

**2016 NATIONAL EXEMPLARY AWARDS FOR
INNOVATIVE SUBSTANCE ABUSE PREVENTION
PROGRAMS, PRACTICES, AND POLICIES**

“2016 Exemplary Awards”

APPLICATION PACKET

Sponsored by



National Prevention Network



With Support From

**The Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services**

APPLICATION DUE DATE: FRIDAY, MAY 6, 2016

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ACKNOWLEDGMENTS

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) would like to thank the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) for its continued financial support for this project.

We also thank members of past review panels who provided valuable feedback as we updated and revised the Call for Applications; and members of the National Prevention Network (NPN), without whom the effective and widespread dissemination of this application would not be possible.

Finally, sincerest thanks go to each and every organization that submits an application for this award. We wish our colleagues in the field continued success in these vital substance abuse prevention endeavors.

OVERVIEW OF THE 2016 EXEMPLARY AWARDS PROGRAM

INTRODUCTION

NASADAD and its component group, the National Prevention Network (NPN), are pleased to present this **CALL FOR APPLICATIONS** for the 2016 National Exemplary Awards for Innovative Substance Abuse Prevention Programs, Practices, and Policies (**2016 Exemplary Awards**). Since its inception over two decades ago, this program identifies and honors outstanding achievements in substance abuse prevention throughout the United States.

The 2016 Exemplary Awards recognize exceptional substance abuse efforts, to include programs, policies and practices (henceforth to be referred to as “programs”). These awards serve to focus national attention on the field of substance abuse prevention. They are intended to showcase “grassroots,” evidence-based substance abuse prevention programs and strategies that have been evaluated and may be replicated by others. As the field matures and expands, proven prevention strategies and practices are tailored to new populations and locations and adapted to address emerging problems and trends. Organizations that have implemented programs resulting in specific changes or outcomes—at either the individual, program, or community levels—are encouraged to respond to this Call for Applications.

Exemplary Awards applicants may find CSAP’s Strategic Prevention Framework (SPF) useful to reference in describing their own program. As a process that guides the design and implementation of effective prevention strategies, the SPF is made up of five (5) distinct, related steps: **conduct a needs assessment; build capacity; develop a strategic plan; implement activities and strategies; and conduct an evaluation.**

The five steps of the Strategic Prevention Framework have been incorporated into this year’s Exemplary Awards application. Please refer to **Appendix B** for a description of the SPF.

The Exemplary Awards program is a significant honor and draws national attention to innovation in the field of substance abuse prevention. These awards serve to recognize unique contributions to the substance abuse prevention field, in the form of programs which have been demonstrated to be effective and can be replicated. The 2016 Exemplary Awards recipients will be recognized at the National Prevention Network’s annual Conference in **Buffalo, New York** in November 2016.

EXPECTATIONS

The organizers of the 2016 Exemplary Awards program will assist and support applicant organizations:

- We will **broaden the outreach efforts of this program** by working with the Center for Substance Abuse Prevention (CSAP), Community Anti-Drug Coalitions of America (CADCA), Join Together, and others.
- NASADAD will host a **technical assistance conference call** for interested applicants on **Thursday, April 7, 2016 at 2:00 p.m. EST**. Call **1-855-747-8824 (alternate dial-in 1-719-325-2630)**, input code **534-117-6449#** when prompted.
- **Exemplary Awards winners will receive an unrestricted mini-grant of \$1,650**. The Exemplary Awards will be given to the programs with the highest application scores.
- Each winner's **Congressional delegation will be notified**. Since the Exemplary Awards program is national in scope, winning applicants can expect national recognition.
- One to two members from each winning organization will be traveled to the **NPN Conference**, where they will receive their award at a formal ceremony and have the opportunity to showcase their program in a **poster or workshop session**.

WHAT WE MEAN BY "INNOVATIVE"

In general, "innovative" is typically defined as having to do with new ideas, methods or products and it is often synonymous with creativity and novelty. When it comes to the field of substance abuse prevention, we may wish to take a step back and broaden our view of innovation. We may ask: what makes a particular prevention program, practice, or strategy special, unique, or otherwise stand out from the others? The science behind substance abuse prevention programming has grown extensively with the advent of evidence-based practices. The field of substance abuse prevention has embraced this new model, and the Exemplary Awards program continues to seek out community-based initiatives that advance this critical work. Over the years, as we have reviewed the applications, we have learned that innovation may take several forms. For example, adapting a well-established evidence-based practice designed for one specific population to serve another distinct population is completely acceptable, provided that the applicant provides a compelling explanation of the practice's uniqueness and/or innovative characteristics.

We also know that SAMHSA's Strategic Prevention Framework (SPF) offers a widely accepted approach and process for conducting prevention programming. What may not always be evident to prevention practitioners is that innovation may occur at each and

any level of the SPF process. Perhaps your organization or community coalition has a very distinct and effective way of building capacity and/or achieving stakeholder (i.e. public officials) “buy-in” to support your initiative. What methods were used to achieve this type of effective decision-making? How did everyone end up working so well together, with one voice, to formulate a well thought out goal and plan? We encourage you to take an “up close and personal” look at your program through the lens of innovation and do your best to present its merits in the application. Ultimately, the Exemplary Awards Program seeks to recognize promising new ideas, originality, and creative thinking in the development and implementation of prevention programs, practices, and strategies that can be showcased as models for further adaptation and innovation.

ELIGIBILITY CRITERIA

To be considered for the Exemplary Awards, applicants must complete the following:

- Provide documentation that the program was nominated by an organization familiar with your work, such as a local or state governmental health department, NASADAD, NPN, CADCA, Join Together, or the U.S. military, for example. **This documentation must be signed by the nominating agency.**
- **Provide documentation that your prevention program was actually implemented.** The primary purpose of the 2016 Exemplary Awards is to honor the wide array of substance abuse prevention efforts (e.g., prevention of underage alcohol consumption, prescription drug use, methamphetamine use, smoking tobacco, environmental change, etc.).
- **Provide specific outcome data** that demonstrate the success of the program. Applicants should ask, “What differences did implementing this program, practice, or policy make in the targeted population(s) in the community?”
- Programs must have **begun implementation at least two (2) years ago.**
- Applicant programs **may not have received an Exemplary Award within the past four (4) years.**

REVIEW AND SELECTION PROCESS

This year’s review process will be the same one used for the past several years (see *Figure 1*). All applications will be reviewed by a panel of prevention and health care professionals who will convene face-to-face at the NASADAD office in Washington, D.C. The reviewers will thoroughly review the applications and determine those that will be awarded “exemplary” status, based on receiving the highest application scores,

according to the scoring criteria described in the program narrative on page 9 of this application.

Figure 1 – Flow-chart for the Exemplary Award application/review cycle



APPLICATION PROCEDURES

Applications may be downloaded from the NASADAD website (<http://nasadad.org/exemplary-awards>). NASADAD will notify the NPN Representative in the 50 States, District of Columbia, and Atlantic and Pacific territories, and encourage these representatives to nominate programs in their State.

Applications must be postmarked **and one digital copy sent via email to Tracy Tlumac Flinn at ttlumac@nasadad.org by Friday, May 6, 2015.** Please note that both an electronic and paper copy of the application must be submitted. The cover page of each application must contain the signature and contact information for both the applicant and the nominating agency that is nominating the applicant. **The completed original paper application** is to be sent to the NASADAD office in Washington, DC:

**ATTENTION: Exemplary Awards
NASADAD/NPN
1025 Connecticut Avenue, NW Suite 605
Washington, DC 20036**

APPLICATION TIMELINE

Call for Applications	Week of March 14, 2016
Technical Assistance Conference Call	April 7, 2016
DEADLINE Application Postmark/ Email	May 6, 2016
Panel Reviews Completed	Month of June 2016
Winning Applicants Notified	Week of July 11, 2016
Feedback Letters to Non-Awarded Applicants	Week of July 18, 2016
Congressional Delegations Notified	Week of August 5, 2016
Awards Presented during NPN Conference	September 13-15, 2016

INSTRUCTIONS FOR PREPARING THE APPLICATION

The Exemplary Awards application is designed to solicit detailed, descriptive information on how and why a program was created and implemented, and to capture the processes that led to the initiative's demonstrated success. This information will serve as the basis for understanding the merits of the program, as well as for scoring the application.

This application incorporates the five steps of the **Strategic Prevention Framework (SPF)**:

1. Needs Assessment
2. Building Capacity
3. Strategic Planning
4. Implementation
5. Evaluation

Please refer to **Appendix B** to learn more about the SPF process.

APPLICATION REQUIREMENTS

1. All responses must be **single-spaced typed** on only **one side** of the paper with **1-inch margins** and an 11 to 12-point font. All pages should be numbered and accounted for in the table of contents.
2. The total application **must not exceed 20 pages, including the cover sheet form, abstract, table of contents, organizational chart, and budget page.** Applications may be fewer pages, so long as each of the application elements is addressed.
3. **Attachments** (e.g., videos, newspaper clippings) **or appendices are NOT allowed.** All attachments will be discarded and will not be reviewed as part of the application.
4. Note that the **cover sheet form requires a signature of the program or agency director** and the **signature of the nominating organization.** These signatures indicate that the application has been reviewed and is accurate.
5. Applicants **must include the exact headings** as shown **below** in their application to present information about their program. The cover sheet, table of contents and abstract should be one page each, three pages subtotal.

- Cover Sheet (1 page)
 - Table of Contents (1 page)
 - Abstract (1 page)
- ↕ 3 pages total
- Program Narrative
 - A. Philosophy
 - B. Needs Assessment
 - C. Population(s) Served
 - D. Building Capacity
 - E. Strategic Planning
 - F. Implementation
 - G. Evaluation
 - H. Program Management
- ↕ 17 page maximum

COVER SHEET REQUIREMENTS

Information on the cover sheet must be completed and signed by *both* the **director of the program submitting an application** and **an official within the organization submitting the nomination**. Please fill-out the blank cover sheet on page 14 of this packet and include it in the application.

ABSTRACT

A **single-spaced abstract, not to exceed one page**, must precede the narrative section of the application. The abstract should provide readers with the following basic information: "who - implemented what - for whom - how - when - where – results," and the underlying rationale or model for the program's approach, as well as highlights of the most pertinent findings from the program's evaluation.

PROGRAM NARRATIVE

Answer every question in the program narrative section using the required headings. If you are unable to answer the question in full, (e.g., staff has not completed cultural competency training), explain what steps are being taken to address the situation.

A. Philosophy (10 points)

Describe the philosophical framework of the program, practice, or strategy. **Please include a statement of adherence to a "no illegal or high-risk use" message.**

Answer the following questions:

- What is the mission statement or rationale of the program?
- What is the philosophy or conceptual framework on which it is based?
- How does the program's philosophy reflect a "no illegal or high-risk use" message for alcohol and drugs for ATOD prevention programs?

B. Needs Assessment (30 points)

Describe the steps taken to assess community needs, resources, and readiness to address the targeted population, and/or any gaps in service delivery.

Describe the collection and/or synthesis of epidemiological data to reflect the scope of substance abuse in the community. Include risk and protective factors; community assets and resources; identification of gaps in services and capacity; assessment of readiness to act; identification of priorities; and specification of baseline data against which progress and outcomes can be measured.

Describe the background and/or historical context leading to the program's development; the gaps or needs the program fills; and how the program integrates philosophy, empirical

research, needs assessment, and evaluation data into its ongoing planning. Include a brief description of relevant prior work, observations, or experiences of the applicant program.

Answer the following questions:

- What epidemiological data and/or other information are available in the community that led to the establishment of this particular program?
- What type of analysis has been conducted to clarify and articulate the scope and nature of the substance abuse problem in the community?
- What are the sound long- and short-term planning processes that include a needs assessment and reflect a research base?
- What actions were taken to involve representatives of the target population(s) in program planning and implementation to ensure that the program is responsive to their needs?

C. Population(s) Served (20 points)

Describe the population(s) to be served by the program in this section. Describe special characteristics of the population and demonstrate that the population served is well-defined and understood by the program. This section should address a commitment to cultural sensitivity.

Answer the following questions:

- What target population(s) does the program serve? Describe its norms, values, beliefs, practices, socioeconomic characteristics, risk and resiliency factors, cultural considerations, unique or special needs, and whether the program is community-wide or focuses on a specific population.
- What was done to recruit and retain members of the targeted population into this program?
- How is the staff trained in the cultural patterns of the program's target population(s)?
- What has been done to ensure cultural competency in the program?

D. Building Capacity (30 points)

Describe the mobilization and/or building of capacity to address the needs of your program. This may involve convening leaders and stakeholders, building coalitions, or training community partners.

Provide information on the program and/or agency's involvement with community coordination and networking, such as collaborative efforts and supportive relationships across agencies and systems.

Answer the following questions:

- How does your program relate to the community's overall prevention strategy and/or systems?

- How does your program support and make use of collaboration and linkages, especially with Federal, State, or local organizations? Include information on agency/program involvement with the community's local substance coalition, if such an entity exists.
- What community outreach strategies do you employ?
- What type of grassroots participation is included in your program?

E. Strategic Planning (30 points)

Articulate the strategies for organizing and implementing the appropriate prevention efforts, which are based – in large part – on the philosophical framework (or mission statement) of the program.

Describe broad **goals** and specific **objectives**. A goal is defined as what the program wants to achieve, and objectives are defined as the steps the program will take in order to reach its goal. Outcomes that will be reported should relate back to the program's goals and objectives.

Answer the following questions:

- What are the goals and objectives of the program?
- How do the goals and objectives directly respond to the information and epidemiological data gathered from the needs assessment?
- How many members of the population are expected to be reached and in what timeframe?
- What mechanisms are in place to ensure long term program sustainability?

F. Implementation (25 points)

Describe the implementation of activities and strategies to accomplish the stated goals and objectives. Program applications must clearly describe their approach, methods, practices, or products used, including the scope, intensity, and duration of the project.

Answer the following questions:

- What makes this program **innovative**?
- What distinguishes this program from similar programs, strategies, or practices? *Please describe any innovative and unique features that respond to changing community needs, new developments, new population(s) or any other adaptation.*
- How does the program **operate**? Describe in detail and identify all features critical to implementation. Include the program's scope, intensity, and duration.
- Who is involved in conducting the activities (volunteers, staff, others)?
- How does implementation address the cultural needs of the target population?
- What is the infrastructure/support system used to implement this program?

- Describe the program’s ability to effect community-wide change: At what scale or level is outreach conducted? Does it succeed in changing community norms? Is there adequate capacity to elicit community-wide change?
- What is the number of individuals in the community, and what percent of these individuals were impacted through the implementation of this program?
- **What aspects or elements of the program can be replicated or adapted to other sites?**

G. Evaluation (40 points)

Provide information on the program’s effectiveness, including verifiable data derived from information on the program’s process and outcome evaluation. The primary question to answer is, **“How can I demonstrate the impact this intervention has had on my community?”**

Evaluation results should be congruent with the program’s stated goals and objectives, and should include quantifiable data.

Answer the following questions:

- What are the major outcomes, impacts, and changes accomplished due to this program? We are looking for measures and data that demonstrate impact.
- What evidence can be used to support the answer described above?
- How do the outcomes relate to the program’s goals and objectives?
- How do the results derived from the evaluation meet the needs for which the program was designed?

H. Program Management (15 points)

Describe the organizational structure of the program and how it is managed with respect to its mission, goals, and objectives. Also include:

- 1) An **organizational chart** for the program; and
- 2) A **budget narrative** that specifies sources of income (or support) and expenses.

Answer the following questions:

- What resources are available to the program, and how is the program able to maximize or optimize the resources available to it?
- What systems are in place to help ensure effective communication and coordination among program staff and administration, consumers/clients, the media, policymakers, and others?

**2016 National Exemplary Awards for
Innovative Substance Abuse Prevention Programs, Practices and Policies
APPLICATION COVER SHEET
(INCLUDE WITH APPLICATION)**

1. Has this intervention been submitted for an Exemplary Award in previous years? [Circle one]

Yes No

2. What is the primary target for this program, practice or policy? [Circle one]

Individual School-Based Family/Parent Peer/Group
Workplace Environmental/Community-Based Other

If Other, explain: _____

PROGRAM INFORMATION

Program Name _____

Agency _____

Contact Person _____ Email _____

Address _____

Phone _____ Fax _____

I have reviewed the information contained in this application and certify that it is accurate, to the best of my knowledge.

Program Director Signature

Date

NOMINATING AGENCY/ORGANIZATION INFORMATION

Agency/Organization _____

Contact Person _____ Email _____

Address _____

Phone _____ Fax _____

I have reviewed the information contained in this application and certify that it is accurate, to the best of my knowledge.

Nominating Agency Signature

Date

APPENDIX A: INSTITUTE OF MEDICINE (IOM) TERMS

In 1994, the National Academy of Sciences' Institute of Medicine (IOM) developed a model describing the spectrum of services in the substance abuse field.¹ The spectrum ranges from prevention to treatment to maintenance, and has become a useful model for service providers to match services with need. Within the prevention portion of the spectrum, the IOM has described three (3) domain areas for prevention interventions, universal, selected, and indicated:

Universal interventions – These interventions are designed to reach an entire population or large audience. Such interventions or services would be targeted toward people who are not identified to be at special risk of developing a substance dependency. Examples include radio messages or media campaigns.

Selected interventions – These interventions target subgroups that may be at risk of using or abusing substances. Examples of “selected” subgroups include children of alcoholics or women of childbearing age.

Indicated interventions – These interventions are meant to identify individuals who are experiencing early signs or symptoms of substance use or abuse, but do not yet meet the diagnostic criteria of substance dependency.

¹ Reducing Risks for Mental Disorders. Copyright 1994, National Academy of Sciences, National Academy Press, Washington, D.C.

APPENDIX B: STRATEGIC PREVENTION FRAMEWORK (SPF)²

The **Strategic Prevention Framework (SPF)** is a SAMHSA series of guiding principles that can be operationalized at the Federal, State, and community levels. The SPF is an approach built on community-based risk and protective factors for prevention and is designed to:

- Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking;
- Reduce substance abuse-related problems in communities; and
- Build prevention capacity and infrastructure at the State and community levels.

The SPF is a logic process that entails five (5) related steps:

1. **Conduct a needs assessment** – Develop a profile of community needs, resources, and readiness to address the problems and gaps in service delivery. An important feature of this step is the collection of epidemiological data that includes an assessment of the magnitude of the substance abuse problem in the community, and an assessment of risk and protective factors. In addition, assessments of community assets and resources, identification of gaps in services and capacity, an assessment of readiness to act, an identification of priorities, and specification of baseline data against which progress and outcomes can be measured can be accomplished under this step.
2. **Build capacity** – Mobilize and/or build capacity to address needs. Important parts of this step may include convening leaders and stakeholders; building coalitions; training community stakeholders, coalitions, and providers; and engaging stakeholders to help sustain the activities.
3. **Develop a strategic plan** – Articulate not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The plan will need to be adjusted as new information comes in, and *sustainability* should be a constant thought throughout each step of planning and implementation.
4. **Implement evidence-based programs** – The findings of the needs assessments in Step 1 will inform selection and implementation of policies, programs, and practices proven to be effective in research settings and communities.
5. **Evaluate** – This final step involves monitoring progress, and evaluating the effectiveness and improving or replacing those aspects that need to be improved. Ongoing evaluation and monitoring are essential to determine if the outcomes desired are indeed achieved, and to assess program effectiveness and service delivery quality.

² More information about the SPF can be viewed at: <http://captus.samhsa.gov/access-resources/about-strategic-prevention-framework-spf>.

APPENDIX C: RELATED LITERATURE

Center for Substance Abuse Prevention, Substance Abuse & Mental Health Services Administration. *Science-Based Prevention Programs and Principles*, 2002, DHHS publication #(SMA) 03-3764.

Hogan, Gabrielson, Luna, and Grothaus. *Substance Abuse Prevention: The Intersection of Science and Practice*. Boston: Allyn & Bacon, 2003.

Institute of Medicine. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. March 2009. <http://www.iom.edu/Reports.aspx>.

National Institute on Drug Abuse. *Preventing Drug Use Among Children and Adolescents: A Research Based Guide for Parents, Educators, and Community Leaders*, 2nd edition, 2003. <http://www.drugabuse.gov>

National Institute on Drug Abuse. *Drugs, Brains, and Behavior: The Science of Addiction*, April 2007, NIH publication # 07-5605. <http://www.drugabuse.gov/scienceofaddiction>

National Institute on Drug Abuse. *Monitoring the Future, annual*. <http://www.drugabuse.gov/related-topics/trends-statistics/monitoring-future>.

National Institute on Drug Abuse. *Principles of HIV Prevention in Drug-Using Populations*, March 2002, NIH publication #02-4733.

National Registry of Effective Programs and Practices (NREPP). <http://nrepp.samhsa.gov>

National Research Council, Institute of Medicine. *Reducing Underage Drinking: A Collective Responsibility*, Washington: The National Academies Press, 2004.

Office of Applied Studies, Substance Abuse & Mental Health Services Administration. *National Survey on Drug Use and Health*, annual. <http://oas.samhsa.gov>

Office of National Drug Control Policy. *National Drug Control Strategy*, (annual). <http://www.whitehousedrugpolicy.gov>

APPENDIX D: DESCRIPTION OF 2015 AWARD WINNERS

MATFORCE: Strategies to Address Prescription Drug Abuse in Yavapai County (Arizona)

MATFORCE, the Yavapai County Substance Abuse Coalition in central Arizona, has been addressing prescription drug abuse since 2010. For the past five years, Coalition and community members implement comprehensive action plans based on the Strategic Prevention Framework (SPF) model and engage hundreds of citizens in the work needed to sustain a multi-systemic approach for addressing prescription drug misuse and abuse. The initiative focuses on five strategies: 1) Reduce access to prescription drugs; 2) Educate prescribers and pharmacists about “Rx drug best practices;” 3) Enhance prescription drug practice and policies in law enforcement; 4) Increase public awareness about the risks of prescription drug misuse; and 5) Build resilience in children and adults. As a result of Coalition efforts, Yavapai County has witnessed substantial decreases in prescription drug problems.

Community Culture of Responsible Choices (Missouri)

The Community Culture of Responsible Choices (CCoRC) initiative, implemented from 2006-2015 in Johnson County, Missouri, was designated to reduce underage and high-risk drinking among Air Force Personnel stationed at Whiteman Air Force Base (AFB) in Johnson County, Missouri. The target population for the initiative was the approximately 700 Whiteman AFB personnel aged 18-26 years old. Based on a needs assessment, three primary problem areas were identified: 1) Driving While Intoxicated; 2) Underage Consumption of Alcohol; and 3) High-Risk Drinking. By implementing a modification of the Community Trials Program, the CCoRC Coalition built a strong, multi-agency coalition. Through implementation of enforcement operations, alcohol-free activities, and an innovative, comprehensive education campaign for Whiteman AFB, this project resulted in significant reductions in the three primary problem areas.

ICAN Be the Change (Arizona)

Since 2006, ICAN Be the Change has operated grassroots evidence-based prevention programs that have deterred neighborhood kids from involvement in risky behaviors and preventing youth substance abuse in the City of Chandler, Arizona. In this area, youth and families experience significant poverty and other risk factors, including easy access to drugs and alcohol, high rates of use, exposure to violence and family conflict, low community attachment and commitment to school, and favorable attitudes toward drug and alcohol use/abuse. The initiative focuses on preventing underage drinking, marijuana use, and illegal use of prescription drugs. Evaluation results reveal improvements in critical protective factors; increased participation of adults and family members in prevention activities with their children and communication about underage drinking and substance use risks; decreased alcohol signage in the community; and reduced party citations and alcohol use among 10th graders.

Diversion Alert (Maine)

Diversion Alert (DA) is a statewide program in Maine that links prescribers, pharmacists, and law enforcement in their efforts to confront prescription drug abuse. The Diversion Alert Program became a resource for prescribers in the county by increasing awareness of patients abusing or diverting prescriptions so that medical professionals could more effectively respond to and treat patients struggling with addiction; increasing awareness of the magnitude of prescription drug abuse as a means to increase health care providers’ readiness to change prescribing behaviors; delivering a resource that is easy to use; increasing access to educational resources about responding to prescription drug abuse and diversion; and developing a strategy to link health care providers and law enforcement in their efforts to tackle prescription drug abuse and diversion. Evaluation results demonstrate significant improvements in health care professionals’ communication and collaboration with patients and increased their attentiveness to prescribing practices.

APPENDIX E: CHECK-LIST

Before sending us your application, use this check-list to make sure we will receive all the required materials. Good luck and thank you for applying!

- Application Cover Sheet completed and **signed** by the:
 1. Program Director
 2. Nominating organization or agency

- Include the Application Cover Sheet, Table of Contents, and an Abstract (1 page each for a total of 3 pages)

- The application, in its entirety, does not exceed 20 pages.

- The application is single-spaced, typed on one side of the page, with 1-inch margins and an 11- 12-point font.

- All questions under the Program Narrative section are answered or addressed.

- Include an Organizational Chart for the program and a Budget Narrative.

- Proofread the application for clarity, comprehension, grammar and spelling.

- In addition to the original, please send us one photocopy of the application in its entirety and one electronic version to Tracy Tlumac Flinn at ttlumac@nasadad.org.

- Application must be postmarked by Friday May 6, 2016**