

Coalition Online Management and Evaluation Tool (COMET)

COALITION STRUCTURE AND PROCESSES SECTION

(Note: The first time you enter the new COMET system, all sections will be blank. If you are a continuing grantee who has previously entered data, you will be able to get a report that provides all previously submitted data. After you enter data for the first time, all sections will be prefilled. You will be prompted to check the information and select to edit it if any prior submitted data has changed.)

Date Updated: ____/____/____

Grantee/Coalition Information

Grantee Name: _____

Award Number: _____

Coalition Name: _____

Year of First DFC Award: _____

Month and year your coalition was first established: ____/____/____

Is your coalition a SPF/SIG subrecipient?

- ☐ Yes
☐ No

Is your coalition a STOP Act grantee? (pre-filled)

- ☐ Yes
☐ No

Total number of members participating in your coalition: _____

(Note: This number should include all members plus all staff.)

Number of paid staff: _____

Number of volunteer staff: _____

Coalition Director Contact Information:

Name: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Month and year coalition director took current position: ____/____/____

Did your coalition director change during this reporting period?

- ☐ Yes
☐ No

If yes, please provide the month and year your previous coalition leader left the position: ____/____/____

Does your coalition serve a federally-recognized Tribal area?

- ☐ Yes
☐ No

Is your coalition headed by a religious or faith-based organization?

- ☐ Yes
☐ No

Does your coalition have at least one (1) representative from the Bureau of Indian Affairs, the Indian Health Service, or a Tribal Government Agency with expertise in the field of substance abuse?

- ☐ Yes
☐ No

Please provide a brief summary of your coalition. This is your "Elevator Speech." There should be about one sentence describing each of the following (a) your community and target population, (b) your primary goals, (c) the activities you are focusing on, (d) accomplishments to date, (e) successes concerning goal achievement, f) challenges in goal achievement, and g) things that make your coalition unique.

Needs Assessment

Needs Assessment refers to the decisions your coalition has made concerning the major problems upon which you want to focus, the major community areas and populations you want to serve, and the reasons that these priorities were established. In addition, needs assessment refers to the ways you have collected data, or assessed the communities concern, to establish these priorities.

Geographic setting(s) served (check all that apply):

- ☐ Inner City
- ☐ Urban
- ☐ Suburban
- ☐ Rural
- ☐ Frontier

Community setting(s) served (check all that apply):

- ☐ Single School District
- ☐ Multiple School Districts
- ☐ Single School
- ☐ Multiple Schools
- ☐ City
- ☐ Multiple Cities
- ☐ Town
- ☐ Multiple Towns
- ☐ Neighborhood
- ☐ Multiple Neighborhoods
- ☐ County
- ☐ Region or Other Subsection of a State
- ☐ Native American/American Indian/Alaskan Native Reservation
- ☐ Military
- ☐ Colleges & Universities

Do you target information/intervention efforts to a specific minority group or minority groups?

- ☐ Yes
- ☐ No

If yes, please specify (check all that apply):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African-American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander

Grade level(s) served (check all that apply):

- ☐ Elementary school (K-5)
- ☐ 6th grade
- ☐ 7th grade
- ☐ 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade

Please select up to five (5) substances that your coalition is targeting in your community:

- ☐ Alcohol
- ☐ Tobacco
- ☐ Marijuana
- ☐ Prescription Drugs
- ☐ Cocaine/Crack
- ☐ Heroin
- ☐ Stimulants (uppers)
- ☐ Tranquilizers
- ☐ Hallucinogens
- ☐ Over-the-counter (OTC) drugs
- ☐ Inhalants
- ☐ Steroids
- ☐ Synthetic Drugs/Emerging Drugs
- ☐ Additional substances addressed: _____

Target Zip Codes

(Note: This section will be prefilled unless you have not entered data previously. You will be prompted to check the information and select to edit it if any prior submitted data has changed. You may also upload zip codes, but in order to do so, you MUST use the provided EXCEL file template.)

Zip Code Served	Do you serve the entire zip code? (Dropdown: Yes/No)	If no, please list the specific areas served (e.g., names of neighborhoods, school districts, etc.)

Program Budget

(Note: This section will be prefilled unless you have not entered data previously. You will be prompted to check the information and select to edit it if any prior submitted data has changed.)

Prompted with: Has the information below changed from what was reported in previous reporting period?

- ☐ Yes*
- ☐ No (skip to next section - "Member Capacity")

What is your coalition's current total annual operating budget? \$ _____

Please specify the period that this budget covers: From: mm/dd/yyyy To: mm/dd/yyyy

What dollar amount of your total operating budget comes from each of the following funding sources? Source of Funding/Resources	Dollar Amount (Note: Be sure the amounts below total to the amount submitted as your current total annual operating budget provided above.)	Percentage (Note: The system will automatically calculate percentages for you. You will not enter this data.)
DFC grant		
STOP Act grant		
SPF-SIG funding		
Other federal government funding		
Other state government funding		
Other local government funding		
Foundation/Non-profit organizations		
Private/Corporate entities		
Individual donations/Funding from fundraising events		
In-Kind contributions		
Other (if applicable, please specify up to one other funding source)		

In the next 12 months do you expect your coalition's funding level to:

- ☐ Increase
- ☐ Decrease
- ☐ Stay about the same

Comments (NOTE: Provide any information relevant to understanding your expectations regarding your coalition's funding level. Please note funding uncertainties, opportunities, or other information relevant for understanding your coalition's future funding.):

MEMBER CAPACITY SECTION

Capacity refers to the types (such as skills or technology) and levels (such as individual or organizational) of resources that a coalition has at its disposal to meet its aims.

Membership

(Note: This section will be prefilled unless you have not entered data previously. You will be prompted to check the information and select to edit it if any prior submitted data has changed.)

Number of formal coalition meetings held during this period: ____ Average attendance at coalition meetings (not including paid staff): ____		Is collaboration among members of your coalition (NOTE: Think about the level of participation in coalition decisions, participation in joint activities, and other collaborative interactions in your prior reporting period relative to now.): ☐ Increasing ☐ Decreasing ☐ Staying the same					
Sectors	How many coalition members represent this sector? <i>*Note: Enter a number. If a member represents more than one sector please only count them once, under the sector that represents him/her best. For example you may have a police officer who is also a parent, but if they are there because on police force then indicate as law enforcement, not as parent.</i>	How many of these coalition members are "active" (i.e., have attended at least one meeting in the past six months)?	What is the average level of involvement for each of the sectors?				
			Very High	High	Medium	Some	Low
Parents			☐	☐	☐	☐	☐
Youth			☐	☐	☐	☐	☐
Business Community			☐	☐	☐	☐	☐
Civic/Volunteer Groups			☐	☐	☐	☐	☐
Healthcare Professionals			☐	☐	☐	☐	☐
Law Enforcement agency			☐	☐	☐	☐	☐
Media			☐	☐	☐	☐	☐
Religious/Fraternal organizations			☐	☐	☐	☐	☐
Schools			☐	☐	☐	☐	☐
State, local, and/or tribal government agencies			☐	☐	☐	☐	☐
Youth-serving organizations			☐	☐	☐	☐	☐
Other Organization with Expertise in Substance Abuse (please specify up to one additional sector)			☐	☐	☐	☐	☐

Member Roster

(Note: The Center for Substance Abuse Prevention (CSAP) requests that you enter a roster of all individuals and organizations involved in your coalition. You may also upload a member roster, but in order to do so, you MUST use the provided EXCEL file template.)

First Name (Note: If entering an organization enter organization name in last name and leave first name blank.)	Last Name (Note: If entering an organization enter organization name in last name and leave first name blank.)	Type (Note: You will select either individual or organization from drop down list.)	Sector (Note: Select from drop down: list of sectors. If you select "other" you will be asked to specify.)	Status (Note: Select from drop down menu if individual/organization is an active or inactive member of the coalition.)
Note: You will be able to enter as many members as needed.				

What is being done to increase membership in the sectors not represented? (Note: This information is only requested if you do not list at least one member representing each sector.)

Capacity Building Activities

Capacity building activities include any efforts explicitly designed to improve the ability of the coalition to successfully assess needs, plan, make decisions, implement effective activities, evaluate, improve, and sustain coalition functioning.

Please select up to three (3) capacity building activities that were the main focus of your coalition's efforts during the last reporting period:

- ☐ Gathering community input (e.g., holding hearings on drug problems)
- ☐ Recruitment (e.g., increasing coalition membership and participation)
- ☐ Training for coalition members (e.g., building leadership capacity among coalition members)
- ☐ Building shared vision/consensus (e.g., attaining an agreement among coalition members regarding goals, planned initiatives, etc.)
- ☐ Increasing fiscal resources (e.g., attaining funding for substance abuse prevention initiatives)
- ☐ Strengthening interventions (e.g., planning/executing substance abuse prevention initiatives)
- ☐ Outreach (e.g., engaging key stakeholders in substance abuse prevention initiatives)
- ☐ Engaging the general community in substance abuse prevention initiatives
- ☐ Developing/Executing a media plan to draw attention to new drug threats
- ☐ Improving information resources (e.g., engaging in research or evaluation activities)
- ☐ Other (please specify):
- ☐ None

Please report any notable accomplishments related to capacity building activities achieved during this reporting period:

Please report any additional details, including barriers or challenges, about your capacity building activities that were not captured above, but are relevant to understanding your coalition's activities/outcomes:

COALITION PROCESSES SECTION

Challenges and Protective Assets

Challenges or risk factors are characteristics of community, individuals, families, schools or other circumstances that increase the likelihood or difficulty of mitigating substance use and its associated harms. Prevention activities often focus on reducing risk factors that are perceived to be particularly important in a community.

What are the primary challenges that you face in your community? (Note: Select all that apply. When you select a factor, please answer the follow up question on trend data for that factor.)

Community Factors

- ☐ Inadequate laws/ ordinances related to substance use/access
- ☐ Inadequate enforcement of laws/ordinances related to substance use
- ☐ Availability of substances that can be abused
- ☐ Perceived acceptability (or disapproval) of substance abuse

Individual Factors

- ☐ Favorable attitudes towards the problem behavior
- ☐ Early initiation of the problem behavior

Family Factors

- ☐ Family trauma/stress
- ☐ Parental attitudes favorable to antisocial behavior
- ☐ Parents lack ability/ confidence to speak to their children about ATOD use

School Factors

- ☐ Academic failure
- ☐ Low commitment to school

Other

- ☐ Coalition can enter free-form text

Protective Factors

Protective factors are characteristics of a community, individuals, families, schools or other circumstances that decrease the likelihood of substance use and its associated harms. Prevention activities often focus on strengthening protective factors that are perceived to be particularly important in a community.

Select the major protective factors that your coalition is targeting. (Note: Select all that apply. When you select a factor, please answer the follow up question on trend data for that factor.)

Community Factors

- ☐ Laws, regulations, and policies
- ☐ Strong community organization (e.g., less crime, less visible drug dealing)
- ☐ Advertising and other promotion of information related to ATOD use
- ☐ Pro-social community involvement
- ☐ Cultural awareness, sensitivity, and inclusiveness

Family Factors

- ☐ Family economic resources
- ☐ Parental monitoring and supervision
- ☐ Family connectedness
- ☐ Opportunities for pro-social family involvement

Individual Factors

- ☐ Positive contributions to peer group
- ☐ Recognition/acknowledgement of efforts

School Factors

- ☐ Contributions to the school community
- ☐ Positive school climate
- ☐ School connectedness

Other

- ☐ Coalition can enter free-form text



Please report any additional details about your challenges and protective assets that were not captured above:

Assessment Activities

Assessment - The systematic gathering and analysis of data to identify current assets, problems, and related conditions that require intervention.

Please select up to **three (3)** assessment activities that were the main focus of your coalition's efforts during the last reporting period:

- ☐ Preparing to assess needs and capacity (e.g., identifying coalition goals)
- ☐ Designing/selecting interventions
- ☐ Collecting data for assessment purposes
- ☐ Analyzing and reporting assessment data
- ☐ Completing a SWOT (strengths, weaknesses, opportunities, and threats) analysis
- ☐ Developing a framework/logic model for change
- ☐ Using assessment data (e.g., revising a logic model)
- ☐ Other (*please specify*): _____
- ☐ None

Please report any notable accomplishments related to assessment activities achieved during this reporting period:

Please report any additional details, including barriers or challenges, about your assessment activities that were not captured above:

PLANNING SECTION

Planning is a process of developing a logical sequence of steps that lead from individual actions to community-level drug outcomes and achievement of the coalition's vision for a healthier community.

Planning Activities

NOTE: Coalitions will be prompted to upload their strategic plan, logic model, and action plans. Anytime you change any of these documents, a new file should be uploaded.

Has your coalition made any modifications to your strategic plan during this reporting period?

- ☐ Yes
☐ No

If yes, please describe:

Has your coalition made any modifications to your Logic Model during this reporting period?

- ☐ Yes
☐ No

If yes, please describe:

Has your coalition developed a new action plan during this reporting period?

- ☐ Yes
☐ No

If yes, please describe:

Please report any notable accomplishments related to planning activities achieved during this reporting period:

Please report any additional details, including barriers or challenges about your planning activities that were not captured above:

Summary of Effort: Coalition Processes

Approximately what percent of overall coalition effort went into each of the following processes? (Note: total should sum to 100%)

___% Assessment ___% Capacity ___% Planning ___% Implementation ___% Evaluation

Approximately what percent of overall coalition resources went into each of the following processes? (Note: total should sum to 100%)

___% Assessment ___% Capacity ___% Planning ___% Implementation ___% Evaluation

IMPLEMENTATION SECTION

Implementation puts into motion the activities identified in the planning process. In this section, grantees will first rank their level of effort related to each of the seven strategies. Then, for each strategy, grantees will be asked to describe the types of activities engaged in during the reporting period.

Implementation Strategies

During this Reporting Period . . .

Implementation Strategies (These categories apply to both capacity building in the community [supporting programs to do these things] as well as direct actions)	Rank the implementation strategies by the amount of your coalition's <u>paid staff labor effort</u> that was spent on each: Drop down of ranks (1=Most Effort to 7=Least Effort), plus an Option for Not Applicable (no effort expended)	Rank the implementation strategies by the amount of your coalition <u>members' labor effort</u> that was spent on each: Drop down of ranks (1=Most Effort to 7=Least Effort), plus an Option for Not Applicable (no effort expended)	Rank the implementation strategies by the amount of your coalition's <u>budget</u> that was spent on each: Drop down of ranks (1=Most Budget to 7=Least Budget), plus an Option for Not Applicable (no money expended)
Providing Information (e.g., community education, increasing knowledge, raising awareness)			
Enhancing Skills (e.g., building skills and competencies)			
Providing Support (e.g., increasing involvement in drug-free/healthy alternative activities)			
Enhancing Access/Reducing Barriers (e.g., improving access, availability, and use of systems and service)			
Changing Consequences (e.g., incentives/disincentives, increasing attention to enforcement and compliance)			
Physical Design (e.g., improving environmental and structural signs and areas to support the initiative)			
Modifying/Changing Policies (e.g., changing institutional or government policies)			

Strategy Activity Details: Providing Information								
Activities focused on providing information	Did your coalition work on this activity during this reporting period? (Note: Grantee will only complete rest of row for activities they indicate yes they worked on.)	Visible Only to STOP ACT Grantees Did Your coalition Use STOP ACT funds to support the following new or advanced activities? (Note: Clicking on button will indicate yes, used STOP ACT funds.)	Number of completed activities this period Grantee will fill in a number. Option to hover over cells for more information such as what is in cells below.)	Target Substance(s) Drop down: Alcohol, Tobacco, Marijuana, Prescription Drugs, Other Substance, No Substance Specified; Grantees may select multiple substances	How many people did this activity reach?		Sector(s) Contributing to This Activity Drop down: list of sectors, includes option for N/A: Paid Staff/Volunteer Accomplishment	In your opinion, how successful was this effort? Drop down: (1) very successful; (2) moderately successful; (3) not successful
					Adults	Youth		
Media campaigns: Television/Radio/Print/Billboards/Bus or other Posters	☐ Yes ☐ No	☐	Number of spots/ ads aired or placed this reporting period		Not applicable for this activity	Not applicable for this activity		
Media coverage : TV / radio / newspaper stories	☐ Yes ☐ No	☐	Number of media stories appearing this reporting period		Not applicable for this activity	Not applicable for this activity		
Informational materials prepared/ produced	☐ Yes ☐ No	☐	Number of press releases, brochures, flyers, posters, audiovisual products prepared/ produced during this reporting period		Not applicable for this activity	Not applicable for this activity		

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Informational materials disseminated	☐ Yes ☐ No	☐	Number of brochures, flyers, posters, audio visual products distributed during this reporting period						
Social networking (Facebook, Twitter, etc.)	☐ Yes ☐ No	☐	Number of posts on social media sites during reporting period.	Facebook "Friends"; Twitter "Followers"	Facebook "Friends"; Twitter "Followers"				
Information on DFC Coalition Web site	☐ Yes ☐ No	☐	Number of new materials posted during this reporting period.	Number of web hits (for this activity indicate total number of web hits in the number of adults column)	Not applicable for this activity				
Direct, face-to-face information sessions	☐ Yes ☐ No	☐	Number of educational presentations, workshops, seminars, town hall meetings held during this reporting period by your coalition staff. Only include sessions intended to provide general information. Training sessions will be covered in the next topic.	Number of adults in audience	Number of youth in audience				
Special events (e.g., fairs, community celebrations)	☐ Yes ☐ No	☐	Number of events that your coalition participated in during this reporting period. These events could be either run by your coalition, or your coalition could participate in them.	Approximate adult attendance at events	Approximate youth attendance at events				
Other (please specify): (NOTE: Grantee able to add multiple "other" activity rows)									



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Indicate the average level of contribution that coalition paid/volunteer staff made to activities involving providing information:

- ☐ Completely responsible for most activities
- ☐ Typically does not take lead, but helps coalition members
- ☐ Typically takes lead with help from coalition members
- ☐ Minimally involved: coalition members take on most responsibilities

Strategy Activity Details: Enhancing Skills								
Activities focused on enhancing skills	Did your coalition work on this activity during this reporting period? (Note: Grantee will only complete rest of row for activities they indicate yes they worked on.)	Visible Only to STOP ACT Grantees Did Your coalition Use STOP Act funds to support the following new or enhanced activities? (Note: Clicking on button will indicate yes, used STOP Act funds.)	Number of completed activities this period Grantee will fill in a number. Option to hover over cells for more information such as what is in cells below.)	Target Substance(s) Drop down: Alcohol, Tobacco, Marijuana, Prescription Drugs, Other Substance, No Substance Specified; Grantees may select multiple substances	How many people did this activity reach?		Sector(s) Contributing to This Activity Drop down: list of sectors, includes option for N/A: Paid Staff/ Volunteer Accomplishment	In your opinion, how successful was this effort? Drop down: (1) very successful; (2) moderately successful; (3) not successful
					Adults	Youth		
Youth Education and Training Programs (providing Information / skills)	☐ Yes ☐ No	☐	Number of sessions delivered of programs focusing on information skills		Not applicable for this activity	Number of youth receiving training (do not double count if youth received more than one session)		
Parent Education and Training Programs	☐ Yes ☐ No	☐	Number of training sessions on drug awareness, prevention strategies, parenting skills specifically for parents		Number of parents receiving training (do not double count if parent received more than one session)	Not applicable for this activity		
Teacher/ Youth Worker Education and Training Programs	☐ Yes ☐ No	☐	Number of training sessions on drug awareness and prevention strategies specifically for teachers / Youth Workers		Number of teachers / youth workers trained (do not double count if participant received more than one session)	Not applicable for this activity		



COMET Progress Report Mock Up

Community Member Education and Training Programs	☐ Yes ☐ No	☐	Number of training sessions on drug awareness and prevention strategies, cultural competence for community members, including law enforcement, media, and landlords	Number of community members trained (do not double count if community member received more than one session)	Not applicable for this activity		
Business Training (e.g., responsible beverage service/ vendor training [voluntary or mandatory])	☐ Yes ☐ No	☐	Number of training sessions delivered on server compliance, training on youth marketed alcohol products, tobacco sales, etc.	Number of people trained (do not double count if participant received more than one session)	Not applicable for this activity		
Other (please specify): (NOTE: Grantee will be able to add multiple other activity rows)	☐ Yes ☐ No	☐					

Indicate the average level of contribution that coalition paid/volunteer staff made to activities involving enhancing skills:

☐ Completely responsible for most activities
☐ Typically does not take lead, but helps coalition members
☐ Typically takes lead with help from coalition members
☐ Minimally involved: coalition members take on most responsibilities

Strategy Activity Details: Providing Support								
Activities focused on providing support	Did your coalition work on this activity during this reporting period? (Note: Grantee will only complete rest of row for activities they indicate yes they worked on.)	Visible Only to STOP ACT Grantees Did Your coalition Use STOP ACT funds to support the following new or enhanced activities? (Note: Clicking on button will indicate yes, used STOP Act funds.)	Number of completed activities this period Grantee will fill in a number. Option to hover over cells for more information such as what is in cells below.)	Target Substance(s) Drop down: Alcohol, Tobacco, Marijuana, Prescription Drugs, Other Substance, No Substance Specified; Grantees may select multiple substances	How many people did this activity reach?		Sector(s) Contributing to This Activity Drop down: list of sectors, includes option for N/A: Paid Staff/ Volunteer Accomplishment	In your opinion, how successful was this effort? Drop down: (1) very successful; (2) moderately successful; (3) not successful
					Adults Number of attendees: Adults not part of coalition	Youth Number of attendees: youth		
Alternative/drug-free social events	☐ Yes ☐ No	☐	Number of drug-free parties, other events supported by coalition		Number of attendees: Adults not part of coalition	Number of youth attendees: youth		
Youth organizations/ drop-in centers	☐ Yes ☐ No	☐	Number of clubs (after-school or other) and centers supported by your coalition. "Support" can be in the form of financial, labor, or in-kind assistance.			Number of youth belonging to clubs or centers		
Organized youth recreation programs (e.g., athletics, arts, outdoor activities)	☐ Yes ☐ No	☐	Number of events supported by your coalition: please do not include events that are designed specifically to provide information			Number of league participants		



COMET Progress Report Mock Up

Youth/ family community involvement (e.g., school or neighborhood cleanup)	☐ Yes ☐ No	☐	Number of community involvement events held	Number of adult participants	Number of youth participants	
Youth/family support groups	☐ Yes ☐ No	☐	Number of groups (e.g., leadership groups, mentoring programs, youth employment programs)	Number of adult participants	Number of student participants, including number of mentoring matches (do not double count if youth received more than one session, or if the youth participated in mentoring plus other programs)	
Other (please specify): (NOTE: Grantee will be able to add multiple other activity rows)	☐ Yes ☐ No	☐				

Indicate the average level of contribution that coalition paid/volunteer staff made to activities involving providing support:

- ☐ Completely responsible for most activities
- ☐ Typically takes the lead with help from coalition members
- ☐ Typically does not take lead, but helps coalition members
- ☐ Minimally involved: coalition members take on most responsibilities

Strategy Activity Details: Enhancing Access/Reducing Barriers							
Activities focused on enhancing access / reducing barriers	Did your coalition work on this activity during this reporting period? (Note: Grantee will only complete rest of row for activities they indicate yes they worked on.)	Visible Only to STOP ACT Grantees Did Your coalition Use STOP Act funds to support the following new or enhanced activities? (Note: Clicking on button will indicate yes, used STOP Act funds.)	Target Substance(s) Drop down: Alcohol, Tobacco, Marijuana, Prescription Drugs, Other Substance, No Substance Specified; Grantees may select multiple substances	How many people did this activity reach?		Sector(s) Contributing to This Activity Drop down: list of sectors, Includes option for N/A: Paid Staff/ Volunteer Accomplishment	In your opinion, how successful was this effort? Drop down: (1) very successful; (2) moderately successful; (3) not successful
				Adults	Youth		
Increased Access to Substance Use Services (e.g., court mandated service, assessment and referral, EAP's, SAP's)	☐ Yes ☐ No	☐		Number of adults served, referred to treatment, involved in SAPs	Number of youth served, referred to treatment, involved in SAPs		
Reducing Home and Social Access to Alcohol and Other Substances (e.g., prescription drug disposal)	☐ Yes ☐ No	☐		Number of adults participating in prescription drug takeback programs	Number of youth participating in prescription drug takeback programs		
Improve supports for service use (e.g., transportation, child care)	☐ Yes ☐ No	☐		Number of adults served	Number of youth served		
Improve access through culturally sensitive outreach (e.g., multilingual materials)	☐ Yes ☐ No	☐		Number of adults targeted (this may be double-counted with your entries for "Providing Information")	Number of youth targeted (this may be double-counted with your entries for "Providing Information")		
Other (please specify): (NOTE: Grantee will be able to add multiple other activity rows)	☐ Yes ☐ No	☐					
Indicate the average level of contribution that coalition paid/volunteer staff made to activities involving enhancing access/reducing barriers: ☐ Completely responsible for most activities ☐ Typically does not take lead, but helps coalition members							

- ☐ Typically takes lead with help from coalition members
☐ Minimally involved: coalition members take on most responsibilities

Strategy Activity Details: Changing Consequences						
Activities focused on changing consequences	Did your coalition work on this activity during this reporting period? (Note: Grantee will only complete rest of row for activities they indicate yes they worked on.)	Visible Only to STOP ACT Grantees Did your coalition use STOP Act funds to support the following new or enhanced activities?	Target Substance(s) Drop down: Alcohol, Tobacco, Marijuana, Prescription Drugs, Other Substance, No Substance Specified; Grantees may select multiple substances	How Many Businesses Did Each Activity Reach? Grantee will fill in a number. Option to hover over cells for more information such as what is in cells below.)	Sector(s) Contributing to This Activity Drop down: list of sectors, includes option for N/A: Paid Staff/Volunteer Accomplishment	In your opinion, how successful was this effort? Drop down: (1) very successful; (2) moderately successful; (3) not successful
Strengthening Enforcement (e.g., supporting DUI checkpoints, shoulder tap programs, open container laws)	☐ Yes ☐ No	☐	Drop down: Alcohol, Tobacco, Marijuana, Prescription Drugs, Other Substance, Multiple/ Substances/No Substance Specified	Not applicable for this activity		
Strengthening Surveillance (e.g., "hot spots," party patrols)	☐ Yes ☐ No	☐		Not applicable for this activity		
Recognition programs (e.g., programs for merchants who pass compliance checks, drug free youth)	☐ Yes ☐ No	☐		Number of businesses receiving recognition for compliance		
Publicize Non-Compliance (e.g., advertisements highlighting businesses non-compliant with local ordinances)	☐ Yes ☐ No	☐		Number of businesses receiving recognition for non-compliance		
Other (please specify): (NOTE: Grantee will be able to add multiple other activity rows)	☐ Yes ☐ No	☐				
Indicate the average level of contribution that coalition paid/volunteer staff made to activities involving changing consequences: ☐ Completely responsible for most activities ☐ Typically does not take lead, but helps coalition members ☐ Typically takes lead with help from coalition members ☐ Minimally involved: coalition members take on most responsibilities						

Strategy Activity Detail: Physical Design						
Activities focused on physical design	Did your coalition work on this activity during this reporting period? (Note: Grantee will only complete rest of row for activities they indicate yes they worked on.)	Visible Only to STOP ACT Grantees Did Your coalition Use STOP Act funds to support the following? (Note: Clicking on button will indicate yes, used STOP Act funds.)	Number of completed activities this period Grantee will fill in a number. Option to have over cells for more information such as what is in cells below.)	Target Substance(s) Drop down: Alcohol, Tobacco, Marijuana, Prescription Drugs, Other Substance, No Substance Specified; Grantees may select multiple substances	Sector(s) Contributing to This Activity Drop down: list of sectors, includes option for N/A: Paid Staff/Volunteer Accomplishment	In your opinion, how successful was this effort? Drop down: (1) very successful; (2) moderately successful; (3) not successful
Identify Physical Design Problems (e.g., environmental scans, neighborhood meetings, windshield surveys)	☐ Yes ☐ No	☐	Number of physical design problems (e.g., hot spots, clean up areas, outlet clusters) identified this period.			
Cleanup and Beautification (e.g., improve parks and other physical landscapes, neighborhood clean-ups)	☐ Yes ☐ No	☐	Number of cleanup / beautification events held this period (e.g., neighborhood cleanup days)			
Improve visibility/ ease of surveillance in public places and substance use hotspots (e.g., improved lighting, surveillance cameras, improved lines of sight)	☐ Yes ☐ No	☐	Number of areas (public places / hot spots) in which surveillance / visibility was improved this period.			
Promote improved signage / advertising / practices by suppliers (e.g., Decrease signage/ advertising / change product locations)	☐ Yes ☐ No	☐	Number of suppliers making changes in signage / advertising / displays this period.			
Identify problem establishments for closure (e.g., close drug houses)	☐ Yes ☐ No	☐	Number of problem establishments identified / targeted; Number closed / modified practices			



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Encourage business / supplier designation of "no alcohol" or "no tobacco" zones	☐ Yes ☐ No	☐	Number of businesses targeted / approached; number that made changes		
Other (please specify): (NOTE: Grantee will be able to add multiple other activity rows)	☐ Yes ☐ No	☐			

Indicate the average level of contribution that coalition paid/volunteer staff made to activities involving physical design:

- ☐ Completely responsible for most activities
- ☐ Typically does not take lead, but helps coalition members
- ☐ Typically takes lead with help from coalition members
- ☐ Minimally involved: coalition members take on most responsibilities

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Citizen Enabling/Liability: Laws/ public policies concerning adult (including parent) social enabling or liability (e.g., social host ordinances)	☐ Yes ☐ No	☐	Number of laws or public policies concerning adult/parent social enabling or liability promoted/ supported by DFC coalition this period.	Number of laws passed or modified this period concerning parent/ social enabling /liability.			
Supplier Promotion / Liability: Laws/ public policies concerning supplier advertising, promotion, liability, (e.g. server liability, product placement, happy hours, drink specials, mandatory compliance checks, responsible beverage service)	☐ Yes ☐ No	☐	Number of laws or public policies concerning supplier advertising, promotion, or liability promoted/ supported by DFC coalition this period.	Number of laws passed or modified this period concerning supplier advertising, promotion, liability.			
Outlet Location / Density: Laws/ public policies concerning limitation and restrictions of location and density of alcohol outlets	☐ Yes ☐ No	☐	Number of laws or zoning ordinances concerning density/ location of alcohol outlets promoted / supported by DFC coalition this reporting period.	Number of laws/zoning ordinances passed this period concerning the density of alcohol outlets			
Sales Restrictions: Laws/ public policies concerning restrictions on product sales (e.g., methamphetamine pre-cursor access, alcohol at gas stations)	☐ Yes ☐ No	☐	Number of laws or public policies concerning restrictions on product sales promoted/ supported by DFC coalition this period.	Number of laws/ public policies concerning restrictions on product sales passed or modified this period.			
Other (please specify): (NOTE: Grantee will be able to add multiple other activity rows)	☐ Yes ☐ No	☐					



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Indicate the average level of contribution that coalition paid/volunteer staff made to activities involving modifying/changing policies:

- ☐ Completely responsible for most activities
- ☐ Typically does not take lead, but helps coalition members
- ☐ Typically takes lead with help from coalition members
- ☐ Minimally involved: coalition members take on most responsibilities

Implementation Summary

Do you have any additional details, like accomplishments or challenges and barriers, related to implementation to report for this reporting period?

Please report any notable accomplishments related to implementation activities achieved during this reporting period?

Please report any additional details, including barriers or challenges, about your implementation activities that were not captured above:

Coalition Evaluation Effort

Approximately what percent of your coalition's evaluation effort and resources went into the following activities?

(Total must add to 100%):

- % Data collection
 % Data analysis
 % Identifying recommendations for improvement
 % Presenting evaluation findings
 % Other (please specify): _____

COMMUNITY AND POPULATION-LEVEL OUTCOMES

Evaluation measures the quality and outcomes of coalition work. Evaluation enables the improvement of interventions and coalition practices.

Core Outcomes

Data Source (dropdown of coalition's approved surveys) _____

Outcome Category this Data Applies To (select 30- day use, perception of risk, perception of parental or perception of peer)

****repeat this for every APPROVED core measure****

Month and Year Data Were Collected: ____/____/____

Compared to Target Area, the Geographical Area Covered by These Data Is:

- ☐ Larger
☐ Smaller
☐ The Same
☐ Don't Know

Does your data represent your target population?

- ☐ Yes
☐ No

If no, please explain: _____

Does your data represent the same grades and same schools that were surveyed in your last report?

- ☐ Yes
☐ No

If no, please explain: _____

Core Measures

You must submit the survey used to collect the data that you are submitting in order to be able to submit core measure data. You will receive a survey review guide from the DFC National Evaluation team once their review of your survey is complete. Be sure to leave adequate time prior to core measure data submission to complete this step in the process. Surveys can be submitted via COMET at any time. Your survey review guide provides you with information on what data the grantee is expected to submit (which core measures have been approved for which substances) as well as guidance on how to calculate percentage use.

Grade	Measure	Alcohol	Tobacco	Marijuana	Prescription Drugs
6	30-day Use				
	Sample Size				
7	30-day Use				
	Sample Size				
8	30-day Use				
	Sample Size				
9	30-day Use				
	Sample Size				
10	30-day Use				
	Sample Size				
11	30-Day Use				
	Sample Size				
12	30-Day Use				
	Sample Size				

Gender	Measure	Alcohol	Tobacco	Marijuana	Prescription Drugs
Male	30-Day Use				
	Sample Size				
Female	30-Day Use				
	Sample Size				
Are you collecting any other consequences? Optional section allows coalitions to enter their own core measures data on other substances. If you are collecting data particularly relative to change in substances other than the core substances, please share here.					
Outcomes Summary					
Do you have any concerns about the quality of your data? Please explain. ☐ Yes ☐ No If yes, please explain: _____					
Please report any notable accomplishments related to evaluation achieved during this reporting period: 					
Please report any additional details, including barriers or challenges, about your evaluation activities that were not captured above 					

CHALLENGES AND TA					
Challenges					
To what extent has your coalition experienced challenges in the following area?	Significant Challenge 4	Some Challenge 3	A Little Challenge 2	No Challenge 1	Not Applicable 0
Increasing coalition membership and participation	☐	☐	☐	☐	☐
Building leadership capacity among coalition members	☐	☐	☐	☐	☐
Attaining an agreement among coalition members regarding goals, planned initiatives, etc.	☐	☐	☐	☐	☐
Developing/revising a framework/logic model of change	☐	☐	☐	☐	☐
Completing a SWOT (strengths, weaknesses, opportunities, and threats) analysis	☐	☐	☐	☐	☐
Collecting/analyzing data for assessment purposes	☐	☐	☐	☐	☐
Recruiting/engaging target populations (e.g., students) in substance abuse prevention initiatives	☐	☐	☐	☐	☐
Engaging key stakeholders (e.g., school personnel) in substance abuse prevention initiatives	☐	☐	☐	☐	☐
Engaging the general community in substance abuse prevention initiatives	☐	☐	☐	☐	☐
Planning/Executing substance abuse prevention initiatives	☐	☐	☐	☐	☐
Developing/Executing a media plan to draw attention to new drug threats	☐	☐	☐	☐	☐
Attaining funding for substance abuse prevention initiatives	☐	☐	☐	☐	☐
Collecting/Analyzing data for evaluation purposes	☐	☐	☐	☐	☐

COMET and CCT Proposed Items

Other (please specify):	☐	☐	☐	☐	☐
Other (please specify):	☐	☐	☐	☐	☐
Other (please specify):	☐	☐	☐	☐	☐

Training and Technical Assistance: Survey of Needs				
Training and technical assistance (T&TA) areas	To what extent would your coalition benefit from T&TA in each of these areas?			
	A Great Deal	Some	A Little	Not at All
Coalition and partnership development	☐	☐	☐	☐
Coalition and partnership maintenance	☐	☐	☐	☐
Community needs and resource assessment	☐	☐	☐	☐
Goal and outcome development and assessment	☐	☐	☐	☐
Effective problem solving within a group setting	☐	☐	☐	☐
Develop a framework or model of change	☐	☐	☐	☐
Leadership development	☐	☐	☐	☐
Cultural competency	☐	☐	☐	☐
Organizational management	☐	☐	☐	☐
Strategic planning	☐	☐	☐	☐
Developing substance abuse prevention initiatives	☐	☐	☐	☐
Advocacy and policy development	☐	☐	☐	☐
Grant writing	☐	☐	☐	☐
Program evaluation	☐	☐	☐	☐
Program/Initiative sustainability	☐	☐	☐	☐
Other (please specify): _____	☐	☐	☐	☐
Did your coalition provide any training or technical assistance to other community groups or organizations? ☐ Yes ☐ No If yes, please describe: _____				