

**WISCONSIN  
STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE GRANT**

**Local Implementation Plan**

**Name of Coalition:**  
**County Location:**  
**Date Completed:**

<b>State the Priority</b>				
<b>State the Intervening Variable</b>				
<b>State the Contributing Factor</b>				
<b>Evidence Based Environmental Strategy</b>	<b>Key Action Steps</b>	<b>Implementation Timeframe From: Mm/yy To: Mm/yy</b>	<b>Implementing Agency/Workgroup</b>	<b>Measure/Evaluation</b>
	1. 2. 3.			
	1. 2. 3.			
	1. 2. 3.			