

**State Plan  
Implementation Plan  
Organization Reporting Tool  
(IPOINT)**

email completed forms to Lesley.Bullock@alaska.gov

Purpose: Tell us how your organization is working toward the goals of the state plan.

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Agencies Participating:

\_\_\_\_\_

This report describes an activity related to:

Goal:     \_\_\_ One    \_\_\_ Two    \_\_\_ Three    \_\_\_ Four    \_\_\_ Five    \_\_\_ Six

Objective:     \_\_\_ A – Agency and Community Partnerships

                  \_\_\_ B – Education and Public Awareness

                  \_\_\_ C – Advocacy

Strategy Number: \_\_\_\_\_

Description of Activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Results to Report at This Time? Please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow-Up Activities Planned:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions for follow-up by Alaska Commission on Aging or others?

\_\_\_\_\_  
\_\_\_\_\_