

Attachment 6:

Proposed Changes to Drug-Free Communities Progress Report

Proposed Changes to: **Drug-Free Communities Progress Report**

Summary of proposed changes:

- 1) Option for grantees to enter SPF-SIG and STOP Act grant number (if applicable) to Grantee/Coalition Information section.
- 2) Option for “Lesbian/Gay/Bisexual/Transgender (LGBT) Youth” added to Community Settings List in the Needs Assessment section.
- 3) Added 3 new items to Member Capacity Section regarding youth coalitions
 - a. Indicate if have a youth coalition
 - b. If yes, select from drop down menu how often meet
 - c. If yes, select from drop down menu how involved in planning activities
- 4) 3 new items added to Implementation Summary section.
 - a. Describe policy/laws changed
 - b. Select month and year from drop down menus
 - c. Select Targeted Substance(s) from drop down menu
- 5) 2 new items added to Community and Population-Level Outcomes section.
 - a. Option of reporting outcome data by school level (i.e., Middle School or High School) instead of individual grade level, ONLY if not able to report by grade level

COALITION STRUCTURE AND PROCESSES SECTION <small>(Note: The first time you enter the progress reporting system, all sections will be blank. If you are a continuing grantee who has previously entered data, you will be able to get a report that provides all previously submitted data. After you enter data for the first time, all sections will be prefilled. You will be prompted to check the information and select to edit it if any prior submitted data has changed.)</small>		Proposed Change (if Any)
Date Updated: ___/___		
Grantee/Coalition Information		
Grantee Name: _____ Coalition Name: _____ Year of First DFC Award: _____ If your coalition a SPF/SIG subrecipient? <input type="radio"/> Yes (if Y) <input type="radio"/> No	Award Number: _____ Month and year your coalition was first established: ___/___ Is your coalition a STOP Act grantee? <i>(pre-filled)</i> <input type="radio"/> Yes <input type="radio"/> No	CHANGE: Replace items on SPF-SIG and STOP Act as follows. If your coalition is a SPF/SIG subrecipient, please enter your grant number. <input type="radio"/> Our coalition is not a SPF/SIG subrecipient <input type="radio"/> Our SPF/SIG subrecipient grant number is _____ If your coalition is a STOP Act grantee, please enter your grant number. <input type="radio"/> Our coalition is not a STOP Act grantee <input type="radio"/> Our STOP Act grantee grant number is _____

COALITION STRUCTURE AND PROCESSES SECTION <small>(Note: The first time you enter the progress reporting system, all sections will be blank. If you are a continuing grantee who has previously entered data, you will be able to get a report that provides all previously submitted data. After you enter data for the first time, all sections will be prefilled. You will be prompted to check the information and select to edit it if any prior submitted data has changed.)</small>			Proposed Change (if Any)
Total number of members participating in your coalition: _____ <small>(Note: This number should include all members plus all staff.)</small> Number of paid staff: _____ Number of volunteer staff: _____			No Changes
Coalition Director Contact Information: Name: _____ Title: _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Month and year coalition director took current position: ____/____ Did your coalition director change during this reporting period? <input type="radio"/> Yes <input type="radio"/> No If yes, please provide the month and year your previous coalition leader left the position: ____/____			No Changes
Does your coalition serve a federally-recognized Tribal area? <input type="radio"/> Yes <input type="radio"/> No	Is your coalition headed by a religious or faith-based organization? <input type="radio"/> Yes <input type="radio"/> No	Does your coalition have at least one (1) representative from the Bureau of Indian Affairs, the Indian Health Service, or a Tribal Government Agency with expertise in the field of substance abuse? <input type="radio"/> Yes <input type="radio"/> No	No Changes
Please provide a brief summary of your coalition. This is your "Elevator Speech." There should be about one sentence describing each of the following (a) your community and target population, (b) your primary goals, (c) the activities you are focusing on, (d) accomplishments to date, (e) successes concerning goal achievement, f) challenges in goal achievement, and g) things that make your coalition unique.			No Changes

Needs Assessment							
Needs Assessment refers to the decisions your coalition has made concerning the major problems upon which you want to focus, the major community areas and populations you want to serve, and the reasons that these priorities were established. In addition, needs assessment refers to the ways you have collected data, or assessed the communities concern, to establish these priorities.							
Geographic setting(s) served <i>(check all that apply):</i> <ul style="list-style-type: none"> <input type="radio"/> Inner City <input type="radio"/> Urban <input type="radio"/> Suburban <input type="radio"/> Rural <input type="radio"/> Frontier 	Community setting(s) served <i>(check all that apply):</i> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 33%;"> <ul style="list-style-type: none"> <input type="radio"/> Single School District <input type="radio"/> Multiple School Districts <input type="radio"/> Single School <input type="radio"/> Multiple Schools </td> <td style="vertical-align: top; width: 33%;"> <ul style="list-style-type: none"> <input type="radio"/> City <input type="radio"/> Multiple Cities <input type="radio"/> Town <input type="radio"/> Multiple Towns </td> <td style="vertical-align: top; width: 33%;"> <ul style="list-style-type: none"> <input type="radio"/> Neighborhood <input type="radio"/> Multiple Neighborhoods <input type="radio"/> County <input type="radio"/> Region or Other Subsection of a State <input type="radio"/> Native American/American Indian/Alaskan Native Reservation <input type="radio"/> Military <input type="radio"/> Colleges & Universities </td> </tr> </table>			<ul style="list-style-type: none"> <input type="radio"/> Single School District <input type="radio"/> Multiple School Districts <input type="radio"/> Single School <input type="radio"/> Multiple Schools 	<ul style="list-style-type: none"> <input type="radio"/> City <input type="radio"/> Multiple Cities <input type="radio"/> Town <input type="radio"/> Multiple Towns 	<ul style="list-style-type: none"> <input type="radio"/> Neighborhood <input type="radio"/> Multiple Neighborhoods <input type="radio"/> County <input type="radio"/> Region or Other Subsection of a State <input type="radio"/> Native American/American Indian/Alaskan Native Reservation <input type="radio"/> Military <input type="radio"/> Colleges & Universities 	
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No Changes							
Do you target information/intervention efforts to a specific minority group or minority groups? <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No If yes, please specify <i>(check all that apply):</i> <ul style="list-style-type: none"> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African-American <input type="radio"/> Hispanic or Latino <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Lesbian/Gay/Bisexual/Transgender (LGBT) Youth 			CHANGE: Add Lesbian/Gay/Bisexual/ Transgender (LGBT) Youth to Community Settings List				
Grade level(s) served <i>(check all that apply):</i> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 25%;"> <ul style="list-style-type: none"> <input type="radio"/> Elementary school (K-5) </td> <td style="vertical-align: top; width: 25%;"> <ul style="list-style-type: none"> <input type="radio"/> 6th grade <input type="radio"/> 7th grade <input type="radio"/> 8th grade <input type="radio"/> 9th grade </td> <td style="vertical-align: top; width: 25%;"> <ul style="list-style-type: none"> <input type="radio"/> 10th grade <input type="radio"/> 11th grade </td> <td style="vertical-align: top; width: 25%;"> <ul style="list-style-type: none"> <input type="radio"/> 12th grade </td> </tr> </table>			<ul style="list-style-type: none"> <input type="radio"/> Elementary school (K-5) 	<ul style="list-style-type: none"> <input type="radio"/> 6th grade <input type="radio"/> 7th grade <input type="radio"/> 8th grade <input type="radio"/> 9th grade 	<ul style="list-style-type: none"> <input type="radio"/> 10th grade <input type="radio"/> 11th grade 	<ul style="list-style-type: none"> <input type="radio"/> 12th grade 	No Changes
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Please select up to five (5) substances that your coalition is targeting in your community: <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 33%;"> <ul style="list-style-type: none"> <input type="radio"/> Alcohol <input type="radio"/> Tobacco <input type="radio"/> Marijuana <input type="radio"/> Prescription Drugs <input type="radio"/> Cocaine/Crack </td> <td style="vertical-align: top; width: 33%;"> <ul style="list-style-type: none"> <input type="radio"/> Heroin <input type="radio"/> Stimulants (uppers) <input type="radio"/> Tranquilizers <input type="radio"/> Hallucinogens <input type="radio"/> Over-the-counter (OTC) drugs </td> <td style="vertical-align: top; width: 33%;"> <ul style="list-style-type: none"> <input type="radio"/> Inhalants <input type="radio"/> Steroids <input type="radio"/> Synthetic Drugs/Emerging Drugs <input type="radio"/> Additional substances addressed: _____ </td> </tr> </table>			<ul style="list-style-type: none"> <input type="radio"/> Alcohol <input type="radio"/> Tobacco <input type="radio"/> Marijuana <input type="radio"/> Prescription Drugs <input type="radio"/> Cocaine/Crack 	<ul style="list-style-type: none"> <input type="radio"/> Heroin <input type="radio"/> Stimulants (uppers) <input type="radio"/> Tranquilizers <input type="radio"/> Hallucinogens <input type="radio"/> Over-the-counter (OTC) drugs 	<ul style="list-style-type: none"> <input type="radio"/> Inhalants <input type="radio"/> Steroids <input type="radio"/> Synthetic Drugs/Emerging Drugs <input type="radio"/> Additional substances addressed: _____ 	No Changes	
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Target Zip Codes			
<p><i>(Note: This section will be prefilled unless you have not entered data previously. You will be prompted to check the information and select to edit it if any prior submitted data has changed. You may also upload zip codes, but in order to do so, you MUST use the provided EXCEL file template.)</i></p>			
Zip Code Served	Do you serve the entire zip code? <i>(Dropdown: Yes/No)</i>	If no, please list the specific areas served <i>(e.g., names of neighborhoods, school districts, etc.)</i>	No Changes
Program Budget			
<p><i>(Note: This section will be prefilled unless you have not entered data previously. You will be prompted to check the information and select to edit it if any prior submitted data has changed.)</i></p>			
<p>Prompted with: Has the information below changed from what was reported in previous reporting period?</p> <p><input type="radio"/> Yes*</p> <p><input type="radio"/> No <i>(skip to next section - "Member Capacity")</i></p> <p>What is your coalition's current total annual operating budget? \$ _____</p> <p>Please specify the period that this budget covers: From: <u>mm/dd/yyyy</u> To: <u>mm/dd/yyyy</u></p>			No Changes
What dollar amount of your total operating budget comes from each of the following funding sources? Source of Funding/Resources	Dollar Amount <i>(Note: Be sure the amounts below total to the amount submitted as your current total annual operating budget provided above.)</i>	Percentage <i>(Note: The system will automatically calculate percentages for you. You will not enter this data.)</i>	No Changes
DFC grant			
STOP Act grant			
SPF-SIG funding			
Other federal government funding			
Other state government funding			
Other local government funding			
Foundation/Non-profit organizations			
Private/Corporate entities			
Individual donations/Funding from fundraising events			
In-Kind contributions			

Other (if applicable, please specify up to one other funding source) -----			
In the next 12 months do you expect your coalition's funding level to: <input type="radio"/> Increase <input type="radio"/> Decrease <input type="radio"/> Stay about the same			No Changes
Comments (NOTE: Provide any information relevant to understanding your expectations regarding your coalition's funding level. Please note funding uncertainties, opportunities, or other information relevant for understanding your coalition's future funding.): -----			No Changes

MEMBER CAPACITY SECTION						Proposed Change (if Any)			
Capacity refers to the types (such as skills or technology) and levels (such as individual or organizational) of resources that a coalition has at its disposal to meet its aims.									
Membership (Note: This section will be prefilled unless you have not entered data previously. You will be prompted to check the information and select to edit it if any prior submitted data has changed.)									
Number of formal coalition meetings held during this period: ____ Average attendance at coalition meetings (not including paid staff): ____		Is collaboration among members of your coalition (NOTE: Think about the level of participation in coalition decisions, participation in joint activities, and other collaborative interactions in your prior reporting period relative to now.): <input type="radio"/> Increasing <input type="radio"/> Decreasing <input type="radio"/> Staying the same				No Changes			
Sectors	How many coalition members represent this sector? <i>* Note: Enter a number. If a member represents more than one sector please only count them once, under the sector that represents him/her best. For example you may have a police officer who is also a parent, but if they are there because on police force then indicate as law enforcement, not as parent.</i>	How many of these coalition members are "active" (i.e., have attended at least one meeting in the past six months)?	What is the average level of involvement for each of the sectors?					No Changes	
			Very High	High	Medium	Some	Low		
Parents			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Youth			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Business Community			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Civic/Volunteer Groups			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Healthcare Professionals			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Law Enforcement agency			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

MEMBER CAPACITY SECTION							Proposed Change (if Any)
<i>Capacity refers to the types (such as skills or technology) and levels (such as individual or organizational) of resources that a coalition has at its disposal to meet its aims.</i>							
Media			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Religious/Fraternal organizations			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Schools			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
State, local, and/or tribal government agencies			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Youth-serving organizations			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other Organization with Expertise in Substance Abuse (please specify up to one additional sector) -----			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Member Roster							
<i>(Note: The Center for Substance Abuse Prevention (CSAP) requests that you enter a roster of all individuals and organizations involved in your coalition. You may also upload a member roster, but in order to do so, you MUST use the provided EXCEL file template.)</i>							
First Name <i>(Note: If entering an organization enter organization name in last name and leave first name blank.)</i>	Last Name <i>(Note: If entering an organization enter organization name in last name and leave first name blank.)</i>	Type <i>(Note: You will select either individual or organization from drop down list.)</i>	Sector <i>(Note: Select from drop down: list of sectors. If you select "other" you will be asked to specify.)</i>	Status <i>(Note: Select from drop down menu if individual/organization is an active or inactive member of the coalition.)</i>			No Changes
<i>Note: You will be able to enter as many members as needed.</i>							No Changes
What is being done to increase membership in the sectors not represented? <i>(Note: This information is only requested if you do not list at least one member representing each sector.)</i>							No Changes
Capacity Building Activities							
<i>Capacity building activities include any efforts explicitly designed to improve the ability of the coalition to successfully assess needs, plan, make decisions, implement effective activities, evaluate, improve, and sustain coalition functioning.</i>							

<p align="center">MEMBER CAPACITY SECTION</p> <p align="center"><i>Capacity refers to the types (such as skills or technology) and levels (such as individual or organizational) of resources that a coalition has at its disposal to meet its aims.</i></p>	<p align="center">Proposed Change (if Any)</p>
<p>Please select up to three (3) capacity building activities that were the main focus of your coalition's efforts during the last reporting period:</p> <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> <input type="radio"/> Gathering community input (e.g., holding hearings on drug problems) <input type="radio"/> Recruitment (e.g., increasing coalition membership and participation) <input type="radio"/> Training for coalition members (e.g., building leadership capacity among coalition members) <input type="radio"/> Building shared vision/consensus (e.g., attaining an agreement among coalition members regarding goals, planned initiatives, etc.) <input type="radio"/> Increasing fiscal resources (e.g., attaining funding for substance abuse prevention initiatives) <input type="radio"/> Strengthening interventions (e.g., planning/executing substance abuse prevention initiatives) <ul style="list-style-type: none"> <input type="radio"/> Outreach (e.g., engaging key stakeholders in substance abuse prevention initiatives) <input type="radio"/> Engaging the general community in substance abuse prevention initiatives <input type="radio"/> Developing/Executing a media plan to draw attention to new drug threats <input type="radio"/> Improving information resources (e.g., engaging in research or evaluation activities) <input type="radio"/> Other (please specify): _____ <input type="radio"/> None </div>	<p align="center">No Changes</p>
<p>Does your coalition have a youth coalition that meets separately?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, how often did the youth coalition meet over the last six months?</p> <p><input type="radio"/> Every 1-2 weeks <input type="radio"/> Once a month <input type="radio"/> Once every two months <input type="radio"/> One to two times in the past six months</p> <p>What is the average level of involvement of the youth coalition in planning prevention activities with youth?</p> <p><input type="radio"/> Very High <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Some <input type="radio"/> Low</p>	<p align="center">New Items</p>
<p>Please report any notable accomplishments related to capacity building activities achieved during this reporting period:</p>	<p align="center">No Changes</p>

MEMBER CAPACITY SECTION <i>Capacity refers to the types (such as skills or technology) and levels (such as individual or organizational) of resources that a coalition has at its disposal to meet its aims.</i>	Proposed Change (if Any)
Please report any additional details, including barriers or challenges, about your capacity building activities that were not captured above, but are relevant to understanding your coalition's activities/outcomes:	No Changes

<p style="text-align: center;">COALITION PROCESSES SECTION</p>	<p style="text-align: center;">Proposed Change (if Any)</p>
<p>Challenges and Protective Assets</p> <p><i>Challenges or risk factors are characteristics of community, individuals, families, schools or other circumstances that increase the likelihood or difficulty of mitigating substance use and its associated harms. Prevention activities often focus on reducing risk factors that are perceived to be particularly important in a community.</i></p>	
<p>What are the primary challenges that you face in your community? (Note: Select all that apply)</p> <p>Community Factors</p> <p><input type="radio"/> Inadequate laws/ ordinances related to substance use/access</p> <p><input type="radio"/> Inadequate enforcement of laws/ordinances related to substance use</p> <p><input type="radio"/> Availability of substances that can be abused</p> <p><input type="radio"/> Perceived acceptability (or disapproval) of substance abuse</p> <p>Individual Factors</p> <p><input type="radio"/> Favorable attitudes towards the problem behavior</p> <p><input type="radio"/> Early initiation of the problem behavior</p> <p>Family Factors</p> <p><input type="radio"/> Family trauma/stress</p> <p><input type="radio"/> Parental attitudes favorable to antisocial behavior</p> <p><input type="radio"/> Parents lack ability/ confidence to speak to their children about ATOD use</p> <p>School Factors</p> <p><input type="radio"/> Academic failure</p> <p><input type="radio"/> Low commitment to school</p> <p>Other</p> <p><input type="radio"/> Coalition can enter free-form text</p>	<p>No Changes</p>
<p>Protective Factors</p> <p><i>Protective factors are characteristics of a community, individuals, families, schools or other circumstances that decrease the likelihood of substance use and its associated harms. Prevention activities often focus on strengthening protective factors that are perceived to be particularly important in a community.</i></p>	
<p>Select the major protective factors that your coalition is targeting. (Note: Select all that apply. When you select a factor, please answer the follow up question on trend data for that factor.)</p> <p>Community Factors</p> <p><input type="radio"/> Laws, regulations, and policies</p> <p><input type="radio"/> Strong community organization (e.g., less crime, less visible drug dealing)</p> <p><input type="radio"/> Advertising and other promotion of information related to ATOD use</p>	<p>No Changes</p>

COALITION PROCESSES SECTION	Proposed Change (if Any)
<input type="radio"/> Pro-social community involvement	
<input type="radio"/> Cultural awareness, sensitivity, and inclusiveness	
Family Factors	
<input type="radio"/> Family economic resources	
<input type="radio"/> Parental monitoring and supervision	
<input type="radio"/> Family connectedness	
<input type="radio"/> Opportunities for pro-social family involvement	
Individual Factors	
<input type="radio"/> Positive contributions to peer group	
<input type="radio"/> Recognition/acknowledgement of efforts	
School Factors	
<input type="radio"/> Contributions to the school community	
<input type="radio"/> Positive school climate	
<input type="radio"/> School connectedness	
Other	
<i>Coalition can enter free-form text</i>	
Please report any additional details about your <u>challenges</u> and <u>protective assets</u> that were not captured above:	No Changes
Assessment Activities	
<i>Assessment - The systematic gathering and analysis of data to identify current assets, problems, and related conditions that require intervention.</i>	
Please select up to <u>three (3)</u> assessment activities that were the main focus of your coalition's efforts during the last reporting period:	
<input type="radio"/> Preparing to assess needs and capacity (e.g., identifying coalition goals)	
<input type="radio"/> Designing/selecting interventions	
<input type="radio"/> Collecting data for assessment purposes	
<input type="radio"/> Analyzing and reporting assessment data	
<input type="radio"/> Completing a SWOT (strengths, weaknesses, opportunities, and threats) analysis	
<input type="radio"/> Developing a framework/logic model for change	
<input type="radio"/> Using assessment data (e.g., revising a logic model)	
<input type="radio"/> Other (<i>please specify</i>): _____	
<input type="radio"/> None	No Changes
Please report any notable accomplishments related to assessment activities achieved during this reporting period.:	No Changes

COALITION PROCESSES SECTION	Proposed Change (if Any)
Please report any additional details, including barriers or challenges, about your assessment activities that were not captured above:	No Changes

PLANNING SECTION <i>Planning is a process of developing a logical sequence of steps that lead from individual actions to community-level drug outcomes and achievement of the coalition's vision for a healthier community.</i>			Proposed Change (if Any)
Planning Activities <small>NOTE: Coalitions will be prompted to upload their strategic plan, logic model, and action plans. Anytime you change any of these documents, a new file should be uploaded.</small>			
<p>Has your coalition made any modifications to your strategic plan during this reporting period?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, please describe:</p> <hr/>	<p>Has your coalition made any modifications to your Logic Model during this reporting period?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, please describe:</p> <hr/>	<p>Has your coalition developed a new action plan during this reporting period?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, please describe:</p> <hr/>	No Changes
Please report any notable accomplishments related to planning activities achieved during this reporting period:			No Changes
Please report any additional details, including barriers or challenges about your planning activities that were not captured above:			No Changes
Summary of Effort: Coalition Processes			

PLANNING SECTION <i>Planning is a process of developing a logical sequence of steps that lead from individual actions to community-level drug outcomes and achievement of the coalition's vision for a healthier community.</i>	Proposed Change (if Any)
Approximately what percent of overall <u>coalition effort</u> went into each of the following processes? (Note: total should sum to 100%) ___% Assessment ___% Capacity ___% Planning ___% Implementation ___% Evaluation	No Changes
Approximately what percent of overall <u>coalition resources</u> went into each of the following processes? (Note: total should sum to 100%) ___% Assessment ___% Capacity ___% Planning ___% Implementation ___% Evaluation	No Changes

IMPLEMENTATION SECTION <i>Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.</i>				Proposed Changes (if Any)
Implementation Strategies				
Implementation Strategies <i>(These categories apply to both capacity building in the community [supporting programs to do these things] as well as direct actions)</i>	Rank the implementation strategies by the amount of your coalition's <u>paid staff labor effort</u> that was spent on each:	Rank the implementation strategies by the amount of your <u>coalition members' labor effort</u> that was spent on each:	Rank the implementation strategies by the amount of your coalition's <u>budget</u> that was spent on each:	No Changes
Providing Information (e.g., community education, increasing knowledge, raising awareness)	<i>Drop down of ranks (1=Most Effort to 7=Least Effort), plus an Option for Not Applicable (no effort expended)</i>	<i>Drop down of ranks (1=Most Effort to 7=Least Effort), plus an Option for Not Applicable (no effort expended)</i>	<i>Drop down of ranks (1=Most Budget to 7=Least Budget), plus an Option for Not Applicable (no money expended)</i>	

IMPLEMENTATION SECTION				Proposed Changes (if Any)
Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.				
Enhancing Skills (e.g., building skills and competencies)				
Providing Support (e.g., increasing involvement in drug-free/healthy alternative activities)				
Enhancing Access/Reducing Barriers (e.g., improving access, availability, and use of systems and service)				
Changing Consequences (e.g., incentives/disincentives, increasing attention to enforcement and compliance)				
Physical Design (e.g., improving environmental and structural signs and areas to support the initiative)				
Modifying/Changing Policies (e.g., changing institutional or government policies)				

Strategy Activity Details: Providing Information

Activities focused on providing information	Did your coalition work on this activity during this reporting period? <i>(Note: Grantee will only complete rest of row for activities they indicate yes they worked on.)</i>	Visible Only to STOP ACT Grantees Did Your coalition Use STOP Act funds to support the following new or advanced activities? <i>(Note: Clicking on button will indicate yes, used STOP Act funds.)</i>	Number of completed activities this period <i>Grantee will fill in a number. Option to hover over cells for more information such as what is in cells below.)</i>	Target Substance(s) <i>Drop down: Alcohol, Tobacco, Marijuana, Prescription Drugs, Other Substance, No Substance Specified; Grantees may select multiple substances</i>	How many people did this activity reach?		Sector(s) Contributing to This Activity <i>Drop down: list of sectors, includes option for N/A: Paid Staff/ Volunteer Accomplishment</i>	In your opinion, how successful was this effort? <i>Drop down: (1) very successful; (2) moderately successful; (3) not successful</i>	No Changes
					Adults	Youth			

IMPLEMENTATION SECTION <i>Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.</i>								Proposed Changes (if Any)
Media campaigns: Television/Radio/Print/Billboards/Bus or other Posters	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<i>Number of spots/ ads aired or placed this reporting period</i>		Not applicable for this activity	Not applicable for this activity		No Changes
Media coverage : TV / radio / newspaper stories	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<i>Number of media stories appearing this reporting period</i>		Not applicable for this activity	Not applicable for this activity		No Changes
Informational materials prepared/ produced	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<i>Number of press releases, brochures, flyers, posters, audiovisual products prepared/ produced during this reporting period</i>		Not applicable for this activity	Not applicable for this activity		No Changes
Informational materials disseminated	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<i>Number of brochures, flyers, posters, audio visual products distributed during this reporting period</i>					No Changes
Social networking (Facebook, Twitter, etc.)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<i>Number of posts on social media sites during reporting period.</i>		Facebook "Friends"; Twitter "Followers"	Facebook "Friends"; Twitter "Followers"		No Changes

IMPLEMENTATION SECTION									Proposed Changes (if Any)
Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.									
Information on DFC Coalition Web site	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of new materials posted during this reporting period.		Number of web hits (for this activity indicate total number of web hits in the number of adults column)	Not applicable for this activity			No Changes
Direct, face-to-face information sessions	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of educational presentations, workshops, seminars, town hall meetings held during this reporting period by your coalition staff. Only include sessions intended to provide general information. Training sessions will be covered in the next topic.		Number of adults in audience	Number of youth in audience			No Changes
Special events (e.g., fairs, community celebrations)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of events that your coalition participated in during this reporting period. These events could be either run by your coalition, or your coalition could participate in them.		Approximate adult attendance at events	Approximate youth attendance at events			No Changes

IMPLEMENTATION SECTION <i>Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.</i>								Proposed Changes (if Any)	
Other (please specify): (NOTE: Grantee able to add multiple "other" activity rows)								No Changes	
Indicate the average level of contribution that coalition paid/volunteer staff made to activities involving providing information: <ul style="list-style-type: none"> <input type="radio"/> Completely responsible for most activities <input type="radio"/> Typically does not take lead, but helps coalition members <input type="radio"/> Typically takes lead with help from coalition members <input type="radio"/> Minimally involved: coalition members take on most responsibilities 								No Changes	
Strategy Activity Details: Enhancing Skills									
Activities focused on enhancing skills	Did your coalition work on this activity during this reporting period? <i>(Note: Grantee will only complete rest of row for activities they indicate yes they worked on.)</i>	Visible Only to STOP ACT Grantees Did Your coalition Use STOP Act funds to support the following new or enhanced activities? <i>(Note: Clicking on button will indicate yes, used STOP Act funds.)</i>	Number of completed activities this period <i>Grantee will fill in a number. Option to hover over cells for more information such as what is in cells below.)</i>	Target Substance(s) <i>Drop down: Alcohol, Tobacco, Marijuana, Prescription Drugs, Other Substance, No Substance Specified; Grantees may select multiple substances</i>	How many people did this activity reach?		Sector(s) Contributing to This Activity <i>Drop down: list of sectors, includes option for N/A: Paid Staff/ Volunteer Accomplishment</i>	In your opinion, how successful was this effort? <i>Drop down: (1) very successful; (2) moderately successful; (3) not successful</i>	No Changes
					Adults	Youth			

IMPLEMENTATION SECTION									Proposed Changes (if Any)
Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.									
Youth Education and Training Programs <i>(providing Information / skills)</i>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of sessions delivered of programs focusing on information skills		<i>Not applicable for this activity</i>	Number of youth receiving training (do not double count if youth received more than one session)			No Changes
Parent Education and Training Programs	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of training sessions on drug awareness, prevention strategies, parenting skills specifically for parents		Number of parents receiving training (do not double count if parent received more than one session)	<i>Not applicable for this activity</i>			No Changes
Teacher/ Youth Worker Education and Training Programs	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of training sessions on drug awareness and prevention strategies specifically for teachers / Youth Workers		Number of teachers / youth workers trained (do not double count if participant received more than one session)	<i>Not applicable for this activity</i>			No Changes

IMPLEMENTATION SECTION									Proposed Changes (if Any)
Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.									
Community Member Education and Training Programs	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of training sessions on drug awareness and prevention strategies, cultural competence for community members, including law enforcement, media, and landlords		Number of community members trained (do not double count if community member received more than one session)	Not applicable for this activity			No Changes
Business Training (e.g., responsible beverage service/ vendor training [voluntary or mandatory])	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of training sessions delivered on server compliance, training on youth marketed alcohol products, tobacco sales, etc.		Number of people trained (do not double count if participant received more than one session)	Not applicable for this activity			No Changes
Other (please specify): (NOTE: Grantee will be able to add multiple other activity rows)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>							No Changes

IMPLEMENTATION SECTION

Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.

Proposed Changes (if Any)

Indicate the average level of contribution that coalition paid/volunteer staff made to activities involving enhancing skills:

- Completely responsible for most activities
- Typically does not take lead, but helps coalition members
- Typically takes lead with help from coalition members
- Minimally involved: coalition members take on most responsibilities

No Changes

Strategy Activity Details: Providing Support

Activities focused on providing support	Did your coalition work on this activity during this reporting period? <i>(Note: Grantee will only complete rest of row for activities they indicate yes they worked on.)</i>	Visible Only to STOP ACT Grantees Did Your coalition Use STOP Act funds to support the following new or enhanced activities? <i>(Note: Clicking on button will indicate yes, used STOP Act funds.)</i>	Number of completed activities this period <i>Grantee will fill in a number. Option to hover over cells for more information such as what is in cells below.)</i>	Target Substance(s) <i>Drop down: Alcohol, Tobacco, Marijuana, Prescription Drugs, Other Substance, No Substance Specified; Grantees may select multiple substances</i>	How many people did this activity reach?		Sector(s) Contributing to This Activity <i>Drop down: list of sectors, includes option for N/A: Paid Staff/ Volunteer Accomplishment</i>	In your opinion, how successful was this effort? <i>Drop down: (1) very successful; (2) moderately successful; (3) not successful</i>	No Changes
					Adults	Youth			
Alternative/ drug-free social events	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of drug-free parties, other events supported by coalition		Number of attendees : Adults not part of coalition	Number of attendees: youth			No Changes

IMPLEMENTATION SECTION									Proposed Changes (if Any)
Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.									
Youth organizations/ drop-in centers	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<i>Number of clubs (after-school or other) and centers supported by your coalition. "Support" can be in the form of financial, labor, or in-kind assistance.</i>			<i>Number of youth belonging to clubs or centers</i>			No Changes
Organized youth recreation programs <i>(e.g., athletics, arts, outdoor activities)</i>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<i>Number of events supported by your coalition: please do not include events that are designed specifically to provide information</i>			<i>Number of league participants</i>			No Changes
Youth/ family community involvement <i>(e.g., school or neighborhood cleanup)</i>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<i>Number of community involvement events held</i>		<i>Number of adult participants</i>	<i>Number of youth participants</i>			No Changes

IMPLEMENTATION SECTION									Proposed Changes (if Any)
Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.									
Youth/family support groups	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of groups (e.g., leadership groups, mentoring programs, youth employment programs)		Number of adult participants	Number of student participants, including number of mentoring matches (do not double count if youth received more than one session, or if the youth participated in mentoring plus other programs)			No Changes
Other (please specify): (NOTE: Grantee will be able to add multiple other activity rows) _____ _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>							No Changes

<h2 style="margin: 0;">IMPLEMENTATION SECTION</h2> <p style="margin: 0; font-size: small;">Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.</p>								<h3 style="margin: 0;">Proposed Changes (if Any)</h3>
<p>Indicate the average level of contribution that coalition paid/volunteer staff made to activities involving providing support:</p> <ul style="list-style-type: none"> <input type="radio"/> Completely responsible for most activities <input type="radio"/> Typically takes the lead with help from coalition members <input type="radio"/> Typically does not take lead, but helps coalition members <input type="radio"/> Minimally involved: coalition members take on most responsibilities 								No Changes
<h3 style="margin: 0;">Strategy Activity Details: Enhancing Access/Reducing Barriers</h3>								
Activities focused on enhancing access / reducing barriers	Did your coalition work on this activity during this reporting period? <i>(Note: Grantee will only complete rest of row for activities they indicate yes they worked on.)</i>	Visible Only to STOP ACT Grantees Did Your coalition Use STOP Act funds to support the following new or enhanced activities? <i>(Note: Clicking on button will indicate yes, used STOP Act funds.)</i>	Target Substance(s) <i>Drop down: Alcohol, Tobacco, Marijuana, Prescription Drugs, Other Substance, No Substance Specified; Grantees may select multiple substances</i>	How many people did this activity reach?		Sector(s) Contributing to This Activity <i>Drop down: list of sectors, includes option for N/A: Paid Staff/ Volunteer Accomplishment</i>	In your opinion, how successful was this effort? <i>Drop down: (1) very successful; (2) moderately successful; (3) not successful</i>	No Changes
				Adults	Youth			
Increased Access to Substance Use Services (e.g., court mandated service, assessment and referral, EAP's, SAP's)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>		Number of adults served, referred to treatment, involved in EAPs	Number of youth served, referred to treatment, involved in SAPs			No Changes

IMPLEMENTATION SECTION <i>Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.</i>								Proposed Changes (if Any)
Reducing Home and Social Access to Alcohol and Other Substances <i>(e.g., prescription drug disposal)</i>	<input type="radio"/> Yes <input type="radio"/> No	○			<i>Number of adults participating in prescription drug takeback programs</i>	<i>Number of youth participating in prescription drug takeback programs</i>		No Changes
Improve supports for service use <i>(e.g., transportation, child care)</i>	<input type="radio"/> Yes <input type="radio"/> No	○			<i>Number of adults served</i>	<i>Number of youth served</i>		No Changes
Improve access through culturally sensitive outreach <i>(e.g., multilingual materials)</i>	<input type="radio"/> Yes <input type="radio"/> No	○			<i>Number of adults targeted (this may be double-counted with your entries for "Providing Information")</i>	<i>Number of youth targeted (this may be double-counted with your entries for "Providing Information")</i>		No Changes
Other <i>(please specify):</i> (NOTE: Grantee will be able to add multiple other activity rows) _____ _____	<input type="radio"/> Yes <input type="radio"/> No	○						No Changes

IMPLEMENTATION SECTION							Proposed Changes (if Any)
Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.							
Indicate the average level of contribution that coalition paid/volunteer staff made to activities involving enhancing access/reducing barriers: <ul style="list-style-type: none"> <input type="radio"/> Completely responsible for most activities <input type="radio"/> Typically does not take lead, but helps coalition members <input type="radio"/> Typically takes lead with help from coalition members <input type="radio"/> Minimally involved: coalition members take on most responsibilities 							No Changes
Strategy Activity Details: Changing Consequences							
Activities focused on changing consequences	Did your coalition work on this activity during this reporting period? <i>(Note: Grantee will only complete rest of row for activities they indicate yes they worked on.)</i>	Visible Only to STOP ACT Grantees Did your coalition use STOP Act funds to support the following new or enhanced activities?	Target Substance(s) <i>Drop down: Alcohol, Tobacco, Marijuana, Prescription Drugs, Other Substance, No Substance Specified; Grantees may select multiple substances</i>	How Many Businesses Did Each Activity Reach? <i>Grantee will fill in a number. Option to hover over cells for more information such as what is in cells below.)</i>	Sector(s) Contributing to This Activity <i>Drop down: list of sectors, includes option for N/A: Paid Staff/Volunteer Accomplishment</i>	In your opinion, how successful was this effort? <i>Drop down: (1) very successful; (2) moderately successful; (3) not successful</i>	No Changes
Strengthening Enforcement (e.g., supporting DUI checkpoints, shoulder tap programs, open container laws)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<i>Drop down: Alcohol, Tobacco, Marijuana, Prescription Drugs, Other Substance, Multiple/ Substances/No Substance Specified</i>	<i>Not applicable for this activity</i>			No Changes
Strengthening Surveillance (e.g., "hot spots," party patrols)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>		<i>Not applicable for this activity</i>			No Changes
Recognition programs (e.g., programs for merchants who pass compliance checks, drug free youth)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>		Number of businesses receiving recognition for compliance			No Changes

IMPLEMENTATION SECTION							Proposed Changes (if Any)
<p>Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.</p>							
Publicize Non-Compliance (e.g., advertisements highlighting businesses non-compliant with local ordinances)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>			Number of businesses receiving recognition for non-compliance		No Changes
Other (please specify): (NOTE: Grantee will be able to add multiple other activity rows)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>					No Changes
<p>Indicate the average level of contribution that coalition paid/volunteer staff made to activities involving changing consequences:</p> <input type="radio"/> Completely responsible for most activities <input type="radio"/> Typically does not take lead, but helps coalition members <input type="radio"/> Typically takes lead with help from coalition members <input type="radio"/> Minimally involved: coalition members take on most responsibilities							No Changes
Strategy Activity Detail: Physical Design							
Activities focused on physical design	<p>Did your coalition work on this activity during this reporting period? (Note: Grantee will only complete rest of row for activities they indicate yes they worked on.)</p>	<p>Visible Only to STOP ACT Grantees Did Your coalition Use STOP Act funds to support the following? (Note: Clicking on button will indicate yes, used STOP Act funds.)</p>	<p>Number of completed activities this period Grantee will fill in a number. Option to hover over cells for more information such as what is in cells below.)</p>	<p>Target Substance(s) Drop down: Alcohol, Tobacco, Marijuana, Prescription Drugs, Other Substance, No Substance Specified; Grantees may select multiple substances</p>	<p>Sector(s) Contributing to This Activity Drop down: list of sectors, includes option for N/A: Paid Staff/ Volunteer Accomplishment</p>	<p>In your opinion, how successful was this effort? Drop down: (1) very successful; (2) moderately successful; (3) not successful</p>	No Changes

IMPLEMENTATION SECTION							Proposed Changes (if Any)
Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.							
Identify Physical Design Problems (e.g., environmental scans, neighborhood meetings, windshield surveys)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of physical design problems (e.g., hot spots, clean up areas, outlet clusters) identified this period.				No Changes
Cleanup and Beautification (e.g., Improve parks and other physical landscapes, neighborhood clean-ups)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of cleanup / beautification events held this period (e.g., neighborhood cleanup days)				No Changes
Improve visibility/ease of surveillance in public places and substance use hotspots (e.g., improved lighting, surveillance cameras, improved lines of sight)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of areas (public places / hot spots) in which surveillance / visibility was improved this period.				No Changes
Promote improved signage / advertising / practices by suppliers (e.g., Decrease signage/ advertising / change product locations)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of suppliers making changes in signage / advertising / displays this period.				No Changes

IMPLEMENTATION SECTION							Proposed Changes (if Any)
Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.							
Identify problem establishments for closure (e.g., close drug houses)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of problem establishments identified / targeted; Number closed / modified practices				No Changes
Encourage business / supplier designation of "no alcohol" or "no tobacco" zones	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of businesses targeted / approached; number that made changes				No Changes
Other (please specify): (NOTE: Grantee will be able to add multiple other activity rows)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>					No Changes
Indicate the average level of contribution that coalition paid/volunteer staff made to activities involving physical design: <ul style="list-style-type: none"> <input type="radio"/> Completely responsible for most activities <input type="radio"/> Typically does not take lead, but helps coalition members <input type="radio"/> Typically takes lead with help from coalition members <input type="radio"/> Minimally involved: coalition members take on most responsibilities 							No Changes

IMPLEMENTATION SECTION		Proposed Changes (if Any)
Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.		
Strategy Activity Detail: Modifying/Changing Policies		

<p style="text-align: center;">IMPLEMENTATION SECTION</p> <p style="text-align: center;"><i>Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.</i></p>								<p>Proposed Changes (if Any)</p>
<p>Activities focused on Modifying / Changing Policies</p>	<p>Did your coalition work on this activity during this reporting period? (Note: Grantee will only complete rest of row for activities they indicate yes they worked on.)</p>	<p><i>Visible Only to STOP ACT Grantees</i></p> <p>Did Your coalition Use STOP Act funds to support the following new or enhanced activities? (Note: Clicking on button will indicate yes, used STOP Act funds.)</p>	<p>Number of Policies or Laws Promoted or Opposed by Your Coalition this Reporting Period <i>Grantee will fill in a number. Option to hover over cells for more information such as what is in cells below.)</i></p>	<p>Number of Policies or Laws Passed/Modified During This Period (hover over cells for more information) <i>Grantee will fill in a number. Option to hover over cells for more information such as what is in cells below.)</i></p>	<p>Target Substance(s) Drop down: Alcohol, Tobacco, Marijuana, Prescription Drugs, Other Substance, No Substance Specified; Grantees may select multiple substances</p>	<p>Sector(s) Contributing to This Activity <i>Drop down: list of sectors, includes option for N/A: Paid Staff/ Volunteer Accomplishment</i></p>	<p>In your opinion, how successful was this effort? <i>Drop down: (1) very successful; (2) moderately successful; (3) not successful</i></p>	<p>No Changes</p>
<p>Cost: Laws/public policies concerning cost (e.g., alcohol or tobacco tax, fees)</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="radio"/></p>	<p>Number of laws or policies concerning cost incentives promoted or opposed during this reporting period</p>	<p><i>Number of laws passed or modified -- and policies initiated this period</i></p>				<p>No Changes</p>

IMPLEMENTATION SECTION								Proposed Changes (if Any)
Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.								
Underage Use: Laws/public policies targeting use, possession, or behavior under the influence for minors	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of laws or public policies supported / promoted by DFC coalition concerning underage use, possession, or behavior under the influence (e.g., underage consumption, false identification laws, blood alcohol concentration, graduated driver's licenses, loss of driving privileges for alcohol violations by minors)	Number of laws passed or modified this period concerning underage use, possession, or behavior under the influence (e.g., underage consumption, false identification laws, blood alcohol concentration, graduated driver's licenses, loss of driving privileges for alcohol violations by minors)				No Changes
School: Policies promoting drug-free schools	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of laws or policies concerning drug-free schools promoted / supported by DFC coalition this period. Do not include policies focused on underage use/possession that were covered above.	Number of laws or policies concerning drug-free schools passed or modified during this period. Do not include policies focused on underage use/possession that were covered above				No Changes
Treatment/Prevention: Laws/public policies promoting treatment or prevention alternatives (e.g., diversion treatment programs for underage substance use offenders)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of laws or public policies concerning availability and sentencing alternatives to increase treatment / prevention promoted / supported by DFC coalition this period.	Number of laws/policies passed or modified this period concerning availability and sentencing alternatives to increase treatment / prevention				No Changes

IMPLEMENTATION SECTION								Proposed Changes (if Any)
Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.								
Workplace: Policies promoting drug-free workplaces	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of laws or policies concerning drug-free workplaces promoted / supported by DFC coalition this period. Do not include policies mandating treatment.	Number of laws or policies concerning drug-free workplaces passed or modified during this period. Do not include policies mandating treatment.				No Changes
Citizen enabling/Liability: Laws/ public policies concerning adult (including parent) social enabling or liability (e.g., social host ordinances)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of laws or public policies concerning adult/parent social enabling or liability promoted/ supported by DFC coalition this period.	Number of laws passed or modified this period concerning parent/ social enabling /liability.				No Changes
Supplier Promotion / Liability: Laws/ public policies concerning supplier advertising, promotion, liability, (e.g. server liability, product placement, happy hours, drink specials, mandatory compliance checks, responsible beverage service)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	Number of laws or public policies concerning supplier advertising, promotion, or liability promoted/supported by DFC coalition this period.	Number of laws passed or modified this period concerning supplier advertising, promotion, liability.				No Changes

IMPLEMENTATION SECTION <i>Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.</i>								Proposed Changes (if Any)
Outlet Location / Density: Laws/ public policies concerning limitation and restrictions of location and density of alcohol outlets	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<i>Number of laws or zoning ordinances concerning density/ location of alcohol outlets promoted / supported by DFC coalition this reporting period.</i>	<i>Number of laws/zoning ordinances passed this period concerning the density of alcohol outlets</i>				No Changes
Sales Restrictions: Laws/ public policies concerning restrictions on product sales (e.g., methamphetamine pre-cursor access, alcohol at gas stations)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<i>Number of laws or public policies concerning restrictions on product sales promoted/ supported by DFC coalition this period.</i>	<i>Number of laws/ public policies concerning restrictions on product sales passed or modified this period.</i>				No Changes
Other (please specify): (NOTE: Grantee will be able to add multiple other activity rows)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>						No Changes
Indicate the average level of contribution that coalition paid/volunteer staff made to activities involving modifying/changing policies: <ul style="list-style-type: none"> <input type="radio"/> Completely responsible for most activities <input type="radio"/> Typically does not take lead, but helps coalition members <input type="radio"/> Typically takes lead with help from coalition members <input type="radio"/> Minimally involved: coalition members take on most responsibilities 								No Changes
Implementation Summary								
In the last six months, did you coalition successfully modify/change any policies/laws? <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No (will automatically send to next item) 								CHANGE: New Item

<p style="text-align: center;">IMPLEMENTATION SECTION</p> <p style="text-align: center;"><i>Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.</i></p>	<p style="text-align: center;">Proposed Changes (if Any)</p>
<p>If yes, briefly describe the policy/law, indicate the month and year the work to successfully modify/change the policy was completed and select the substance(s) targeted by the policy.</p> <p>Policy 1: ___(open text field)_____ Month/Year (select from dropdown) Target Substance(s) Drop down: Alcohol, Tobacco, Marijuana, Prescription Drugs, Other Substance, No Substance Specified; Grantees may select multiple substances</p> <p>Policy 2: _____ Month/Year (select from dropdown) Target Substance(s) Drop down: Alcohol, Tobacco, Marijuana, Prescription Drugs, Other Substance, No Substance Specified; Grantees may select multiple substances</p> <p>Policy 3: _____ Month/Year (select from dropdown) Target Substance(s) Drop down: Alcohol, Tobacco, Marijuana, Prescription Drugs, Other Substance, No Substance Specified; Grantees may select multiple substances</p>	<p>CHANGE: New Item. Add dropdown menu for target of policy (e.g., alcohol regulation, marijuana)</p>
<p>Do you have any additional details, like accomplishments or challenges and barriers, related to implementation to report for this reporting period?</p>	<p>No Changes</p>
<p>Please report any notable accomplishments related to implementation activities achieved during this reporting period?</p>	<p>No Changes</p>
<p>Please report any additional details, including barriers or challenges, about your implementation activities that were not captured above:</p>	<p>No Changes</p>

Coalition Evaluation Effort	
<p>Approximately what percent of your coalition's <u>evaluation effort</u> and resources went into the following activities? (Total must add to 100%): ___% Data collection ___% Data analysis ___% Identifying recommendations for improvement ___% Presenting evaluation findings ___% Other (<i>please specify</i>): _____</p>	No Changes

COMMUNITY AND POPULATION-LEVEL OUTCOMES		Proposed Changes (if Any)
Core Outcomes		
Data Source (dropdown of coalition's approved surveys)		No Changes
Outcome Category this Data Applies To (select 30- day use, perception of risk, perception of parental or perception of peer) **repeat this for every APPROVED core measure**		No Changes
Month and Year Data Were Collected: __/__/__		No Changes
Compared to Target Area, the Geographical Area Covered by These Data Is: <input type="radio"/> Larger <input type="radio"/> Smaller <input type="radio"/> The Same <input type="radio"/> Don't Know	Does your data represent your target population? <input type="radio"/> Yes <input type="radio"/> No If no, please explain: _____	No Changes
Core Measures		
<p>You must submit the survey used to collect the data that you are submitting in order to be able to submit core measure data. You will receive a survey review guide from the DFC National Evaluation team once their review of your survey is complete. Be sure to leave adequate time prior to core measure data submission to complete this step in the process. Surveys can be submitted at any time. Your survey review guide provides you with information on what data the grantee is expected to submit (which core measures have been approved for which substances) as well as guidance on how to calculate percentage use.</p>		

COMMUNITY AND POPULATION-LEVEL OUTCOMES						Proposed Changes (if Any)
Grade	Measure	Alcohol	Tobacco	Marijuana	Prescription Drugs	No Changes
6	30-day Use					No Changes
	Sample Size					No Changes
7	30-day Use					No Changes
	Sample Size					No Changes
8	30-day Use					No Changes
	Sample Size					No Changes
9	30-day Use					No Changes
	Sample Size					No Changes
10	30-day Use					No Changes
	Sample Size					No Changes
11	30-Day Use					No Changes
	Sample Size					No Changes
12	30-Day Use					No Changes
	Sample Size					No Changes
Middle School, multiple grades	30-Day Use					CHANGE: New Item. Add option of reporting outcome data by school level instead of grade level
	Sample Size					

COMMUNITY AND POPULATION-LEVEL OUTCOMES						Proposed Changes (if Any)
High School, Multiple grades	30-Day Use					CHANGE: New Item. Add option of reporting outcome data by school level instead of grade level
	Sample Size					
Male	30-Day Use					No Changes
	Sample Size					No Changes
Female	30-Day Use					No Changes
	Sample Size					No Changes
Are you collecting any other consequences? Optional section allows coalitions to enter their own core measures data on other substances. If you are collecting data particularly relative to change in substances other than the core substances, please share here.						No Changes
Outcomes Summary						
Do you have any concerns about the quality of your data? Please explain. <input type="radio"/> Yes <input type="radio"/> No If yes, please explain: _____						No Changes
Please report any notable accomplishments related to evaluation achieved during this reporting period:						No Changes
Please report any additional details, including barriers or challenges, about your evaluation activities that were not captured above						No Changes

CHALLENGES AND TA						Proposed Changes (if Any)
Challenges						
To what extent has your coalition experienced challenges in the following area?	Significant Challenge 4	Some Challenge 3	A Little Challenge 2	No Challenge 1	Not Applicable 0	No Changes
Increasing coalition membership and participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Building leadership capacity among coalition members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Attaining an agreement among coalition members regarding goals, planned initiatives, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Developing/revising a framework/logic model of change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Completing a SWOT (strengths, weaknesses, opportunities, and threats) analysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Collecting/analyzing data for assessment purposes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Recruiting/engaging target populations (e.g., students) in substance abuse prevention initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Engaging key stakeholders (e.g., school personnel) in substance abuse prevention initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Engaging the general community in substance abuse prevention initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Planning/Executing substance abuse prevention initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Developing/Executing a media plan to draw attention to new drug threats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Attaining funding for substance abuse prevention initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Collecting/Analyzing data for evaluation purposes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Other (please specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Other (please specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Other (please specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Training and Technical Assistance: Survey of Needs						
Training and technical assistance (T&TA) areas	To what extent would your coalition benefit from T&TA in each of these areas?					No Changes

CHALLENGES AND TA					Proposed Changes (if Any)
	A Great Deal	Some	A Little	Not at All	No Changes
Coalition and partnership development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Coalition and partnership maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Community needs and resource assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Goal and outcome development and assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Effective problem solving within a group setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Develop a framework or model of change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Leadership development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Cultural competency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Organizational management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Strategic planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Developing substance abuse prevention initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Advocacy and policy development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Grant writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Program evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Program/Initiative sustainability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Other (please specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No Changes
Did your coalition provide any training or technical assistance to other community groups or organizations? <input type="radio"/> Yes <input type="radio"/> No If yes, please describe:					No Changes

