

HCR

4

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: HCR004-DHSS-DBH-04-18-06

() Publish Date: _____
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction): _____
 Title: ESTABLISHMENT OF A METHAMPHETAMINE WATCH PROGRAM

RDU: Behavioral Health
 Component: CAPI Grants

Sponsor: RAMRAS
 Requester: HOUSE (JUD)

Component No.: 2596

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2006) cost: _____
 Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

The DHSS, Division of Behavioral Health believes the intent of this resolution can be reached within the existing funding base we currently have for prevention and early intervention services. As we work with communities as they identify and establish appropriate programming for their community, a Meth Watch Program would be a viable programming choice. If federal funds become available to help support addition prevention efforts related to Methamphetamine use, abuse and dependency, we will consider applying for such funding, as it fits into our existing programming efforts.

Prepared by: L. Diane Casto Phone: 907/465-1188
 Division: Behavioral Health Date/Time: 04/18/2006
 Approved by: Karleen Jackson, Commissioner Date: 04/18/2006
 Agency: Department of Health and Social Services

Representative Jay Ramras
Co-Chair, House Resources
Co-Chair, Economic Develop.
Tourism & Trade

House State Affairs
119 N. Cushman St. Suite 207
Fairbanks, Alaska 99701
Phone: (907) 452-1088
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Alaska State Legislature



While in Session
State Capitol, Room 104
Juneau, Alaska 99801-1182
(907) 465- 3004
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House District 10

House of Representatives

Sponsor Statement

House Concurrent Resolution No. 4 **Version 24-LS0693\F**

Throughout the past decade there have been a number of public awareness programs, which have educated communities about the dangers of alcohol and drugs. Meth Watch is a voluntary program started in Kansas as a public/private partnership in 2001. Meth Watch educates communities about the perils of methamphetamine. Today, twelve states have implemented a Meth Watch program. Although a relatively new campaign, since its implementation, states have reported reductions in the number of methamphetamine laboratories, and have seen a unification of grant programs that fund the education of communities; particularly parents, teachers, and others that work with youth.

The Meth Watch program engages retailers, law enforcement officials, schools, state and local agencies, and other key partners in reducing the diversion of precursor products for the manufacturing of methamphetamine, and increasing awareness about methamphetamine's dangers. The program is also instrumental in educating students and teachers in our schools and communities.

House Concurrent Resolution No. 4 urges that the Meth Watch program be implemented in the State of Alaska, by applying for available grants, and encouraging and assisting communities to apply for funding from both government and private sources.

Representative Jay Ramras
Co-Chair, House Resources
V-Chair, Economic Develop.
Tourism & Trade

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House District 10

House of Representatives

MEMO

To: Senator Gene Therriault, Chair Senate State Affairs Committee

From: Jay Ramras

Date: May 2, 2006

Re: House Concurrent Resolution No. 4(JUD)

Please accept this memo as a request for the Senate State Affairs Committee to schedule a hearing on HCR 4(JUD), as soon as possible before the committee.

Attachments to this memo:

- Sponsor Statement
- CS HCR 4(JUD) (24-LS0693MF)
- HCR 4 (24-LS0693A)
- HESS 0 Fiscal Note
- House Floor Report
- House Judiciary Report
- House State Affairs Report
- April 6, 2005 – NCAAD letter, April 26, 2006 – Tri-Borough Commission letter, and May 2, 2006 – Jim Whitaker, Mayor Fairbanks North Star Borough letter.
- Meth Watch Program information

The information contained in this memo is **CONFIDENTIAL** and/or privileged. This memo is intended to be reviewed only the individual named above. If the reader of this page is not the intended recipient or a representative of the intended recipient, you are hereby notified that any review, dissemination, or copying of this memo or the information contained herein is prohibited. If you have received this memo in error, please immediately notify the sender by telephone and return this memo to the sender at the above address.

Thank you

Representative_Jay_Ramras@legis.state.ak.us

**CITY OF FAIRBANKS***Steve M. Thompson, Mayor*800 CUSHMAN STREET
FAIRBANKS, ALASKA 99701-4615

OFFICE: 907-459-6793

FAX: 907-459-6787

smthompson@ci.fairbanks.ak.us

May 2, 2006

Representative Jay Ramras
Alaska State Legislature
Capitol Building Room
Juneau, Alaska 99801-1182**Re: House Concurrent Resolution 4: "Meth Watch"**

Dear Jay:

I applaud your prime sponsorship of this resolution; methamphetamine is a horrible scourge to our state and our local community. Not only are there horrible effects on those who use the drug, but the misery extends to innocent children who are exposed to the chemicals.

As the Resolution notes, enforcement is difficult because of the mobility of the "labs." Our police have made arrests in hotel rooms and small residences. In many cases, the users are too incapacitated to care for their children. These operations endanger neighbors and the emergency service responders, including police officers, fire fighters and paramedics.

I was informed that just last weekend a member of my staff's family was out for a weekend bike ride along the slough with his two sons and stumbled upon containers and a five gallon drum. After reporting the suspicious find to AST, the containers and drum contained meth and all of the components needed in its making. This is a small, nice neighborhood filled with small children and young teenagers. It just goes to show the continuing problem that the state faces and the education that is needed on a local level.

The City Fairbanks looks forward to participating in any efforts to identify and eliminate meth labs, and will continue aggressive prosecution of those who are involved, including use of civil forfeiture laws.

Thank you for your efforts to keep this issue in front of the public.

Sincerely,

A handwritten signature in cursive script that reads "Steve M. Thompson".
Steve M. Thompson,
MayorCC: City Council Members
Interior Delegation



National Council on Alcoholism and Drug Dependence
Juneau Affiliate
211 4th Street, Suite #102
Juneau, AK 99801

Phone: (907) 463-3755
Fax: (907) 463-2539
<http://www.ncadd-j.org>
National Intervention Network (800) 654-HOPE

April 6, 2005

Representative Jay Ramras
State Capitol
Juneau, Alaska 99801-1182

RE: HCR 4

Dear Representative Ramras:

NCADD is grateful for your sponsorship of House Concurrent Resolution No.4 which encourages the establishment of a methamphetamine watch program.

One of our most profound responsibilities as parents, as public officials, and as citizens is helping to keep our youth safe from illegal drugs. Unfortunately, communities across Alaska have become home to methamphetamine manufacturers and dealers who prey on our young people.

Alaska's methamphetamine problem is especially worrisome because it is easy to make, easy to buy, and extremely addictive. Only through sustained and vigorous efforts on the part of all Alaskans, including community leaders, are we going to be able to eliminate the threat posed by these drugs.

Your work to bring awareness to this growing nightmare demonstrates your commitment to fighting the methamphetamine problem in Alaska.

Respectfully,

Matt Felix

Executive Director





Matanuska-Susitna Borough
350 E. Dahlia Avenue
Palmer, AK 99645
(907)745-4801



Municipality of Anchorage
632 W. 6th Avenue
Anchorage, AK 99501
(907)343-7100



Kenai Peninsula Borough
144 N. Binkley
Soldotna, AK 99669
(907)714-2335

Tri-Borough Commission

April 26, 2006

The Honorable Jay Ramras
Alaska State House
State Capitol, Room 104
Juneau, AK 99801-1182

Dear Representative Ramras:

We write to seek your support to combat a tragic and growing epidemic across our state – the abuse of methamphetamine. Meth is an extremely addictive drug which can lead to severe physical and mental problems - and even death. Meth-related arrests in Alaska are up 640 percent over the past six years and have nearly doubled in the past 24 months.

Meth abuse is becoming rampant in the communities we represent and is growing across Alaska. Even remote rural villages are starting to experience the public health and public safety problems from meth abuse. The federal Drug Enforcement Administration reported in 2004 the “availability of meth is increasing, both from local labs and from meth transported into the state. Alaska is experiencing an increase in the availability of crystal methamphetamine.”

Because meth abuse is especially widespread in communities in the Mat-Su Valley, Mat-Su Borough Mayor Tim Anderson is spearheading an education effort to warn Alaskans of the deadly consequences of meth. Mayor Anderson has secured financial pledges totaling approximately \$200,000 from Alaska’s largest communities – Anchorage, the Kenai Peninsula Borough and the Fairbanks North Star Borough, and is contacting Juneau, the North Slope Borough and other communities to assist with this effort.

Last week, U.S. Senator Lisa Murkowski visited with the three Tri-Borough Commission mayors. She pledged her support to this campaign and vowed to attempt to secure federal funding for assist with this campaign to combat the growing meth problem. Other states obtained federal grants to combat the growing meth problem, so we will request the senator include Alaska in the funding recently authorized by Congress to deal with meth.

We envision a public information campaign with brochures, broadcast public service announcements and materials for public schools designed to warn Alaskans of the dangers of meth abuse. There currently is no such wide-spread campaign underway in Alaska.

Mayor Anderson was in Juneau earlier this month to meet with legislators about this effort and told them he would request State support for the campaign in the current legislative session. We appreciate that time in short, but we ask that you do everything possible to match in State dollars the \$200,000 in municipal funds Mayor Anderson has been able to secure. We also are seeking contributions from private retailers such as Wal-Mart, Carrs-Safeway, Fred Meyers and others who sell products containing pseudodphedrine and ephedrine for legitimate medical purposes.

Thank you in advance for your assistance. We must join together to fight this new blight on Alaskans.

Sincerely,



Tim Anderson
Mayor



Mark Begich
Mayor



John Williams
Mayor



Fairbanks North Star Borough

Office of the Mayor

8101 Pioneer Road

P.O. Box 71267

Fairbanks, Alaska 99707-1267

907/459-1300

Fax 907/459-1102

Email mayor@co.fairbanks.ak.us

May 2, 2006

Via Facsimile 907-465-3004

The Honorable Jay Ramras
Alaska State House
State Capitol, Room 104
Juneau, AK 99801-1182

Dear Representative Ramras:

I am writing today to express my support for the efforts of Mat-Su Borough Mayor Tim Anderson regarding initiation of a concerted statewide education effort to alert our citizens of the dangers of methamphetamine use.

The Federal Drug Enforcement Administration reports that availability and abuse of this extremely addictive drug is steadily increasing in our state. One needs only to read the newspaper to notice the increased reports of the toll this is taking on the safety of our neighborhoods, the reputations of our communities, and the unrealized potential of our youth who fall prey to this destructive and invasive new menace.

Along with U.S. Senator Lisa Murkowski and others, I support efforts to obtain funding at the federal, state, and municipal levels, along with private funding to promote the dangers of this new threat to our quality of life in Alaska.

Sincerely,

Jim Whitaker, Mayor



Looking out for our communities

[Background on Methamphetamine](#)

[The Meth Watch Program](#)

[How Meth Watch Works](#)

[Meth Watch Materials](#)

[Meth Watch in Your State](#)

[Other Elements to Meth Awareness](#)

SEARCH:



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Communities all across America are suffering from the plague of methamphetamine production and usage. And these communities – many of which are rural and suburban – are looking for effective and innovative ways to fight back against this illegal menace. Meth Watch is the first national effort aimed at curbing the spread of methamphetamines, and will provide a critical step in reducing the availability of meth in communities nationwide.

Started in Kansas as a public-private partnership between law enforcement, state officials, and the retail community, Meth Watch is designed to help curtail the suspicious sale and theft of common household products used in the illicit manufacturing of methamphetamine.

Meth Watch is a voluntary program that involves a variety of people at the community and state level, although retail involvement is the cornerstone of this program. This web site provides states interested in learning more about the Meth Watch program with the resources needed to implement and maintain a Meth Watch program.

"Whenever we can partner with our citizens and businesses to improve public safety, we are much more successful. Only with an all-out, comprehensive effort can we hope to stop the insidious creep of methamphetamine into our communities."

*—"A New Ally in the War on Meth,"
written by Sheriff Mark Sterk,
Spokane County, Washington, Sheriff,
November- December 2004*

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The Meth Watch Program

What is Meth Watch?

Communities across America plagued by methamphetamine usage and production are looking for effective and innovative ways to combat this growing problem.

Meth Watch is a program sponsored by the Consumer Healthcare Products Association (CHPA) and is designed to help curtail the theft and suspicious sales of pseudoephedrine products, as well as other common household products used in the illicit manufacturing of methamphetamine in small, toxic labs. A key goal of this program is to promote cooperation between retailers and law enforcement to prevent the diversion of legitimate products for illegal use.

Meth Watch was started in Kansas as a public-private partnership between the Kansas Department of Health and Environment, the Kansas Bureau of Investigation, the Kansas Methamphetamine Prevention Project (part of the non-profit statewide drug prevention system), and Kansas retailers. As news spread of its success, several states began to adopt the Kansas model. Many more expressed interest, but were deterred by the lack of resources and know-how.

That's where the national Meth Watch program comes in. CHPA provides a one-stop shop to help interested states implement Meth Watch in their communities through the Meth Watch resource center at www.methwatch.com. Through Meth Watch, retailers and law enforcement will help increase awareness about the diversion of legal products to the illegal manufacture of methamphetamine and will assist local communities in addressing the meth problem.

The Kansas Story

The Kansas Meth Prevention Project (KMPP) began as a public-private partnership formed in October 2001 to develop a statewide infrastructure to fight the methamphetamine problem in Kansas communities. The program received funding through the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2002. CHPA and its member companies are providing funding for its efforts in 2004. The goals of the project include reducing the supply of methamphetamine by monitoring the availability of products used in the manufacture of methamphetamine and reducing the demand for methamphetamine by providing opportunities for youth education and community awareness about the dangers of the drug.

A statewide network of agencies partnered to make the KMPP successful. The agencies are: Kansas Department of Health and Environment (KDHE), Kansas Bureau of Investigation, Prevention and Recovery Services in Topeka, Kansas Social and Rehabilitation Services, Kansas Regional Prevention Centers, Kansas State University Research and Extension, and the Kansas National Guard, to name a few.

The KMPP conducts "train the trainer" sessions throughout the state to increase awareness of Meth Watch and other prevention strategies. Kansas learned early on that local participation is the key to the successful implementation of Meth Watch and achieved widespread community involvement through an ongoing mini-grant process. The KDHE distributes Meth Watch materials to retailers and other interested parties statewide on a regular basis and nationwide as requested. For further information, contact T.J. Ciaffone, KDHE Bureau of Environmental Remediation Response Unit chief, or [Cristi Cain](#), KMPP project coordinator.

Other Meth Watch Programs

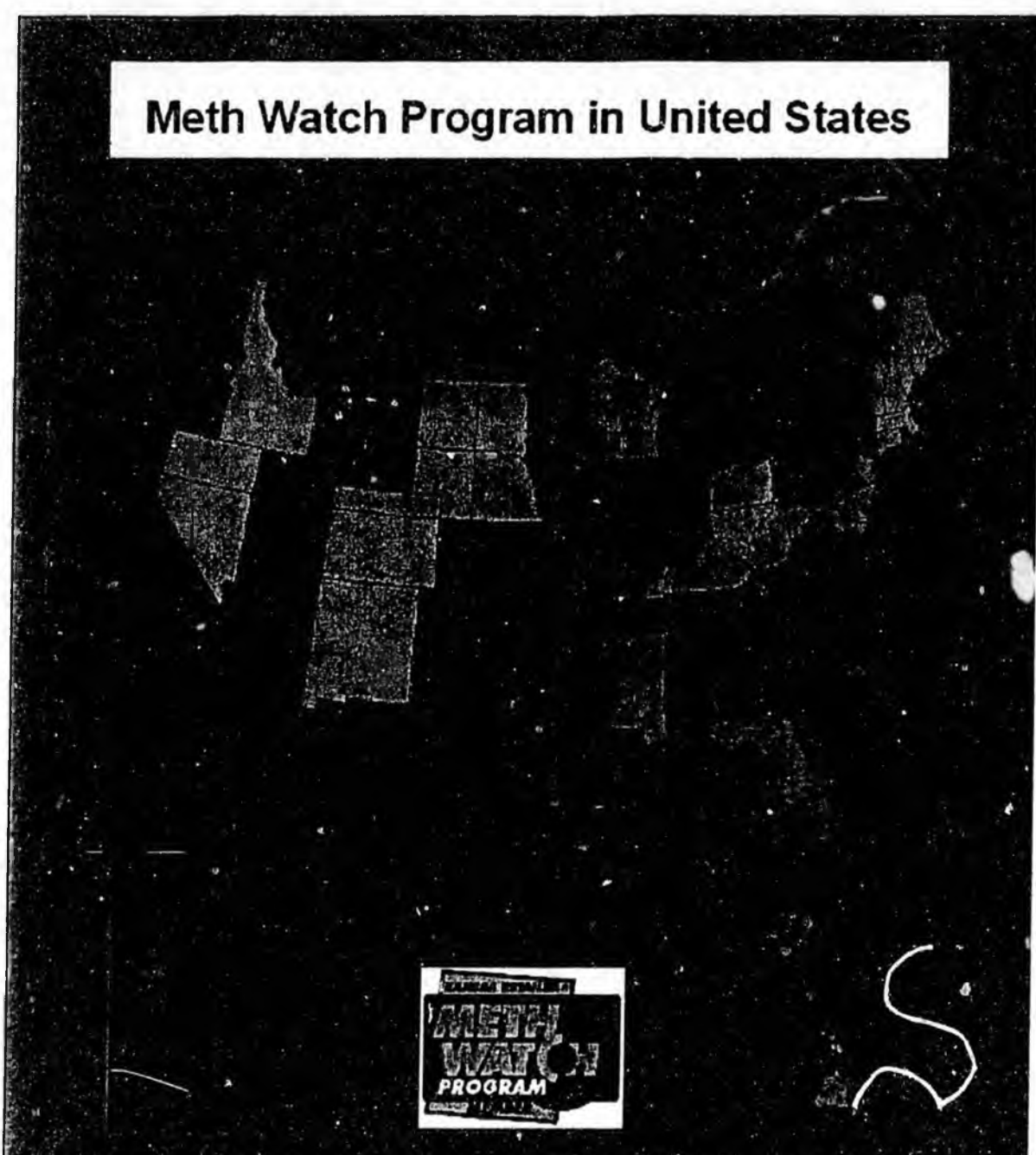
CHPA has made funds available to help support state and local Meth Watch programs. In addition to the Kansas program, a number of additional states have taken the Kansas model and implemented their own Meth Watch programs, including the following.

Georgia
Iowa
Michigan

Minnesota
Montana
North Dakota
Oregon
Tennessee
Texas
Virginia
Washington

[back to top](#)

Meth Watch Program in United States



Source: ESRI Data & Maps CD
 Published by
 Kansas Department of Health and Environment
 Bureau of Environment Remediation - MethWatch
 Information Systems - Geographic Data Services



Participation
 Meth Watch program training or interest

Disclaimer: This map product is for informational purposes only and is not to be used for legal or other purposes. The map product is provided without any warranty or liability on the part of the publisher. The publisher assumes no responsibility for any errors or omissions in the map product. The publisher is not responsible for any damage or loss resulting from the use of the map product.

[Back to KDHE News Release Index](#)



SUSPICIOUS TRANSACTION REPORT

Methamphetamine manufacturers can produce large quantities of methamphetamine by using legal, over-the-counter products located in your stores. Please fill out the following information, if you suspect someone involved in the illegal production of methamphetamine, and contact the Kansas Bureau of Investigation at 1-800-KS-CRIME and provide to the KBI the information that you have noted.

Business Name, Store Number and Store Location: _____

Employee Name, Date and Time of Contact: _____

Security Photo/Photo Available Yes or No

SUSPECT INFORMATION: Height _____ Weight _____ Age _____ Race _____ Sex _____ Build _____

Hair Color _____ Hair Length _____ Facial Hair _____

Other Information _____

FINANCIAL INFORMATION: Cash Payment _____ Receipt _____

Check Payment _____ Name _____ Address _____

Credit Payment _____ Name _____ Card Name/Number _____

VEHICLE INFORMATION: Make _____ Model _____ Color _____ Vehicle Plate# _____ State _____

Other Information _____

CHEMICAL PURCHASED: Pseudoephedrine _____ Heet _____ Lithium Batteries _____

Starting Fluid/Ether _____ Camping Fuel _____ Iodine _____ Matches _____ Acetone _____ Alcohol _____

Acid _____ Fuel Additives _____ Drain Cleaners _____ Coffee Filters _____

Other Information: _____

KBI Headquarters
1620 SW Tyler
Topeka, Kansas 66612
785-296-8200 Fax 785-296-6781

KBI Regional Office
PO Box 3423
Wichita, Kansas 67201
316-337-6100 Fax 316-337-6099

KBI Regional Office
7700 West 63rd Suite 212
Overland Park, Kansas 66202
913-671-2040 Fax 316-671-2042

KBI Regional Office
625 Washington
Great Bend, Kansas 67530
316-792-4353 Fax 316-792-1850

Community Awareness

Public awareness is a key strategy in the fight against meth production and use. Law enforcement agencies across the country recognize the direct link between education of citizens and the capture of meth manufacturers.

Successful prevention programs start early, are comprehensive, and repeatedly stress key points. Effective prevention begins with an assessment of the specific nature of the meth problem within your local community and then adapting the program accordingly.

General prevention principles are outlined in the National Institute on Drug Abuse's research based booklet entitled, *Preventing Drug Use among Children and Adolescents*.

All public awareness initiatives should always be tailored to the target audience. For example, specific presentations have been created for home visitors such as child protective workers, utility workers, and cable operators as well as presentations customized for the community's first responders.

Some public awareness efforts implemented in Kansas and other states include:

- Mock meth labs created and utilized for presentation
- Educational information distributed at schools
- Facts about meth shown at movie theaters
- Meth Watch signs posted at city limits
- Neighborhood watch meeting to educate the community about meth
- Production of public service announcements
- Display boards for community events

[back to top](#)

Other Elements to Meth Awareness

[Community awareness](#)

[Drug endangered
children](#)

[Rural crime prevention](#)

[Preventive strategies
for schools to use](#)

Meth Watch Materials

More Information

Meth Watch "members" can download these Meth Watch materials by [clicking here](#).

To find out how to become a member of the Meth Watch team, contact CHPA's [Elizabeth Assey](#).



Looking out for our communities



Brochure



Consumer Information Sheets



Shelf Tags



Door Decals

Register Decals



[back to top](#)



Spokane County



Meth Watch Program

WHAT IS METH WATCH?

The Spokane County Meth Action Team and the Greater Spokane Substance Abuse Council (GSSAC) felt an urgent need to help curtail drug lab activity by making the theft or purchase of precursor ingredients more difficult. The Washington Meth Watch Program was modeled after a program designed by the Kansas Department of Health, Kansas Bureau of Investigation, and a team of Kansas retailers; they have generously shared their program with us.

If you have noticed the increase in theft or large quantity purchases of precursor products, your store is likely, and involuntarily, contributing to the deadly meth problem in Washington. Participation in Meth Watch aims to decrease theft and the likelihood of meth "cookers" viewing your store as a supplier in drug production. Since inception, it has grown from a core group of retailers using signage, educating employees, and reporting suspicious activity, to a broad membership of businesses linked together to prevent theft, fraud, and abuse in our community.

We encourage any business that sells precursors or experiences drug related theft, fraud, or abuse to become a member. Thank you to the businesses that have led this effort in Spokane County and been a model for Washington State.

Spokane County Initial Members:

Safeway, Yoke's Foods, Albertsons, Rosauers, Securitas Security Services, Inc., Tidymans, and Rite Aid.

LEAD AGENCIES:

- Spokane County Meth Action Team
- Spokane County Sheriff's Office
- Spokane Police Department

SUPPORTING AGENCIES:

- Spokane County SCOPE
- Spokane City COPS
- The Better Business Bureau of Eastern Washington, Northern Idaho, and Montana
- Comet Press

COORDINATED BY:

Greater Spokane Substance Abuse Council (GSSAC)
(509)922-8383
8104 E Sprague Ave
Spokane, WA 99212
Gssacpreventioncenter.com

INITIALLY FUNDED BY:

- Washington State Patrol
- Northwest High Intensity Drug Trafficking Area (HIDTA)
- WA State Meth Initiative

Meth prevention takes TEAMWORK!

WHAT ARE "PRECURSORS"?

Meth is made using readily available products obtained from retail, convenience, grocery, granges, automotive, and veterinary supply stores. Over-the-counter cold and allergy medications often contain ephedrine or pseudoephedrine, the most critical ingredient in the production of methamphetamine. The manufacturing process also uses ingredients such as lithium batteries, acetone, starter fluid, drain cleaner, rock or table salt, lye, matchbooks, rubbing alcohol, muriatic acid, and gasoline additives. As you can see, these items are available in many stores and most are probably found in your house or garage.

Anhydrous ammonia is another precursor commonly used in the meth process. It is usually stolen from tanks located on farms and ag dealer distribution facilities. Anhydrous ammonia is an extremely dangerous chemical, venting to a gas at -28° F. Thieves will commonly damage the valves or hose on the tanks, which can cause a life-threatening situation. If an unsuspecting employee or grower is unaware of the damage to the hose and opens the valve, escaping anhydrous could cause chemical and temperature burns and even result in fatal injury.

The availability of the products needed for producing meth contributes to the growing meth problem in our state. Because meth users become their own drug suppliers by becoming meth "cooks", the dangers associated with the labs themselves increase the urgency of a retailer assistance program.

WHAT ARE THE METH PRECURSORS & EQUIPMENT?

- Ephedrine or Pseudoephedrine (cold or allergy tablets)
- Matches
- Road Flares
- Starter Fluid/Ether
- Isopropyl or Rubbing Alcohol
- Rock or Table Salt
- Sodium Hydroxide/Lye
- Camping Fuel
- Sulfuric Acid (Drain cleaner)
- Acetone
- Gas Additives (Heet)
- Paint Thinner
- Iodine
- Toluene (Brake cleaner)
- MSM (Cutting agent)
- Muriatic Acid
- Anhydrous Ammonia
- Lithium Batteries
- Coffee Filters
- Aluminum Foil
- Assorted Glassware
- Propane Tanks
- Coolers
- Dry Ice



WHAT'S IN IT FOR MEMBERS?

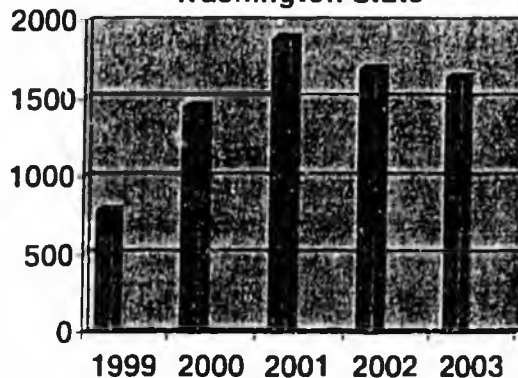
The most common question asked by a business considering signing up for the Washington Meth Watch Program is "How will my business benefit from participating in the Meth Watch Program?" The benefits to your store include a combination of social, economic, and safety factors such as:

SOCIAL: Most citizens of Washington are very concerned about the availability of drugs in their neighborhoods. Helping law enforcement fight the war on drugs provides community awareness for the business owner and their patrons. Membership also allows participants to connect with other retailers, businesses, financial institutions, and law enforcement through meetings, a monthly newsletter, and Email Tree.

ECONOMIC: One of the goals of Meth Watch is to limit the sale or theft of precursors for improper use. Precursors can be easily identified by shelf stickers under the products, which will deter cooks from approaching the products due to increased awareness of the illegal use of these products. The precursors not limited due to sale restrictions or product management will still be identified, making employees and customers another pair of eyes for your store. The increased awareness by business employees, patrons, and the meth "cooks" will hopefully reduce theft and large quantity purchases, as well as fraud and abuse.

SAFETY: Meth Watch Program participants believe that customers will feel safer in your store if you take a proactive approach to preventing improper purchases or theft of precursor items. Often meth "cooks" are on a drug-induced high and possibly feeling paranoid, or worse yet, are overly aggressive, making employee and customer safety an issue. Meth Watch hopes to capitalize on the paranoia and make the "cook" want to go elsewhere for the purchase or theft. Strong interaction with local law enforcement, by reporting suspicious activity, also helps provide that sense of safety. Meth Watch strongly supports and encourages the exchange of information with law enforcement officials.

Clandestine Drug Lab Cleanup
DOE - Spill Response
Washington State



Increased employee awareness of our state's meth problem will provide you establishment the resources to be a responsible steward and assist in the fight against crime and drugs. Your business will benefit from a more aggressive stance on clandestine drug labs in the state, in addition to the goodwill your involvement will produce in the community.

WHAT DOES THE METH WATCH PROGRAM INVOLVE?

What's next? You have decided that the Meth Watch Program could have a positive influence on your business and community - CONGRATULATIONS AND WELCOME TO THE TEAM! The Meth Watch Program has many options to choose from, with selection of options depending on the type of business, layout, manpower, etc. The main areas of the program include: employee training, signage, and suspicious activity reporting.

TRAINING POSTER: A training poster placed in employee break rooms will provide repeated exposure to the types of products that are commonly purchased or stolen by a meth "cook."

COMMUNITY AWARENESS PRESENTATION: Upon request, one hour presentations are available, which provide general information regarding meth use, production, prevention, treatment, child endangerment, etc.

SIGNAGE: The Meth Watch Program focuses on creating an awareness of why certain products, or a variety of products, are stolen or purchased in abnormally high quantities. **Window stickers** greet patrons at the door, identifying your participation in Meth Watch and raising their awareness. Placement of **shelf stickers** help store employees and the general public become more familiar with these products. Paranoid meth "cooks" will not want people watching them linger around these target products. **Cash register stickers** are placed at the checkout counter as a final reminder that this store is aware of the meth problem. The stickers also remind the checkout clerk to be on the lookout for suspicious purchases. The Washington Team members believe that the signage serves the dual purpose of putting criminals on notice and letting good customers know your store is taking steps to reduce the use and production of meth in your community through strong community partnerships and proactive involvement.

PRODUCT MANAGEMENT: Product management addresses the strategic placement of precursor products in areas that will help deter theft or suspicious purchases of large quantities. Customers will often question why the products are not readily available. In most cases, a brief explanation of Meth Watch by handing them an **informational "tear-off" sheet** will satisfy their questions and typically will result in their strong support for the program. Some strategic management practices include the following:

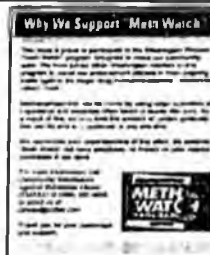
- **Limit the quantity of precursor products available on the shelf.** This should reduce the amount of theft or excessive purchases. Many stores already implement this policy. It may cause a higher frequency of restocking, but typically reduces the large rate of theft.
- **Limit the quantity of precursor products that may be purchased.** Limiting the purchase quantity means that a customer will only be able to purchase a certain amount of the product at the checkout counter.
- **Placement of precursor products near high traffic areas.** Placing products at the end of an aisle near the checkout counters, customer service, or a pharmacy helps deter theft. Thieves do not like to be observed stealing products, so they will be more likely to stay away from the high profile areas.
- **Provide surveillance on precursor product aisles.** Providing video surveillance of the products and informing the customer that the aisle is under surveillance is also a deterrent to theft.
- **Placement of product behind a service counter.** When precursor products are behind the counter in a pharmacy, customer service area, or cash register, the customer must ask for the product. Typically, a shelf tag is left on the main shelf area and includes product name, price, and barcode, and directs the customer to the service counter for purchase.

REPORTING SUSPICIOUS TRANSACTIONS: Meth "cooks" can be dangerous when they come to a facility for more ingredients or with the intent to commit a crime. Paranoia and aggressiveness caused by a drug-induced high can cause the "cook" to become angry if confronted about a theft or improper purchase. Meth Watch recommends that employees **do not** confront the suspect, but instead follow through with the transaction rather than putting themselves in danger. When the suspect leaves the store, the clerk or manager should complete a Suspicious Transaction Report and provide the information to local law enforcement as soon as possible. If surveillance footage is available, please note the date and time on the report. The statewide reporting number is **1-888-609-6384**. The Meth Watch program strongly encourages working closely with local law enforcement agencies to create a working relationship that can benefit your store and community.



Meth Watch Program Decals Available As:

- 4"x7" Window Stickers
- 2"x3" Stickers
- 8.5"x11" Outdoor Stickers



Meth Watch Customer Information Pads:

4"x5" tear-off sheets can be kept at each check out location to improve awareness and recognition that your business supports the fight against meth in their community.

**METHAMPHETAMINE/
CHPA METH WATCH PROGRAM****Background on methamphetamine:**

Communities across America plagued by the proliferation of methamphetamine are looking for effective and innovative ways to combat this emergent trend. The most significant problem for state and local law enforcement, especially in rural communities, is the manufacturing of methamphetamine in what have become known as small, home-made labs. These labs often use pseudoephedrine, a safe and effective ingredient found in many over-the-counter cough/cold products, in the illegal manufacture of methamphetamine. These labs have a devastating effect on the environment, communities, and the children who are often times present, and for these reasons are referred to as small toxic labs by law enforcement officials.

What is Meth Watch?

"Meth Watch" is a program designed to help curtail suspicious sales and theft of pseudoephedrine and other precursor products used in the illicit manufacturing of methamphetamine. Meth Watch was started in Kansas as a public-private partnership between the Kansas Department of Health and Environment, the Kansas Bureau of Investigation, the Kansas Methamphetamine Prevention Project (part of the non-profit statewide drug prevention system), and Kansas retailers. As news spread of its success, several states have begun to adopt the Kansas model, including Washington, Oregon, and South Dakota. Many more have expressed interest, but have been deterred by lack of resources and know-how.

How does Meth Watch work?

Meth Watch is a voluntary program that involves a variety of people at the community and state level, although retail involvement is the cornerstone of this program. Participating retailers place the precursor products where they can be easily monitored, and strategically post Meth Watch signs and tags on their doors and windows, around their cash registers and on the shelves where precursor products are located. They may impose purchase limits to prevent high volume sales. They train their employees to recognize, but not to confront, suspicious customers and to contact law enforcement with as much identifying information as possible.

Participants in the Meth Watch program report safer stores, better customer relations, increased employee awareness, and improved communications with law enforcement. In areas that have been hard hit by the meth scourge, Meth Watch partners are helping to unify their communities against drug abuse. The Meth Watch program in Kansas is a proven and replicable program which has significantly affected meth lab seizures.

How can individual states become involved?

The Consumer Healthcare Products Association (CHPA) has developed a uniform Meth Watch model that serves as an online resource center for interested states (www.methwatch.com). This site provides a one-stop shop to help states implement Meth Watch in their communities. CHPA will provide direct resources to states for the implementation of Meth Watch, including training, technical assistance, and retail support and education.

What does the future hold for Meth Watch?

Law enforcement officials and anti-drug abuse coalitions across the country are seeing a dramatic increase in meth abuse. As other states begin to benefit from the Meth Watch program, CHPA anticipates a greater need for funding a comprehensive methamphetamine prevention program and will join with those states most affected by this problem to call on Congress to authorize a permanent grant program for states that can demonstrate a need.

**Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention**

**Drug Free Communities Support Mentoring Program
SP-06-004
(Initial Announcement)**

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.276

Key Dates:

Application Deadline	May 12, 2006
Intergovernmental Review (E.O. 12372)	Letters from State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/SSA Coordination	Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The Executive Office of the President, Office of National Drug Control Policy (ONDCP) and the Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services (HHS) announce the availability of funds for new FY 2006 Drug Free Communities Support Mentoring Program (DFC Mentoring) grants.

The purpose of the DFC Mentoring Program is to provide grant funds to existing DFC grantees (mentors) to support development and/or expansion of new community coalitions (mentees) that are focused on substance abuse prevention.

The DFC Program, a collaborative initiative sponsored by ONDCP in partnership with SAMHSA, is designed to achieve two goals:

- Reduce substance abuse among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse. Substances include, but are not limited to, narcotics, depressants, stimulants, hallucinogens, cannabis, inhalants, alcohol and tobacco, where their use is prohibited by Federal, State, or local law. DFC grants must focus on multiple drugs of abuse. When the term "drug" or "substance" is used in this announcement, it is intended to include all of the above substances.
- Establish and strengthen collaboration among communities, private nonprofit agencies, and Federal, State, local and tribal governments to support the efforts of community coalitions to prevent and reduce substance abuse among youth.

Congress signed the Drug-Free Communities Act (P.L. 105-20) into law on June 27, 1997. The Act provides financial assistance and support to community coalitions to carry out the mission of reducing substance abuse among the nation's youth. On December 14, 2001, P.L. 107-82, 115 Stat. 814 (2001), reauthorized the program for 5 years.

The community sites that have been awarded DFC grants represent a cross-section from every region in the nation and include rural, urban, suburban, and tribal communities. In FY 2005, 24 new DFC mentoring grants and 13 mentoring continuation grants were awarded. More information can be found on the DFC web site (www.dfc.samhsa.gov).

2. EXPECTATIONS

2.1 Strategic Prevention Framework Requirement



DFC grantee coalitions must use the Strategic Prevention Framework (SPF), a 5 step evidence-based process for community planning and decision-making. The 5 step process includes: 1) needs assessment (profile community needs); 2) capacity building (mobilize/build capacity to address community needs); 3) planning (develop a comprehensive strategic plan); 4) implementation (implement the plan with multiple interventions demonstrated to be effective); and 5) evaluation (monitor, sustain, improve or replace prevention interventions).

2.2 Data and Performance Measurements Requirements

The Government Performance and Results Act of 1993 (P.L.103-62, or "GPRA") requires all Federal agencies to set program performance targets and report annually on the degree to which the previous year's targets were met. The national DFC Mentoring Program GPRA measures are to:

- Increase the percent of mentored coalitions that have developed baseline measures of drug use and related substance abuse problems for the following:
 - age of onset of any drug use including alcohol, marijuana, and tobacco
 - past 30 day use among youth including alcohol, marijuana, and tobacco
 - perception of risk or harm of alcohol, marijuana, and tobacco use among youth
 - perception of parental disapproval of use by youth including alcohol, marijuana, and tobacco
- Increase the percent of mentored coalitions that have developed a comprehensive substance abuse prevention strategic plan or updated a previous plan.
- Increase the percent of mentored coalitions that have a strategic plan that reflects the use of environmental strategies to reduce youth drug use.

- Increase the percentage of mentored coalitions that use the Strategic Prevention framework in their planning process

2.3 National DFC Cross-Site Evaluation

DFC Mentoring Coalition applicants must agree to participate in the National Cross-Site Evaluation that consists of two progress reports and an annual report.

II. AWARD INFORMATION

1. AWARD AMOUNT

Approximately \$1.2 million will be available for 15 new DFC Mentoring Grant Awards in FY 2006. Applicants may request up to \$75,000. New mentor applicants may request project periods of up to 2 years. Annual continuation awards will depend on availability of funds, grantee progress in meeting project goals and objectives, and grant terms and conditions.

2. FUNDING MECHANISM

DFC Mentoring Program awards will be made as grants.

III. ELIGIBILITY REQUIREMENTS

1. ELIGIBLE APPLICANTS

DFC Mentoring Applicants must meet the following eligibility criteria or the application will not be forwarded for review. The coalition:

- Must have been in existence for at least 5 years.
- Must be a current DFC New or Continuation grantee.
- Must have achieved, through its own efforts, measurable results in the prevention of substance abuse among youth.
- Must have staff, volunteers, or members willing to serve as mentors for persons seeking to start or expand the activities of other coalitions in the prevention of substance abuse.
- The coalition must have demonstrable support from the coalition to be mentored and from key sectors of the community(ies) where the coalition will carry out the specific mentoring activities supported by the grant. The key sectors are:
 - youth (an individual 18 or under)
 - parents
 - business community
 - media

- school
- youth-serving organizations
- law enforcement agencies
- religious or fraternal organizations
- civic and volunteer groups
- healthcare professionals
- State, local, or tribal governmental agencies with expertise in the field of substance abuse (if applicable, the State authority with primary authority for substance abuse)
- other organizations involved in reducing substance abuse

SAMHSA and ONDCP will consider the information provided in the applicant's project narrative and supporting documentation in order to determine whether or not an individual applicant meets the above criteria.

2. COST SHARING

DFC Mentoring Program grantees must demonstrate they have matching funds from other, non-Federal sources on a dollar-for-dollar basis. Awards will not be made to applicants who do not meet the match requirements. New and/or continuation DFC funds may not be used to meet the matching requirements for mentoring applicants. Applicants must itemize the match separately in the budget justification. A sample budget and budget justification is provided in Attachment 1 of this RFA.

In-kind support may be used for the match requirement. In-kind support includes the value of goods and services donated to the operations of the coalition. Typical examples include donated office space, volunteer secretarial services, pro bono accounting services, or other personnel serving in a voluntary capacity.

Federal funds, including those passed through a State or local government cannot be used as a match. The exception is for funds appropriated for the substance abuse services of a coalition that includes a representative of the Bureau of Indian Affairs, Indian Health Service, or a tribal government agency with expertise in the field of substance abuse may be counted as non-Federal funds raised by the coalition.

3. Other

Applicants must use Application Form PHS 5161-1 or their applications will not be reviewed. Applicants must also adhere to certain submission and formatting requirements provided in Section IV and Attachment 2 of this announcement, or their applications will not be reviewed.

IV. APPLICATION AND SUBMISSION REQUIREMENTS

1. Address to Request Application Package

You may request a complete application kit from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686 (TDD 800-487-4889). You also may download the required documents from the SAMHSA web site at www.samhsa.gov/grants/index.aspx. Additional materials available on this web site include:

- a technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- enhanced instructions for completing the PHS 5161-1 application.

When submitting an application, be sure to type "SP-06-004, "Drug-Free Communities Support Mentoring Program" in Item Number 10 on the face page of the application form. Also, SAMHSA applicants are to provide a DUNS Number on the face page of the application. To obtain a DUNS Number, access the Dun and Bradstreet web site at www.dunandbradstreet.com or call 1-866-705-5711.

2. Content and Form of Application Submission: Information including required documents, required application components, and application formatting requirements is available in Attachment 2 of this RFA.

Applicants are required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations, Form SMA 170. This form will be posted on SAMHSA's website with this Request for Applications (RFA) and provided in the application kits available at NCADI. **Applicants should note that failure to comply with certain application formatting requirements in Attachment 2 will result in their application being screened out and not reviewed.**

3. Submission Dates and Times: Applications must be received by May 12, 2006. You will be notified by postal mail that your application has been received. Additional submission information is available in Attachment 2 of this RFA. **Applications that are not received by the application deadline, or that do not have proof of timely submission as described in Attachment 2 of this RFA, will be screened out and will not be reviewed.**

4. Intergovernmental Review: Applications for this funding opportunity must comply with Executive Order 12372 (E.O.12372). E.O.12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100, sets up a system for State and local review of applications for Federal financial assistance. Instructions for complying with E.O.12372 are provided in Attachment 2 of this RFA. A current listing of State Single Points of Contact (SPOCs) is included in the application kit and is available at www.whitehouse.gov/omb/grants/spoc.html.

5. Funding Restrictions: Grantees in the DFC Mentoring Program must adhere to funding restrictions listed in Attachment 2.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

Your application will be reviewed and scored according to the quality of your response to the requirements listed in Section V, Evaluation Criteria.

In developing the Project Narrative section of your application, use the following instructions instead of the "Program Narrative" instructions found in the PHS 5161-1. The Project Narrative should be no more than 20 pages.

You should answer every question in each category of the Project Narrative below and provide a narrative response with the question shown directly above each response. Each question has points associated with it and reviewers will judge your response to each question and apply a point value. Peer reviewed applications will receive a score between 0 and 100. The number of points after each heading below is the maximum number of points a review committee may assign to that section of your Project Narrative.

Reviewers will be looking for evidence of cultural competence throughout the application. SAMHSA's guidelines for cultural competence can be found on the SAMHSA web site at www.samhsa.gov. Click on "Grants".

The Project Narrative requirements for the DFC Mentoring Program B-F are organized around the five steps of the Strategic Prevention Framework: 1) community assessment; 2) capacity building; 3) project planning; 4) implementation; 5) evaluation.

The Supporting Documentation provided in Sections G-J will also be considered by reviewers.

Section A: General Questions (6 points)

1. Why does the mentor coalition want to mentor? (2 points)
2. What are the benefits of mentoring for the mentor community/ coalition and its prevention agenda? (2 points)
3. How was the mentee community or communities selected? (2 points)

Section B: Community Assessment (16 points)

1. Describe the community or communities that will receive the mentoring assistance. In the description, include basic demographic and socioeconomic information, pertinent data describing drug use problems among youth, and a summary of existing key risk and protective factors relating to drug use. (3 points)
2. How is the mentoring community similar to the community/communities to receive mentoring assistance demographically and in the drug use issues they are trying to solve? (3 points)
3. What is the mentoring coalition's experience with collecting and analyzing community needs and resource assessment data (both quantitative data such as surveys, social indicator data from health departments, criminal justice, etc. and qualitative data such as focus groups, key informant interviews, community forums, etc.)? (4 points)
4. What is the level of community awareness in the mentee community regarding the drug problem? (2 points)
5. How will the mentor community assist the mentee community/communities in conducting, enhancing or updating a comprehensive community needs and resources assessment? (4 points)

Section C: Capacity Building (24 points)

1. Describe previous efforts of the mentor coalition to develop and mentor community anti-drug coalitions. (2 points)
2. Highlight the last five years of the mentor coalition's work, discussing briefly the specific nature and history of the mentoring coalition's most successful strategies, as well as skill sets and capabilities that will be diffused to the mentee coalition(s). (4 points)
3. Describe how the mentor coalition's successful strategies and related assets will be of benefit to the mentee coalition(s) and how they will be used in the mentoring relationship. Specifically, discuss how these strategies/assets will be used to assist the mentee coalition(s) in addressing the five steps of the Strategic Prevention Framework. (3 points)
4. What are the measurable results achieved by the mentor coalition? How do these results relate to the results that the mentee coalition(s) are seeking to achieve? (4 points)
5. Describe the mentor coalition members' and volunteers' commitment to the mentor project. How will the mentor coalition use members from various sectors to recruit, train, and advance the mentee community's prevention work? (3 points)

6. What is the mentee coalition(s) current capacity for developing and/or strengthening as a community anti-drug coalition? Describe any previous or current efforts of the mentee community to develop a community coalition. Does the mentee coalition have an operational structure in place (i.e. bylaws, committee structure, mission statement, etc.)? (4 points)
7. What sectors are currently members of the mentee coalition? What is the plan to recruit additional members? (2 points)
8. What is the mentor coalition's assessment of the mentee coalition's current training needs? (2 points)

Section D: Project Planning (19 points)

1. What is the process that the mentor coalition will use to help the mentee use key assessment findings to create a community prevention plan that addresses the two goals of the DFC program? (3 points)
2. How will the mentor coalition assist the mentee in creating a community prevention plan that: (6 points)
 - a. Enlists the support of multiple sectors of the community to address the prevention needs and priorities of the mentee community and coalition
 - b. Includes multiple strategies to address the drug problems of youth
 - c. Is community focused (A community coalition must focus on changing the full environment by identifying and implementing strategies that will affect community attitudes, perceptions, norms, and beliefs around alcohol and other drugs.)
3. Does the mentor coalition have a long term sustainability plan in place? If so, briefly describe. How does the mentor coalition plan to foster sustainability in the mentee coalition? (3 points)
4. Provide a realistic time line for the project (chart or graph) showing goals, objectives, key activities, milestones and responsible staff. Include a detailed time line for year 1 of the project, focusing on major milestones/activities. (7 points)

Section E: Implementation (18 points)

1. Are there specific resources (e.g. materials, facilities, equipment, etc.) necessary for the implementation of this project? If so, what are they and are these items reflected in your budget? Be sure to reflect this amount in your budget justification. (3 points)
2. Provide a list of individuals (staff and coalition members/volunteers) from the mentor coalition who will participate in the project, showing the role of each and their level of effort and qualifications. Include the project director and other key personnel. (3 points)

3. Provide a list of individuals (staff and coalition members/volunteers) from the mentee coalition who will participate in the project, showing the role of each, their level of effort and their qualifications. Include the project director and other key personnel. (3 points)
4. How will the responsibility for implementing the strategic plan be diffused among mentor coalition members and/or other community partners? (3 points)
5. How will the responsibility for implementing the strategic plan be diffused among mentee coalition members and/or other community partners? (3 points)
6. How will you monitor the implementation of your strategic plan as things change? For example, what specific milestones or key events will the leaders of the coalition use to monitor the success of the implementation of the plan? (3 points)

Section F: Evaluation (17 points).

1. Describe the capability and experience of the mentor coalition in data collection and/or how the mentor coalition has created partnerships in order to collect, analyze, and report data and conduct evaluation activities. (3 points)
2. What past or current experience does the mentee community have in collecting, analyzing and/or reporting evaluation data? (2 points)
3. What outcome measures will be used to measure the progress in addressing the goals and objectives of the proposed DFC mentoring project? (3 points)
4. Describe the current ability of the mentee community to collect and report on the DFC four core measures (age of onset of any drug use including alcohol, marijuana, and tobacco; past 30 day use among youth including alcohol, marijuana, and tobacco; perception of risk or harm of alcohol, marijuana, and tobacco use among youth; and perception of parental disapproval of use by youth including alcohol, marijuana, and tobacco). How will the mentor coalition help the mentee coalition to develop baseline measures of drug use and related substance abuse problems for the DFC four core measures? (3 points)
5. Describe how data collected from the evaluation will influence the overall direction of the DFC Mentoring Project for the mentor and mentee. (3 points)
6. How will evaluation results be communicated to the mentee coalition's community? (2 points)
7. How will the effectiveness of the mentor/mentee relationship be assessed? (1 point)

Supporting Documentation - The following Supporting Documentation, Sections G-J, must be listed as an attachment and labeled "Supporting Documentation, Section G-J."

Section G: Budget and Budget Justification, Existing Resources, Other Support - In Section G, applicants should provide a narrative justification of the items included in the proposed budget, as well as a description of existing resources and other support that the coalition expects to receive for the proposed budget.

Section H: Program Abstract - In Section H, provide a program abstract that is no more than 35 lines. See Attachment 3 for a sample abstract.

Section I: Project Information Summary - Provide the following data/information in Section I. This information should reflect your responses to Section V, Project Narrative: Mentor.

- Name of applicant (fiscal agent);
- Mailing address of applicant (fiscal agent), including zip code;
- Official authorized to accept funds on behalf of the coalition (include phone number, fax number, and email address);
- Name of the mentor coalition (if different from fiscal agent);
- Mailing address of mentor coalition (if different from fiscal agent), including zip code;
- Physical address of mentor coalition (if different from mailing address);
- Date the mentor coalition was established;
- Project director (include phone number, fax number and e-mail address).
- Coalition board chair/president (include phone number and e-mail address).
- Amount of FY 2005 funds requested;
- Congressional district(s) served by the coalition;

Coalition Being Mentored (mentee)– Please provide the following information for each coalition being mentored:

- Name of the coalition;
- Mailing address for the coalition;
- Date coalition was established;
- Congressional district(s) served by the coalition;
- Project director (include phone number, fax number and e-mail address);
- Coalition board chair/president (include phone number and e-mail address);
- Population of target area;
- Geographic boundaries served by the coalition (e.g. city, neighborhood, school district, etc.);
- Population ethnicity of the geographic area served by the coalition (e.g. tribal);
- Geographic type (i.e., urban, suburban, rural, mixed). Select one based on the following definitions:
 - *Rural* – A rural area is defined as a county with a population of no more than 30,000. If rural, please identify the county(ies) served by the coalition.
 - *Suburban* – A suburban area is defined as (a) urban fringe of a large city – any incorporated place, a Census-designated place (CDP), or non-place territory within a consolidated metropolitan statistical area (CMSA) or metropolitan statistical area (MSA) of a large city and defined as urban by the U.S. Bureau of the Census; or (b)

urban fringe of a midsize city – any incorporated place, CDP, or non-place within a CMSA or MSA of a midsize central city and defined as urban by the U.S. Bureau of the Census.

- *Urban* – An urban area is defined as (a) large city – a central city of a MSA or CMSA with a population of at least 250,000; or (b) midsize city – central city of an MSA or CMSA with a population of less than 250,000.
- Indicate whether the coalition serves an area that is economically disadvantaged (i.e., 20% or more of the children [under 18 years of age] living in the target area live in a household below the poverty line, as defined by the U.S. Census Bureau)
- Identify all present federal and state funding streams that are coordinated with or related to the coalition's efforts. (These would include involvement with officially recognized OJP Weed & Seed sites, drug courts, Enforcing Underage Drinking Laws Program, the Center for Substance Abuse Prevention's State Incentive sub grants, and U.S. Department of Education's Safe and Drug-Free Schools sites, among others.) Indicate status of funding.

Section J: Mentee & Mentor Memorandums of Understanding and Supporting Documents– Please provide letters of understanding or agreements between the mentor and mentee(s) and key sectors in the community covering the project period. The MOU should address the scope of the work and expectations from each entity.

2. REVIEW AND SELECTION PROCESS

ONDCP and SAMHSA are committed to ensuring a competitive and standardized process for awarding DFCSP grants. Applications will be screened initially by ONDCP to determine whether the coalition meets all the eligibility requirements. Only applications submitted by eligible coalitions that meet all other requirements will be evaluated, scored, and rated by a peer review panel according to the selection criteria described in Section V of this announcement. All applications that proceed to peer-review will be rated on a 100-point scale. Point values for individual elements of the application are presented in the project narrative section. Peer reviewers' ratings and any resulting recommendations are advisory only. All final grant award decisions will be made by the Director of ONDCP. ONDCP may also give consideration to other factors when making awards.

VI. AWARD ADMINISTRATION INFORMATION

I. AWARD NOTICES

After your application has been reviewed, you will receive a letter from SAMHSA through postal mail that describes the general results of the review.

If you are approved for funding, you will receive an **additional** notice, the Notice of Grant Award, signed by SAMHSA's Grants Management Officer. The Notice of Grant Award is the sole obligating document that allows the grantee to receive Federal funding for work on the grant project. It is sent by postal mail and is addressed to the contact person listed on the face page of the application.

If you are not funded, you can re-apply if there is another receipt date for the program.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- You must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA web site at: www.samhsa.gov/grants/generalinfo/useful_info.aspx.
- You must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA web site (http://www.samhsa.gov/Grants/generalinfo/grant_reqs.aspx).
- Additional terms and conditions may be negotiated with the grantee prior to grant award. These may include:
 - requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation; or
 - requirements addressing problems identified in review of the application.
- You will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services "Survey on Ensuring Equal Opportunity for Applicants." This survey is included in the application kit for SAMHSA grants. Applicants are encouraged to complete the survey and return it, using the instructions provided on the survey form. However, your decision to/not to complete this survey will not have any bearing on the evaluation of your application for funding.

3. REPORTING REQUIREMENTS

3.1 Progress and Financial Reports

- Grantees must provide two program progress reports and an annual report each year and financial reports.
 - SF 269 – Financial Status Report is due 90 days after the end of the budget period.
 - PSC 272 – Federal Cash Transaction Report is due 45 days after the end of the quarter.

- SAMHSA will provide guidelines and requirements for these reports to grantees at the time of award. SAMHSA staff will use the information contained in the reports to determine the grantee's progress toward meeting its goals.

3.2 Publications

Applicants funded under this grant program, are required to notify the Government Project Officer (GPO) and SAMHSA's Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded project that are accepted for publication.

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the Drug-Free Communities Support Program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA, the U.S. Department of Health and Human Services or the Office of National Drug Control Policy, and should not be construed as such.

SAMHSA and ONDCP reserve the right to issue a press release about any publication deemed by SAMHSA or ONDCP to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

VII. AGENCY CONTACTS

For questions regarding program issues, contact:

Richard Moore, Branch Chief
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Rd., 4th Floor
Rockville, MD 20857
240-276- 1270
Dfnew2006@samhsa.hhs.gov

For questions on grants management issues, contact:

Kimberly Pendleton
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1097
Rockville, Maryland 20857

(240) 276-1421
kimberly.pendleton@samhsa.hhs.gov

109TH CONGRESS

Report

HOUSE OF REPRESENTATIVES

1st Session

109-333

--USA PATRIOT IMPROVEMENT AND REAUTHORIZATION ACT OF 2005