2.

# **Alliance Mapping**

## **Tool 2A** Alliance Mapping Form

Legal Network Alliance Mapping - [Name of issue or initiative]

| 1. Organization's name:                          | 11. Sector (check all that apply):  |
|--|---|
|  | Legal   |
| 2. Location (city):                              | Medical   |
|  | Public Health   |
| 3. Location (state or province):                 | Housing   |
|  | Criminal Justice  |
|  | Representative organization (e.g. Indigenous rights, sex workers, etc.)                     |
| 4. Country:                                      | Multi-Sector  |
|  | Other:  |
| 5. Date joined alliance (mm/yy)                  | 12. Constituency/Clientele (check all that apply):  |
|  | People living with HIV  |
| 6. Name of point person 1:                       | Indigenous peoples  |
|  | Other racialized group  |
|  | Current or former drug user   |
| 7. Email point person 1:                         | Current or former prisoner  |
|  | Current or former sex worker  |
| 8. Name of point person 2:                       | LGBTQI  |
|  | Experienced gender-based violence   |
| 9. Email point person 2:                         | Not applicable  |
|  | Other   |
| 10. Type of organization (check all that apply): | 13. Please identify what the organization brings to the alliance (check<br>all that apply): |
| Service  | Represents key group affected by issue  |
| ■ Membership                                     | Human rights expertise (specify)  |
| ☐ Policy/Advocacy                                | Legal/criminal justice expertise  |
| ☐ Donor /Funder                                  | Medical or public health expertise  |
| Research   | Media/communications capacity   |
| Political Parties                                | Coordinating capacity   |
| Other  | <ul> <li>Ability to mobilize membership</li> </ul>  |
|  | Advocacy/lobbying capacity  |
|  | Research capacity   |
|  | Other:  |

| <b>14.</b> D | o you have a Memorandum of Understanding (MOU) with this  |
|--------------|---|
| 0            | rganization? If so, include.  |
| С            | you do not have an MOU with this organization, what is the urrent nature of your relationship? What are your common oals? |
|              |   |
|              |   |
|              |   |
|              |   |

## 2.

# **Alliance Mapping**

## Tool 2B Alliance Mapping Visualization

You can also create simple visuals of your alliances that can convey more than a simple list of names.

### POSSIBLE VISUAL FOR STRATEGIC AND TACTICAL ALLIES

(CAN DO THIS AT BEGINNING OF EFFORT AND UPDATE PERIODICALLY IF COALITION BUILDING IS CORE TO STRATEGY)

## SUPPORTING MEMBERSHIP

- X women's collective
- Y union of health workers
- etc

## ISSUE X CORE ORGANIZATIONS

#### **MEMBERSHIP**

#### **Primary Stakeholders**

- I GRTOL groups
- Sex Workers
- Prisoners

#### Professional Associations

- Modical
- Public Health
- Social Workers

#### **PROFESSIONAL**

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- X
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- C

## SUPPORTING PROFESSIONAL

- Medical Association
- Association of Criminal Defense Lawyers

### **SUMMARY STATISTICS**

Total # of organizations:

Total membership represented

# of provinces represented:

etc.