APPENDIX E5

Report Due Date:	
Submitted Date:	
Feedback Form Sent Date:	
Response Requested by:	
Response Received:	

Substance Abuse Prevention & Treatment Agency
Coalition 4th Quarter/Annual Report

This report will be **due August 01 each year**.

SAPTA should be notified in writing of any scope of work changes for all grants.

Please answer each question completely, including any quantification where applicable. If you don't understand a question please contact your analyst with any questions prior to the report being submitted. Your analyst will be providing feedback regarding your report. Please reply in a timely manner to your feedback if you have been requested to do so.

4th QUARTER:

Coalition Infrastructure Questions

1. Are copies of coalition meeting minutes and board meeting minutes for this quarter attached?

   ☐Yes ☐No

2. Please mark all sectors that apply for your coalition membership.

☐	Law Enforcement	☐	Healthcare/Medical
☐	Youth	☐	Treatment Providers
☐	College/University	☐	Faith-Based Organization
☐	Criminal Justice/Judicial	☐	Elected Official
☐	Parents/Primary Care Giver	☐	Education
☐	Social Service Providers	☐	Civic/Volunteer Group
☐	Coalitions	☐	Business Community
☐	State/Local/Tribal Gov't	☐	Media
☐	Military	☐	Other/Individual

If any sectors are not represented, what has the coalition done (or plans to do) to solicit membership from these sectors?

3. Do you require any additional technical assistance from SAPTA at this time? If yes, please describe.
   ☐Yes ☐No

4. Have you provided any technical assistance to your subrecipients? If yes, please describe.
   ☐Yes ☐No

5. Have there been any exceptions to the following for your coalition staff or subrecipients (if yes, please describe)?

   A. Participation in all required SAPTA meetings or trainings.
      ☐Yes ☐No

   B. Submission of monthly reimbursement requests.
      ☐Yes ☐No

6. Has coalition staff attended any training sessions this quarter?
   ☐Yes ☐No

   If yes was marked, please indicate the staff member who attended, the title of the training attended, and the number of training hours.

7. Please update us on any staff vacancies or additions.

8. Have there been any scope of work changes for your subrecipients? If yes, please describe.
   ☐Yes ☐No

9. Have you had to deobligate any subrecipients? If yes, please state which program, the date of deobligation, and why.
   ☐Yes ☐No

Methamphetamine Project Narrative

1. Please indicate any new meth initiatives for this quarter, and quantify if applicable.

2. Planning: Please briefly describe any planning that was done for the Meth project this quarter.

3. Please describe any completed outcomes of the Methamphetamine Project initiatives.

4. Instructions for completing your Coalition Methamphetamine Prevention Education and Public Awareness Scope of Work and 4th Quarter/**Annual Progress** Table

   Please provide progress for each item listed in your coalition's scope of work for this project. The original scope of work table (please see attached) has been provided that was submitted by your coalition for the Methamphetamine project. Please fill in the columns for both 4th Quarter Progress and Annual Progress. *The Annual Progress column should include a cumulative tally of data from all four quarters.*

Continued on following page …

ANNUAL REPORT:

It is the coalitions' responsibility to reconcile subrecipient total participant numbers with NHIPPS prior to reporting them in the following tables.

State Prevention Infrastructure (SPI) Numbers Served

Subrecipient	Program Name	NHIPPS Grant Number	Annual Numbers Served

*Add more rows as needed.

State Prevention Infrastructure (SPI) Project Participants Served-Gender/Ethnicity & Race/Age Groups
****Please fill out one grid for each program.**

Gender		Ethnicity		Age Groups	
Male		American Indian/Alaska Native		0 - 4	
Female		Asian		5 - 11	
Total		Black/African American		12 - 14	
		Native Hawaiian/Other Pacific Islander		15 - 17	
		White		18 - 20	
		More than One Race		21 - 24	
		Unknown/Others		25 - 44	
		Total		45 - 64	
		Hispanic or Latino		65 +	
		Not Hispanic or Latino		**Total**	
		Total			

Please describe accomplishments and challenges for this project for SFY 2012.

Methamphetamine Project Numbers Served

Subrecipient	Program Name	NHIPPS Grant Number	Annual Numbers Served

*Add more rows as needed.

Methamphetamine Project Participants Served-Gender/Ethnicity & Race/Age Groups
****Please fill out one grid for each program.**

Gender		Ethnicity		Age Groups	
Male		American Indian/Alaska Native		0 - 4	
Female		Asian		5 - 11	
Total		Black/African American		12 - 14	
		Native Hawaiian/Other Pacific Islander		15 - 17	
		White		18 - 20	
		More than One Race		21 - 24	
		Unknown/Others		25 - 44	
		Total		45 - 64	
		Hispanic or Latino		65 +	
		Not Hispanic or Latino		**Total**	
		Total			

Please describe accomplishments and challenges for this project for SFY 2012.

SAPT Block Grant/Safe & Drug Free Schools Project Numbers Served

Subrecipient	Program Name	NHIPPS Grant Number	Annual Numbers Served

*Add more rows as needed.

SAPT Block Grant/Safe & Drug Free Schools Project Participants Served-Gender/Ethnicity & Race/Age Groups
****Please fill out one grid for each program.**

Gender		Ethnicity		Age Groups	
Male		American Indian/Alaska Native		0 - 4	
Female		Asian		5 - 11	
Total		Black/African American		12 - 14	
		Native Hawaiian/Other Pacific Islander		15 - 17	
		White		18 - 20	
		More than One Race		21 - 24	
		Unknown/Others		25 - 44	
		Total		45 - 64	
		Hispanic or Latino		65 +	
		Not Hispanic or Latino		**Total**	
		Total			

Please describe accomplishments and challenges for this project for SFY 2012.