



Drug Use Prevention Program Grant 2011-2012 Final Report

FINAL REPORT OVERVIEW

THE TIMELY SUBMISSION OF THIS REPORT IS REQUIRED IN ORDER TO FULFILL YOUR OBLIGATIONS AGREED TO IN THE GRANT RECIPIENT ORGANIZATION AGREEMENT AND ORC SECTION 4511.191(F)(4). CAREFULLY READ THE FORM AND ITS INSTRUCTIONS AND PROVIDE ALL INFORMATION REQUESTED. A COMPLETED FORM HAS BEEN INCLUDED AS AN EXAMPLE.

THE FINAL REPORT IS PRESENTED IN TWO SECTIONS. FOR PROGRAMMATIC REPORTING, INCLUDE ONLY ONE GRANT FUNDED PEACE OFFICER PER FORM AND MAKE ADDITIONAL COPIES AS NECESSARY. SCHOOL OFFICIAL (TEACHER, PRINCIPAL OR SUPERINTENDENT) AND PEACE OFFICER SIGNATURES ARE REQUIRED UPON SUBMISSION. LIST ACTIVITIES PERFORMED BETWEEN MARCH 1, 2011 AND AUGUST 31, 2011.

FOR FINANCIAL REPORTING, LIST EACH PEACE OFFICER AND THE AMOUNT THEY WERE PAID WITH DRUG USE PREVENTION GRANT FUNDS FOR THE ENTIRE GRANT YEAR. IF YOUR AGENCY HAS A BALANCE OF UNUSED FUNDS, SUBMIT A CHECK PAYABLE TO "OHIO ATTORNEY GENERAL'S OFFICE" BY DECEMBER 31, 2012.

FINAL REPORT SUBMISSION

PLEASE SUBMIT THE COMPLETED FINAL REPORT BY FAX OR E-MAIL ATTACHMENT TO:

E-MAIL: DRUGUSEPREVENTION@OHIOATTORNEYGENERAL.GOV

FAX: (866) 388-1628

ORIGINAL COPIES ARE NOT REQUIRED.

REPORTS ARE DUE BY OCTOBER 15, 2012.

FOR ANY QUESTIONS ABOUT THIS REPORTING FORM, PLEASE CONTACT ERIN SAINATO, DRUG PROGRAMS MANAGER, AT (740) 845-2677 OR DRUGUSEPREVENTION@OHIOATTORNEYGENERAL.GOV.

Ohio Peace Officer Training Commission

• P.O. Box 309 • London, Ohio 43140 • PHONE: 740.845.2677 • FAX: 866.388.1628 •
Email: DrugUsePrevention@OhioAttorneyGeneral.gov



EXAMPLE

Drug Use Prevention Program Grant 2011-2012 Final Report

PROGRAMMATIC REPORT INSTRUCTIONS

- Please type or print all required information.
 - Only one peace officer should be listed per sheet. Make additional copies of this form as needed.
 - List all grant related activities performed by the peace officer from the dates of March 1, 2011 to August 31, 2012.
 - Form must be signed by all relevant public school officials (teacher, principal, or superintendent) and the peace officer listed below.
 - Activities performed in non-public schools are not eligible for funding under this grant. **Do not list non-public schools on this report.**
- Please fax or e-mail the completed final report to (866) 388-1628 or druguseprevention@ohioattorneygeneral.gov**

DUE: OCTOBER 15, 2012

PEACE OFFICER INFORMATION

Peace Officer Name: Officer John Doe
 Law Enforcement Agency Name: Anytown Police Department
 D.A.R.E. Officer School Resource Officer

PROGRAMMATIC INFORMATION

Public School Name: Anytown Intermediate School School Official Name: Ms. Jane Smith
 School District: Anytown Public Schools School Official Title: Principal
 Hours in Classroom: 40 School Official E-mail: jane.smith@anytown.edu
 Program Date(s): March 1 – May 30 School Official Phone: 937-555-1234
 Number of Students: 72 School Official Signature: Jane Smith
 Topics Covered: Taught D.A.R.E. Keepin' It Real curriculum in four sixth grade classrooms.

Public School Name: Apple Elementary, Smalltown Middle School School Official Name: Mr. Eric Wilson
 School District: Smalltown Local Schools School Official Title: Superintendent
 Hours in Classroom: 30 School Official E-mail: eric.wilson@anytown.edu
 Program Date(s): March 1 – May 30 School Official Phone: 937-555-2345
 Number of Students: 68 School Official Signature: Eric Wilson
 Topics Covered: Taught D.A.R.E. Keepin' It Real curriculum in two seventh grade classrooms and one fifth grade classroom.

Public School Name: George Washington Elementary School Official Name: Ms. Sally Winters
 School District: King County School District School Official Title: Sixth grade teacher
 Hours in Classroom: 10 School Official E-mail: swinters@kingcoschools.edu
 Program Date(s): March 15 – June 2 School Official Phone: 937-555-3456
 Number of Students: 28 School Official Signature: Sally Winters
 Topics Covered: Taught D.A.R.E. Elementary curriculum in one sixth grade classroom.

Public School Name: Buckeye High School School Official Name: Mr. John Simpson
 School District: Anytown Public Schools School Official Title: Principal
 Hours in Classroom: 3 School Official E-mail: john.simpson@anytown.edu
 Program Date(s): May 22 School Official Phone: 937-555-1111
 Number of Students: 500 School Official Signature: John Simpson
 Topics Covered: Gave presentation to entire student body for Prom Promise program. Discussed dangers of drinking and driving with students.

Public School Name: Green Valley Elementary School Official Name: Ms. Mary Stewart
 School District: King County School District School Official Title: Principal
 Hours in Classroom: 1 School Official E-mail: mstewart@kingcoschools.edu
 Program Date(s): April 15-16 School Official Phone: 937-555-4567
 Number of Students: 29 School Official Signature: Mary Stewart
 Topics Covered: Spoke to fourth grade classroom about saying no to drugs and alcohol.

CERTIFICATION

I certify that the information included on the above form is true and correct with appropriate signatures.

John Doe

 Peace Officer Signature

Officer John Doe

 Peace Officer Printed Name

03 October 2012

 Date



EXAMPLE

Drug Use Prevention Program Grant 2011-2012 Final Report

FINANCIAL REPORT INSTRUCTIONS

- Complete all sections, including agency information and financial expenditures.
- The award period for the financial section of the final report began September 1, 2011 and ends August 31, 2012.
- Reminder: Up to 50 percent of a peace officer's salary (before benefits and overtime) may be paid with grant funds. *Non-salary expenses are not allowable.*

Please fax or e-mail the completed final report to (866) 388-1628 or druguseprevention@ohioattorneygeneral.gov

DUE: OCTOBER 15, 2012

AGENCY INFORMATION

AGENCY NAME	Anytown Police Department
GRANT NUMBER	2011DUP 00 - 0000
AGENCY ADDRESS	123 Main Street, Anytown, OH 41234
COUNTY	King County
CONTACT PERSON	Officer John Doe
CONTACT E-MAIL	john.doe@anytownpolice.com
CONTACT PHONE	937-555-0911

FINANCIAL EXPENDITURES

PEACE OFFICER NAME	AMOUNT PAID WITH GRANT FUNDS
1. Officer John Doe	\$ 7,314.00
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12.	\$
13.	\$
14.	\$
15.	\$
16.	\$
17.	\$
18.	\$
19.	\$
20.	\$
TOTAL (A)	\$ 7,314.00

ANNUAL GRANT AMOUNT AWARDED TO AGENCY IN 2011-2012 (B)	\$ 10,000.00
GRANT FUNDS EXPENDED (AMOUNT FROM LINE A ABOVE) (C)	\$ 7,314.00
REMAINING BALANCE (SUBTRACT LINE C FROM LINE B) (D)	\$ 2,686.00

IF A BALANCE IS LISTED ON LINE (D), PLEASE RETURN A CHECK FOR THAT AMOUNT TO:

OHIO PEACE OFFICER TRAINING COMMISSION
 ATTN: ERIN SAINATO, DRUG PROGRAMS MANAGER
 PO BOX 309
 LONDON, OH 43140

CHECKS MUST BE MADE PAYABLE TO "OHIO ATTORNEY GENERAL'S OFFICE"

For any questions about this reporting form, please contact Erin Sainato, Drug Programs Manager, at (740) 845-2677 or DrugUsePrevention@OhioAttorneyGeneral.gov.



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- Only one peace officer should be listed per sheet. Make additional copies of this form as needed.
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- Form must be signed by all relevant public school officials (teacher, principal, or superintendent) and the peace officer listed below.
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DUE: OCTOBER 15, 2012

PEACE OFFICER INFORMATION

Peace Officer Name: _____
 Law Enforcement Agency Name: _____
 D.A.R.E. Officer School Resource Officer

PROGRAMMATIC INFORMATION

Public School Name: _____	School Official Name: _____
School District: _____	School Official Title: _____
Hours in Classroom: _____	School Official E-mail: _____
Program Date(s): _____	School Official Phone: _____
Number of Students: _____	School Official Signature: _____
Topics Covered: _____	

Public School Name: _____	School Official Name: _____
School District: _____	School Official Title: _____
Hours in Classroom: _____	School Official E-mail: _____
Program Date(s): _____	School Official Phone: _____
Number of Students: _____	School Official Signature: _____
Topics Covered: _____	

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Number of Students: _____	School Official Signature: _____
Topics Covered: _____	

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Program Date(s): _____	School Official Phone: _____
Number of Students: _____	School Official Signature: _____
Topics Covered: _____	

Public School Name: _____	School Official Name: _____
School District: _____	School Official Title: _____
Hours in Classroom: _____	School Official E-mail: _____
Program Date(s): _____	School Official Phone: _____
Number of Students: _____	School Official Signature: _____
Topics Covered: _____	

CERTIFICATION

I certify that the information included on the above form is true and correct with appropriate signatures.

Peace Officer Signature

Date

Peace Officer Printed Name

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DUE: OCTOBER 15, 2012

AGENCY INFORMATION

AGENCY NAME	
GRANT NUMBER	2011DUP -
AGENCY ADDRESS	
COUNTY	
CONTACT PERSON	
CONTACT E-MAIL	
CONTACT PHONE	

FINANCIAL EXPENDITURES

	PEACE OFFICER NAME	AMOUNT PAID WITH GRANT FUNDS
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$
15.		\$
16.		\$
17.		\$
18.		\$
19.		\$
20.		\$
TOTAL	(A)	\$

ANNUAL GRANT AMOUNT AWARDED TO AGENCY IN 2011-2012	(B)	\$
GRANT FUNDS EXPENDED (AMOUNT FROM LINE A ABOVE)	(C)	\$
REMAINING BALANCE (SUBTRACT LINE C FROM LINE B)	(D)	\$

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