

2019 County Profile

If you have any questions about this form, please contact the California Friday Night Live Partnership at (559) 733-6496.

* Required

1. **Email address ***

PAPER SUBMISSIONS WILL NOT BE ACCEPTED.
MUST COMPLETE THIS FORM ONLINE:
forms.gle/NrbbHr759grsvpXC6

2. County *

Mark only one oval.

- Alameda County
- Amador County
- Butte County
- Calaveras County
- Colusa County
- Contra Costa County
- El Dorado County
- Fresno County
- Glenn County
- Humboldt County
- Kern County
- Lassen County
- Los Angeles County
- Marin County
- Mariposa County
- Mendocino County
- Merced County
- Monterey County
- Napa County
- Nevada County
- Orange County
- Placer County
- Plumas County
- Riverside County
- Sacramento County
- San Benito County
- San Bernardino County
- San Diego County
- San Francisco County
- San Joaquin County
- San Luis Obispo County
- San Mateo County
- Santa Barbara County
- Santa Clara County
- Santa Cruz County
- Shasta County
- Sierra County
- Solano County

PAPER SUBMISSIONS WILL NOT BE ACCEPTED.
MUST COMPLETE THIS FORM ONLINE:
forms.gle/NrbbHr759grsvpXC6

- Sonoma County
- Stanislaus County
- Sutter/Yuba County
- Tehama County
- Trinity County
- Tulare County
- Tuolumne County
- Ventura County
- Yolo County

Contact Information

3. Phone Number

4. Physical Address *

5. Address Line 2

6. City *

7. Zip Code *

8. Is the mailing address the same as the physical address? *

Mark only one oval.

- Yes
- No

9. Mailing Address

Only complete this section if the mailing address is different than the physical address.

10. Address Line 2

PAPER SUBMISSIONS WILL NOT BE ACCEPTED.
MUST COMPLETE THIS FORM ONLINE:
forms.gle/NrbbHr759grsvpXC6

11. City

12. Zip Code

Skip to question 12.

Friday Night Live County Coordinator

Please provide the following information for the Friday Night Live County Coordinator of record.

13. Name *

14. Email Address *

15. Office Phone Number (include extension if applicable) *

16. Cell Phone Number

County Coordinator's Direct Supervisor

Please provide the following information about the direct supervisor of the FNL County Coordinator of record.

17. Name

18. Title

19. Phone Number

20. Email Address

Skip to question 20.

Program Staff

PAPER SUBMISSIONS WILL NOT BE ACCEPTED.
MUST COMPLETE THIS FORM ONLINE:
forms.gle/NrbHr759grsvpXC6

Please provide the following information about every staff member that is involved with programming for FNL, CL, FNLK, or FNLM.

Staff Person #1

21. Name

22. Title

23. Office Phone Number (include extension if applicable)

24. Email Address

Staff Person #2

25. Name

26. Title

27. Office Phone Number (include extension if applicable)

28. Email Address

Staff Person #3

29. Name

30. Title

PAPER SUBMISSIONS WILL NOT BE ACCEPTED.
MUST COMPLETE THIS FORM ONLINE:
forms.gle/NrbbHr759grsvpXC6

31. Office Phone Number (include extension if applicable)

32. Email Address

Staff Person #4

33. Name

34. Title

35. Office Phone Number (include extension if applicable)

36. Email Address

Staff Person #5

37. Name

38. Title

39. Office Phone Number (include extension if applicable)

40. Email Address

Staff Person #6

41. Name

PAPER SUBMISSIONS WILL NOT BE ACCEPTED.
MUST COMPLETE THIS FORM ONLINE:
forms.gle/NrbbHr759grsvpXC6

42. Title

43. Office Phone Number (include extension if applicable)

44. Email Address

Staff Person #7

45. Name

46. Title

47. Office Phone Number (include extension if applicable)

48. Email Address

Staff Person #8

49. Name

50. Title

51. Office Phone Number (include extension if applicable)

52. Email Address

Staff Person #9

PAPER SUBMISSIONS WILL NOT BE ACCEPTED.
MUST COMPLETE THIS FORM ONLINE:
forms.gle/NrbbHr759grsvpXC6

53. Name

54. Title

55. Office Phone Number (include extension if applicable)

56. Email Address

Staff Person #10

57. Name

58. Title

59. Office Phone Number (include extension if applicable)

60. Email Address

Staff Person #11

61. Name

62. Title

63. Office Phone Number (include extension if applicable)

64. Email Address

PAPER SUBMISSIONS WILL NOT BE ACCEPTED.
MUST COMPLETE THIS FORM ONLINE:
forms.gle/NrbbHr759grsvpXC6

Staff Person #12

65. Name

66. Title

67. Office Phone Number (include extension if applicable)

68. Email Address

Staff Person #13

69. Name

70. Title

71. Office Phone Number (include extension if applicable)

72. Email Address

Staff Person #14

73. Name

74. Title

75. Office Phone Number (include extension if applicable)

PAPER SUBMISSIONS WILL NOT BE ACCEPTED.
MUST COMPLETE THIS FORM ONLINE:
forms.gle/NrbbHr759grsvpXC6

76. **Email Address**

Staff Person #15

77. **Name**

78. **Title**

79. **Office Phone Number (include extension if applicable)**

80. **Email Address**

Skip to question 80.

Please provide the following information, if applicable, as it pertains to the county Friday Night Live program.

Media Accounts

Please list county level accounts only. Site specific accounts should not be included here.

81. **Website**

82. **Facebook**

83. **Twitter**

Example: @CFNLP

84. **Instagram**

Example: @CFNLP

85. **Snapchat**

PAPER SUBMISSIONS WILL NOT BE ACCEPTED.
MUST COMPLETE THIS FORM ONLINE:
forms.gle/rbbr759rsvpXC6

86. LinkedIn

87. Pinterest

88. YouTube Channel

89. Other Social Media Platform & Account Name

Google +: California Friday Night Live Partnership

Skip to question 89.

Housing Agency Information

Please provide the following information for the housing agency of the county Friday Night Live program

90. Organization Type *

Mark only one oval.

Behavioral Health

County Alcohol & Drug Programs

County Office of Education

Health & Human Services

Mental Health

Nonprofit

Public Health

Other: _____

91. Organization Name

92. Organization Phone Number

93. Signing Authority for the Organization *

Please provide the name and title of the person authorized to sign contracts and other legal documents for the organization.

Skip to question 93.

Chapter Information

Please provide the following chapter information for the Friday Night Live county program (if none, please put 0).

94. Number of active Friday Night Live chapters *

95. Number of active Club Live chapters *

96. Number of active Friday Night Live Kids chapters *

97. Number of active Friday Night Live Mentoring chapters *

98. Does the county have an active Friday Night Live youth council? *

Check all that apply.

Yes

No

99. If yes, what is the estimated number of youth participants?

100. What languages, in addition to or other than English, are spoken by FNL program staff in the county?

Skip to question 100.

Funding Information

Please provide the following information as it pertains to your Friday Night Live program budget.

101. Total Program Budget *

Program Budget Details

Please list the source(s) and amount(s) that contribute to your total program budget; i.e. SAPT dollars, grants, CFNLP mini-grants, donations, etc. Total should equal amount indicated above.

Funding Source #1

102. Source *

103. Amount *

Funding Source #2

104. Source

105. Amount

Funding Source #3

106. Source

107. Amount

Funding Source #4

108. Source

109. Amount

Funding Source #5

PAPER SUBMISSIONS WILL NOT BE ACCEPTED.
MUST COMPLETE THIS FORM ONLINE:
forms.gle/NrbbHr759grsvpXC6

110. Source

111. Amount

Funding Source #6

112. Source

113. Amount

Funding Source #7

114. Source

115. Amount

Funding Source #8

116. Source

117. Amount

Funding Source #9

118. Source

119. Amount


Funding Source #10

PAPER SUBMISSIONS WILL NOT BE ACCEPTED.
MUST COMPLETE THIS FORM ONLINE:
forms.gle/NrbbHr759grsvpXC6

120. **Source**

121. **Amount**

A copy of your responses will be emailed to the address you provided

Powered by
 Google Forms

PAPER SUBMISSIONS WILL NOT BE ACCEPTED.
MUST COMPLETE THIS FORM ONLINE:
forms.gle/NrbbHr759grsvpXC6