

**APPENDIX E4**

**Internal Office Use Only**

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

**Substance Abuse Prevention & Treatment Agency  
Coalition Quarterly Report**

This report will be due quarterly by the 1st of the second month following each quarter (i.e., November 01; February 01; and May 01. There is a different report format for the Coalition Annual Report.

SAPTA must 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 within two weeks to your feedback if you have been requested to do so.

**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.

<input type="checkbox"/>	Law Enforcement	<input type="checkbox"/>	Healthcare/Medical
<input type="checkbox"/>	Youth	<input type="checkbox"/>	Treatment Providers
<input type="checkbox"/>	College/University	<input type="checkbox"/>	Faith-Based Organization
<input type="checkbox"/>	Criminal Justice/Judicial	<input type="checkbox"/>	Elected Official
<input type="checkbox"/>	Parents/Primary Care Giver	<input type="checkbox"/>	Education
<input type="checkbox"/>	Social Service Providers	<input type="checkbox"/>	Civic/Volunteer Group
<input type="checkbox"/>	Coalitions	<input type="checkbox"/>	Business
<input type="checkbox"/>	State/Local/Tribal Gov't	<input type="checkbox"/>	Community
<input type="checkbox"/>	Military	<input type="checkbox"/>	Media
		<input type="checkbox"/>	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. Has 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
10. Do you anticipate any unspent funds (for either you or your subrecipients) this grant cycle? If so, please specify.

### **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 Quarterly Progress Table

Please provide progress for each item listed in your coalition's scope of work for this project. We have provided the original scope of work table (please see attached) that was submitted by your coalition for the Meth project.