

Governor's Discretionary Grant Fund
Safe and Drug-Free Schools & Communities Act of 1994

FINAL PROGRAM REPORT

Summer 2002

INSTRUCTIONS

The information below answers some of the common questions recipients of the Governor's Discretionary Grants have about completing this form. Please read the instructions carefully before completing the report.

What is the time period covered in these questions? To respond to the questions, the time period covered is no earlier than June 24, 2002 and no later than September 30, 2002. The Final Report is due 60 days after your contract expires or November 30, 2002, whichever is earlier.

What funding sources are covered in these questions? The Final Program Report refers to the FY 2001-2002 program funded under Title IV- Safe and Drug-Free Schools and Communities Act of 1994, hereinafter referred to as the "Governor's Discretionary Funds". Reported data and information should not include programs and funds administered by or through the Michigan Department of Education or other Michigan Department of Community Health grants or contracts.

Should I answer every question? What if a question is not applicable? Please answer each question. Do NOT leave any question unanswered. If a data question does not apply to your situation or you do not have the information specified, please use the following abbreviations:

- If data is missing or unavailable, write "MD" for "missing data" in the space provided.
- If you do not believe the question applies to your program or situation, write "NA" for "not applicable" in the space provided.
- If a response to a question is "0" or "none" be sure to enter "0" or "none" in the space provided.

What should I do if I have questions? For programmatic questions, please contact Janet Zielaskowski, Contract Specialist, Office of Drug Control Policy, at (517) 241-2917.

Please complete this Final Program Report, the Activity Log, and mail the original and one copy by November 30, 2002 to:

Janet Zielaskowski, Contract Specialist
Michigan Department of Community Health
Office of Drug Control Policy
320 S. Walnut, 2nd Floor
Lewis Cass Building
Lansing, MI 48913

OFFICE OF DRUG CONTROL POLICY
 Safe and Drug-Free Schools & Communities Act of 1994
Governor's Discretionary Funds - CFDA #84.186A

FINAL PROGRAM REPORT
 Summer 2002

Fiduciary Name and Address	Contract Number	Date
Implementing Agency Name and Address	Contact Person	Telephone Number ()
Project Title	Contract Start Date	Contract End Date

INSTRUCTIONS: Completion of this form along with a detailed narrative response to each section is mandatory. Each section provides the specific areas to address in your narrative report. This form should be included as page one of the report. If your final evaluation report is a separate document, attach it to the Final Program Report.

Section I. Purpose of the project and target population.

Section II. Names of staff and/or consultants involved with the project

Section III. Description of funded project & activities, summary of project results and accomplishments, events held, project schedules, number of participants, and impact of the funded program on the targeted population. Address problems encountered, barriers, etc.

Section IV. Description of collaborative efforts within the community, including law enforcement, courts, schools, etc.

Section V. Materials: If you have used GDG funds to develop program materials, attach copies of those materials, i.e., posters, guide books, brochures, fact sheets, videos.

Section VI. Evaluation Results

- A. Provide a copy of your project's final evaluation report that address each of the approved goals and objectives included in the final program plan. That is, a progress report must be completed for each goal, as well as an analysis of the project's effectiveness.
- B. Include a description of your project's outcome data and any other evidence that serves as the basis for your assessment of the project's effectiveness. That is, results based on changes in youth attitudes and behaviors, from the original baseline data gathered at the beginning of the program.

Section VII. Statistical data (*complete attached data forms*).

Section VIII. Other comments, budget issues, etc

1. For each age group, record how many individuals directly received prevention services from June 24, 2002 through September 30, 2002 funded under Title IV- SDFSCA Governor's Discretionary Grant Program.

AGE GROUPS	Number of Individuals Directly Served
	June 24, 2002- September 30, 2002
Under age 5	
5-9 years old	
10-12 years old	
13-15 years old	
16-18 years old	
19 years old and older	
TOTAL	

(Totals MUST match Question #2 Totals Below)

2. For each service population, record how many individuals directly received prevention services from June 24, 2002 through September 30, 2002 funded under Title IV- SDFSCA Governor's Discretionary Grant program. Record each recipient as a member of only ONE SERVICE GROUP.

SERVICE POPULATIONS	Number of Individuals Directly Served
	June 24, 2002- September 30, 2002
a. Law enforcement officials (including D.A.'s)	
b. Parents or guardians	
c. School-aged youth attending private schools	
d. School-aged youth attending public schools	
e. School-aged youth, not in school (e.g., homeless, dropouts, incarcerated, detention)	
f. Teachers and other school personnel	
g. Other community members (including youth less than 5 years of age)	
TOTAL	

(Totals MUST match Question #1 Totals Above)

3. Indicate the types of services and activities provided with the SDFSCA Governor’s Discretionary Grant funds during the grant period. You may count an activity in more than one category, since awards may allow a grantee to offer more than one type of service/activity.

TYPES OF SERVICES OR ACTIVITIES PROVIDED (Check all that apply)	
a. Activities to prevent violence related to prejudice and intolerance or the study of intolerance in history	
b. Activities to protect students traveling to and from school	
c. After-school or before-school programs	
d. Alternative education programs	
e. Anti-gang activities	
f. Community service projects	
g. Comprehensive services and programs	
h. Conflict resolution/peer mediation	
i. Curriculum acquisition or development	
j. Dissemination of information and media activities	
k. Drug prevention instruction	
l. Parent education/involvement	
m. Program coordination with law enforcement or other community and state agencies or organizations	
n. Program evaluation	
o. Security personnel and equipment	
p. Services for out-of-school youth (school-age)	
q. Services for youth in school	
r. Special, one-time events	
s. Surveys of drug and violence prevalence and safety	
t. Training for parents, teachers, law enforcement officials, and other community members	
u. Violence prevention instruction	
v. Youth/student support services (e.g., assistance programs, counseling, mentoring, identification and referral)	
w. Other, please specify:	

CERTIFICATION

I certify that the information contained in the Final Program Report is correct and in accordance with the contract terms and conditions.

Submitted by:

Project Director or Authorized Official (Name & Title)	Signature	Date
Address	City	Telephone No. ()