cut and paste' pieces from your proposal. The domains include (you may identify others and there may also be some overlap):

- Individuals (Leadership Team and other Key Stakeholders)
- Institutions (e.g., state organizations, schools, health departments, health systems)
- Coalitions and similar networks/associations (e.g., S/DV coalitions, coaches' associations, network of women's health clinics)
- Physical resources (e.g., actual # of community clinics, telemedicine networks, equipment for trainings, other concrete material resources)
- Intellectual resources:
  - Educational materials, brochures web-based tools – includes culturally and linguistically relevant tools
  - Experiences with implementation of trainings (include innovative approaches that have been tried)
- Historical knowledge (e.g., prior collaborations, previous projects and lessons learned; years of experience in SV, DV, IPV)
- Policies (includes local, county, state-wide policies that enhance the proposed work)
- Financial resources (current streams of funding for proposed work)
- Promising programs and practices as well as examples of innovative programs in existence already from your focus population (s) or focus area: (men and boys, healthy relationships, bystander interventions, as well as health services within sexual violence agencies)
- Experience with underserved communities, vulnerable populations (e.g., working with representatives from underserved communities, existing materials, existing strategies for engaging marginalized populations)

Please don't hesitate to email or call me with any questions or clarifications. Looking forward to seeing you in a few weeks!

Sincerely,



Jessica L. Grzywacz

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<b>INTELLECTUAL RESOURCES</b>	
<b>I. TRAINING TOOLS/MATERIALS</b> (e.g., existing materials, training tools, etc.)	Anticipated use of these resources
<b>II. TRAINING IMPLEMENTATION</b> (include examples of larger scale training of public health providers)	What type of training, to whom, how many, using what methods and materials?
<b>HISTORICAL KNOWLEDGE</b> (e.g., prior collaborations, experiences, lessons learned)	How might this history enhance the project?
<b>POLICIES</b> (administrative as well as legislation; e.g., school health policies , dph policies etc.	How might specific LOCAL, REGIONAL as well as STATE-WIDE policies support this work?
<b>FINANCIAL RESOURCES</b>	How might these various funding opportunities and funding streams be used toward sustainability?

<b>PROMISING PROGRAMS/PRACTICES</b>	How might existing programs intersect with or be enhanced by Project Connect? (include innovative programs, even if just being piloted)
Project Focus 1	
Project Focus 2	
<b>HEALTH SERVICES WITHIN DOMESTIC VIOLENCE AGENCIES</b>	What are examples?
<b>ENGAGING UNDERSERVED COMMUNITIES/VULNERABLE POPULATIONS</b>	How might this work inform Project Connect?
<b>PARTNERSHIPS</b>	Including history of partnerships
<b>TRAININGS CONDUCTED</b>	
<b>MATERIALS</b>	Culturally specific materials developed