



Project Name:

Contact Information:

Program/Department:

Date:

We Asked, You Said, We Did, & What Changed



We Asked

Level of engagement:

☐

Community
Notified

☐

Community
Consulted

☐

Community
Co-Led

☐

Community
Led

☐

Community
Owned

You Said

We Did

What Changed

Where applicable:

☐

Racial and Health Equity

☐

Social Determinant of Health