

FORM 1A

FOR COUNTY USE ONLY
 Approved: _____ YES _____ NO
 Date: _____

STRATEGIC PLAN FOR FUNDING MUNICIPAL ALLIANCES

Grant Year: _____

APPLICANT MUNICIPALITY/IBS:	COUNTY:
ALLIANCE NAME:	ALLIANCE WEBSITE:
ALLIANCE STREET ADDRESS:	
TOWN: STATE: ZIP:	
TELEPHONE: () Ext.	FAX: ()
ALLIANCE CHAIRPERSON:	ALLIANCE COORDINATOR:
STREET ADDRESS:	STREET ADDRESS:
TOWN: STATE: ZIP:	TOWN: STATE: ZIP:
EMAIL:	EMAIL:
DATE OF RESOLUTION AUTHORIZING THE STRATEGIC PLAN (MM/DD/YYYY): / /	

A) Alliance DEDR Allocation \$
 B) Cash Match (must be 25% of DEDR Allocation) \$
 C) In-Kind Match (must be 75% of the DEDR Allocation) \$
 TOTAL ALLIANCE BUDGET (add A+ B+C) \$

 *MUNICIPALITY NAME/MAYOR SIGNATURE

 *MUNICIPALITY NAME/TITLE OF GOVERNING
 BODY REPRESENTATIVE SIGNATURE

 *MUNICIPALITY NAME/TITLE OF GOVERNING
 BODY REPRESENTATIVE SIGNATURE

 ALLIANCE CHAIRPERSON SIGNATURE DATE

*** If a municipality is part of a consortium, a signature and resolution is required from all participating municipalities entering into the agreement. Signatures hereby accept all components of this grant including membership terms, Statement of Assurances and Fiscal Requirements.**

Governor's Council on Alcoholism and Drug Abuse
Fiscal Grant Cycle July 2014-June 2019

FORM 1B

WHEREAS, the Governor's Council on Alcoholism and Drug Abuse established the Municipal Alliances for the Prevention of Alcoholism and Drug Abuse in 1989 to educate and engage residents, local government and law enforcement officials, schools, nonprofit organizations, the faith community, parents, youth and other allies in efforts to prevent alcoholism and drug abuse in communities throughout New Jersey.

WHEREAS, The Township/Borough/City Council of the Township/Borough/City of _____, County of _____, State of New Jersey recognizes that the abuse of alcohol and drugs is a serious problem in our society amongst persons of all ages; and therefore has an established Municipal Alliance Committee; and,

WHEREAS, the Township/Borough/City Council further recognizes that it is incumbent upon not only public officials but upon the entire community to take action to prevent such abuses in our community; and,

WHEREAS, the Township/Borough/City Council has applied for funding to the Governor's Council on Alcoholism and Drug Abuse through the County of _____;

NOW, THEREFORE, BE IT RESOLVED by the Township/Borough/City of _____, County of _____, State of New Jersey hereby recognizes the following:

1. The Township/Borough/City Council does hereby authorize submission of a strategic plan for the (name) Municipal Alliance grant for fiscal year ____ in the amount of:
DEDR \$ _____
Cash Match \$ _____
In-Kind \$ _____

2. The Township/Borough/City Council acknowledges the terms and conditions for administering the Municipal Alliance grant, including the administrative compliance and audit requirements.

APPROVED: _____
(Name), Mayor

CERTIFICATION

I, (name), Municipal Clerk of the Township/Borough/City of _____, County of _____, State of New Jersey, do hereby certify the foregoing to be a true and exact copy of a resolution duly authorized by the Township/Borough/City Council on this (day) day of (month), (year) .

(Name), Municipal Clerk

Governor's Council on Alcoholism and Drug Abuse
Fiscal Grant Cycle July 2014-June 2019
FORM 1C

STATEMENT OF ASSURANCES

In accepting this grant it is understood that the grantee agrees to abide by the following rules and conditions:

1. The activities proposed herein will be conducted in compliance with the provisions of P.L. 1989,c. 51, and in accordance with state and Federal statutes, as well as regulations and policies promulgated by either the state or Federal government.
2. All proposed prevention/early intervention efforts have been coordinated with existing services and systems in the community and demonstrate strong linkages with existing alcoholism, drug abuse and related agencies and services.
3. The activities proposed herein identify and address identified logic model problem sequence.
4. The Municipal Alliance Committee has been consulted in the development of this strategic plan.
5. The proposed project is designed to be one component within a larger context of planning for alcoholism and drug abuse prevention, education and intervention in the community.
6. The proposal includes provisions for the training of key alliance members. The municipal alliance shall consult with the County Alliance Steering Subcommittee to plan such training.
7. The municipality has committed the necessary financial resources and administrative support to accomplish the activities proposed herein.
8. The municipality shall use the proposed funding to increase the level of funds that would, in the absence of such a grant, be made available by the municipality for the purposes described herein. In no case will funds supplant, or will efforts funded pursuant to section 2 of P.L. 1983, C.531 be duplicated.
9. The municipality shall provide data to the Governor's Council on Alcoholism and Drug Abuse for the purpose of evaluating the effectiveness of the projects funded by this grant program.
10. If the use of funds changes from the uses proposed herein, the municipality shall request a budget revision pursuant to guidelines established by its County Alliance Steering Subcommittee.
11. The municipality shall keep such records and provide such information to the Governor's Council on Alcoholism and Drug Abuse and/or the County Alliance Steering Subcommittee as may be required for fiscal audit.
12. The municipality shall provide a plan to the County Alliance Steering Subcommittee to the use of unused or accrued portions of the grant. If such a plan is not presented and accepted, the municipality shall return those funds to the Governor's Council on Alcoholism and Drug Abuse.
13. The facts, figures and representations made in this strategic plan, including exhibits and attachments hereto, are true and correct to the best of my knowledge.

FORM 1D

FISCAL REQUIREMENTS

In accepting this grant it is understood that the grantee agrees to abide by the following rules and conditions:

1. The applicant agrees to repay any portion of the amount granted which is not used for the purpose of the grant.
2. The applicant agrees to develop a comprehensive plan to provide matching funds equivalent to the amount of the award.
3. The applicant agrees to submit full and complete records on the manner in which the community intends to acquire matching funds in accordance with County Steering Subcommittee regulations.
4. The applicant agrees to submit detailed and accurate accounting of the expenditures to the funding source in accordance with County Steering Subcommittee regulations.
5. The applicant agrees to submit periodic reports of the progress made in accomplishing the purpose of the grant and the method adopted to satisfy the fundraising goals as requested by the County Alliance Steering Subcommittee.
6. The applicant agrees not to use any of the funds to directly influence legislation or the outcome of an election or to undertake any activity for any purpose foreign to the purpose of this grant.
7. In the event the applicant fails to generate matching funds at the end of the contract period, the applicant shall submit documentation explaining the failure.
8. At the end of the fiscal year in which this grant falls, the applicant shall submit a financial statement explaining its use as well as any statistics and narrative which will indicate what this grant has accomplished in accordance with County Alliance Steering Subcommittee regulations.
9. The municipality or lead municipality will maintain information required about cash and in-kind match.

FORM 2

ALLIANCE VISION AND MISSION

Alliance Name:

County:

Last Updated: _____

Municipal Alliance Vision:

A vision statement describes what the Alliance seeks to accomplish. It is the difference between "what is" and "what ought to be".

Example: The vision for Utopia Alliance is a healthy, vibrant community free of misuse and abuse of alcohol, tobacco and other drugs.

Municipal Alliance Mission:

A mission statement describes the Alliance's role in making the vision a reality. This statement often explains the unique role the group plays in facilitating a robust community problem solving process directed at substance abuse. This is the vehicle to achieve the vision.

Example: The mission for the Utopia Alliance is to transform the town of Utopia into a community that nurtures youth and families by engaging residents in a process of ongoing community problem solving to reduce substance abuse.

Governor's Council on Alcoholism and Drug Abuse
Fiscal Grant Cycle July 2014-June 2019

FORM 3

MUNICIPAL ALLIANCE COMMITTEE MEMBERSHIP LIST

Alliance Name:

County:

Grant Year:

Last Updated:

INDIVIDUAL REPRESENTATIVE	MAILING ADDRESS AND E-MAIL	TERM	SECTOR
			Mayor and/or governing body (or designee)
			Chief of police (or designee) and other law enforcement agencies
			School district administrative staff and/or school board member
			Student assistance coordinator or other student support services staff member
			A representative of the Parent-Teacher Association or other Home-School Association
			Parents and/or guardians
			A representative from Youth Services Organizations
			A representative of the Chamber of Commerce or local businesses
			Representatives of local civic or volunteer groups
			Representatives of local Faith Based Organizations
			Private citizens with interest or experience in issues concerning alcohol or drug abuse, addiction or juvenile delinquency
			Youth representatives
			Older adult representatives
			Individuals who have been affected by alcoholism or drug abuse, including individuals who have been directly affected by their own or family members abuse or addictions
			Health and Human Service agencies/professionals; especially health care professionals including Pharmacists, Physicians or Therapists, etc.
			Representatives of the local communications media; or Public Relations
			Representatives of public and private organizations involved in the prevention or treatment of alcoholism and drug abuse and/or the regional coalition

Form 4A

County: (Choose One)

Priority Addressed: Reduce the Use of New and Emerging Drugs of Abuse

Last Updated:

Logic Model 2014-2018 Grant Cycle

Problem Statement

Large empty rounded rectangle for Problem Statement with 'Data:' label at the bottom.

Root Causes 'But why?'

1

Box 1: Price. Data: LC:

2

Box 2: Community Norms. Data: LC:

Local Conditions 'But why here?'

1

Box 1: Data:

2

Box 2: Data:

3

Box 3: Data:

4

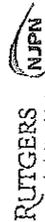
Box 4: Data:

Interventions

Large empty rounded rectangle for Interventions.



As part of Prevention Unification with:



Form 4B



**Logic Model 2014-2018 Grant Cycle
Data Sheet**

All citations should include the data and source. For example:

- In 2010, marijuana admissions ranked 8th in the state and in 2011 it ranked 6th (*DMHAS Substance Abuse Overview*)
- Perception of risk from marijuana use among 11th graders decreased from 83% to 60% from 2006-2012 (*American Drug and Alcohol Survey and Pride Surveys*)
- Key informant interviews and focus group participants reported that marijuana is used recreationally by youth at house parties (*Key Informant Interviews, Focus Groups with Youth, 2012*).

Problem Statement Data:

Root Cause Data

Root Cause 1:

Root Cause 2:

Local Condition Data

Local Condition 1:

Local Condition 2:

Local Condition 3:

Local Condition 4:

FORM 5
Municipal Alliance Committee Capacity Assessment Tool

Alliance Name: _____ **County:** _____ **Grant Year:** _____ **Last Updated:** _____

The assessment tool serves as BOTH a tool to evaluate the current capacity of the Municipal Alliance Committee and a resource to build-up and strengthen the structure and function of the Committee. The goal is to increase the Municipal Alliance's community identity and participation to affect community-wide change.

- At a minimum, the assessment check list must be completed and included in the Strategic Plan and annual updates
- On a quarterly basis, it is recommended that the Municipal Alliance Committee will evaluate their Improvement Plan section.
- At a minimum, the outcomes of the Improvement Plan section will be reviewed by the county at the annual Site Visit.

It is important that the Improvement Plan be reassessed on a regular basis as capacity building is an ongoing and fluid process which is subject to both internal and external changes.

Overall Section Score: Committee Members rate the Municipal Alliance's overall score in each category. Scores are rated '1 through 5'; 5 is the highest score and 1 is the lowest score.

All categories rated 2 or below must be addressed in the improvement plan section
The committee may choose to strengthen any categories rated '3' or above

Date of Assessment: _____ Number of members participating in the assessment: _____

Governor's Council on Alcoholism and Drug Abuse
Fiscal Grant Cycle July 2014-June 2019

Category	Considerations	Overall Section Score	Successes/Challenges/Comments	Improvement Plan <u>Steps to build & strengthen structure and function.</u>
A. Membership (see suggested sectors on page 2)	<ol style="list-style-type: none"> 1. All sectors are represented on the committee 2. Community cultural demographics are represented on the committee. 3. The committee encourages collaborations with community partners. 4. Diversity issues are discussed at meetings. 5. Cultural sub-groups are included in all aspects of the SPF (i.e. assessment, planning, implementation, evaluation, etc.) to insure cultural relevance. 6. Members receive copies of membership listing. 			
B. Meeting Place/Time & Room Preparation	<ol style="list-style-type: none"> 1 The meeting site is appropriate in size/location and represents the group as a Municipal government organization. 2 The meeting time fits-in with member schedules. 3 There is adequate signage: Members/public easily locate the meeting place. 4 There is adequate seating prepared prior to the start of the meeting. The seating arrangement is conducive to discussion. 5 Sign-In Sheets, Agendas, and Hand-Outs are visible and available. 			

Governor's Council on Alcoholism and Drug Abuse
Fiscal Grant Cycle July 2014-June 2019

<p>C. Vision & Mission Statements and Bylaws</p>	<p>1.The Municipal Alliance has Vision and Mission Statements. 2.The Municipal Alliance's Bylaws are current. 3.Members have copies of the Vision and Mission Statements and Bylaws. 4.The Vision and Mission Statements are available at each meeting.</p>		
<p>D. Welcome</p>	<p>1.Current literature hand-outs about the Municipal Alliance are on file. 2.Special attention is given to New Members, Public Participants, Presenters, and Visitors at meetings; and they receive Alliance information. 3. Round Table introductions are conducted prior to start of each meeting.</p>		
<p>E. Decision Making</p>	<p>1.A clear summary statement (motion) is presented to members prior to a vote. 2.All members are given an opportunity to express opinions and participate in discussions.</p>		
<p>F. Program Information and Outcomes</p>	<p>1. Members are informed of activity/program descriptions, progress, and outcomes at each meeting.</p>		
<p>G. Correspondence</p>	<p>1.Meeting reminders/follow-up and meeting minutes are sent to all members. 2.Alliance Correspondence (Local, County, State) is shared with members.</p>		

Governor's Council on Alcoholism and Drug Abuse
Fiscal Grant Cycle July 2014-June 2019

<p>H. Training</p>	<p>1. Training opportunities are available for members. Cultural Competency training is provided and new members are oriented.</p>			
<p>I. Acknowledgements</p>	<p>1. The committee has a process in place for recognizing the efforts of volunteers or community partners.</p>			
<p>J. Feedback</p>	<p>1. Members are encouraged to make suggestions and share ideas regarding the organizational structure of the committee.</p>			
<p>K. Resources and Collaborations</p>	<p>1. The Municipal Alliance maintains a list of membership resources (See Community Anti Drug Coalitions of America "<i>Capacity Primer</i>" p. 12-18 and Appendix 2 of the Guidelines)</p> <p>2. The Municipal Alliance informs the governing body of programs and activities.</p> <p>3. Community organizations are invited to Municipal Alliance Committee meetings to discuss ATOD issues and resources.</p> <p>4. There is a listing of current Community Resources to build community partnerships.</p> <p>5. The Municipal Alliance supports other community organizations' ATOD prevention programs.</p>			

Governor's Council on Alcoholism and Drug Abuse
 Fiscal Grant Cycle July 2014-June 2019

<p>L. Subcommittees</p>	<p>1. The Municipal Alliance creates subcommittees when appropriate to achieve the program and activity goals. Relevant non-members are considered for inclusion on the subcommittee.</p>			
<p>M. Other Suggestions</p>				

FORM 6
ALLIANCE COORDINATION PLAN
(Complete this form if there is a paid Municipal Alliance Coordinator.)

Alliance Name: _____

County: _____

Last Updated: _____

<p>Coordinator Information: Name Street Address City, State Zip Phone Number Email</p>	
<p>Job Responsibilities: Identify responsibilities of the Coordinator.</p>	
<p>Role in the Municipality: Define your role in the municipality and to whom you report. If you are also a municipal employee, please list your title.</p>	
<p>Coordination Budget and Resources: Complete this section for administrative coordination services only. This does not include any program implementation services. Please provide a detailed breakdown including hourly rate or salary.</p> <p>*Information from this section must be placed on Form 8 under Alliance Coordination.</p>	<p>DEDR Total \$ DEDR—Personnel/Twp Employee---\$ DEDR---Consultant—\$ DEDR—Other Direct Cost—\$</p> <p>Cash Match Total \$</p> <p>In-Kind Total \$</p>
<p>Program Implementation: Are you also being paid to implement any Alliance programs? If so, please detail the program and responsibilities. Complete this section for program implementation services only. This does not include administrative coordination services. Please provide a detailed breakdown including hourly rate or salary.</p> <p>*Information from this section must also be accounted for as part of the program information included on Form 7 and 8. This does not get included on Form 8 under Alliance Coordination.</p>	<p>DEDR Total \$ DEDR—Personnel/Twp Employee---\$ DEDR---Consultant—\$ DEDR—Other Direct Cost—\$</p> <p>Cash Match Total \$</p>
<p>Grand Total Costs: Add both sections above (Coordination Budget and Resources AND Program Implementation) to provide a grand total.</p>	<p>DEDR Total \$ DEDR—Personnel/Twp Employee---\$ DEDR---Consultant—\$ DEDR—Other Direct Cost—\$</p> <p>Cash Match Total \$</p> <p>In-Kind Total \$</p>

FORM 6

Alliance Coordination Plan

(Complete this form if there is a paid Municipal Alliance Coordinator.)

Alliance Name: Utopia

County: Paradise

Last Updated: 8/12/13

<p>Coordinator Information:</p>	<p>Michael Jordan 1230 Hoops Way Anytown, NJ 05555 732-555-1202 MJlovesbasketball@gmail.com</p>
<p>Job Responsibilities:</p>	<p>Completes all paperwork for the Alliance, including minutes, quarterly reports, RFP's, handles general Alliance communication and meeting materials, responsible for tracking budget and finances. Coordinates Alliance Summer Program. Facilitates Strengthening Families.</p>
<p>Role in the Municipality:</p>	<p>Full time Recreation Director (reports to Business Administrator). Part time Alliance Coordinator, stipend position.</p>
<p>Coordination Budget and Resources:</p> <p>Complete this section for administrative coordination services only. This does not include any program implementation services. Please provide a detailed breakdown including hourly rate or salary.</p> <p>*This budget information must be placed on Form 8 under Alliance Coordination.</p>	<p>DEDR Total \$4,000 DEDR—Personnel/Twp Employee---\$4,000 Partial salary for 15 hours a week year-round DEDR---Consultant—\$ DEDR—Other Direct Cost—\$</p> <p>Cash Match Total \$2,000 Partial salary for 15 hours a week year-round</p> <p>In-Kind Total \$5,000 toward health benefits</p>
<p>Program Implementation:</p> <p>Complete this section for program implementation services only. This does not include administrative coordination services. Please provide a detailed breakdown including hourly rate or salary.</p> <p>*This information should be also accounted for as part of the program information included on Form 7 and 8. This does not get included on Form 8 under Alliance Coordination.</p>	<p>DEDR Total \$3,000 DEDR—Personnel/Twp Employee--\$1,000 Directly oversee the July half Rec/half Life Skills Alliance Summer Program; coordinates staff, trips, and Life Skills facilitators and schedule. DEDR---Consultant—\$2,000 – Strengthening Families facilitator (20 sessions x \$100) DEDR—Other Direct Cost—\$0</p> <p>Cash Match Total \$1,000 Strengthening Families facilitator (10 sessions x \$100)</p>
<p>Grand Total Costs:</p> <p>Add both sections above (Coordination Budget and Resources AND Program Implementation) to provide a grand total.</p>	<p>DEDR Total \$7,000 DEDR—Personnel/Twp Employee---\$5,000 DEDR---Consultant—\$2,000 DEDR—Other Direct Cost—\$0</p> <p>Cash Match Total \$3,000</p> <p>In-Kind Total \$5,000</p>

FORM 7

ALLIANCE ACTION PLAN

(Complete one form for each intervention to be addressed by the Alliance.)

Alliance Name:

County:

Last Updated:

Drug Priority:

Root Cause:

Goal (Long term outcome):

Local Condition:

Objective (Intermediate outcome):

Strategy/ies:

Plan for Action	Activity/Program: Specific name of activity/program		
	Brief Description: What is the main purpose of this activity? What will participants/target population learn? How will they benefit?		
	When, Where, and How: When will this take place? What is the timeframe for this activity/program? How much? How often?		
	Target Population: Who is this impacting?	Primary Population:	Primary Ethnicity:
		Other Populations Reached:	Other Ethnicities Involved:
	Community Partners: Who else is collaborating on this project? List partners.		
Plan for Implementation	Budget and Resources: MUST PROVIDE BREAKDOWN WITH ESTIMATED DETAILS	DEDR Total \$ DEDR—Personnel/Twp Employee—\$ DEDR—Consultant—\$ DEDR—Other Direct Cost—\$ Cash Match Total \$ In-Kind Total \$	
	Responsible Members for Implementation: Who is implementing this program & what are their credentials? Provide resume. If not identifying the exact person / provider, what are the qualifications you will be seeking for the position(s)? Provide job description.		
Plan for Evaluation	Measure Process and Outcome Indicators: Process goals: # of sessions, # of unduplicated people attending each session Short term goals: What would you learn/benefit?	Process goals: Short term goals:	
	Tools/Instruments use to collect information: Process tools: Attendance sheets Short term tools: Pre/post test, survey, questionnaire	Process tools: Short term tools:	

FORM 7

ALLIANCE ACTION PLAN

(Complete one form for each intervention to be addressed by the Alliance.)

Alliance Name: Utopia

County: Paradise

Last Updated: 9/1/13

Drug Priority: Underage Drinking

Root Cause: Availability/Access

Goal (Long term outcome): To reduce availability of alcohol to minors.

Local Condition: Merchants are not carding or they are accepting fake IDs

Objective (Intermediate outcome): Increase the number of merchants carding and knowledge of identifying fake IDs.

Strategy/ies: Enhancing Skills, Changing Consequences, Modifying/Changing Policies

Plan for Action	Activity/Program: Specific name of activity/program	Responsible Beverage Server Training (RBST)	
	Brief Description: What is the main purpose of this activity? What will participants/target population learn? How will they benefit?	RBST's will be offered on a regular basis for servers working in alcohol serving establishments. Local merchants will also be encouraged through ongoing outreach to create and enforce policy to mandate all servers be trained through RBST. Merchants will be contacted on a quarterly basis to review policy concerns and compliance.	
	When, Where, and How: When will this take place? What is the timeframe for this activity/program? How much? How often?	Bi-monthly trainings will take place over the course of the year. Each training will be three hours in length, held at various merchant locations on a rotating basis. Alcohol serving establishments will require all new staff to attend a scheduled training, within 4 months of hiring. Local merchants enacting this policy will be honored at a township ceremony in conjunction with Drunk and Drugged Driving Awareness Month.	
	Target Population: How many people are being served? Who is this impacting?	Number of participants/recipients: 180 servers and 20 local establishment owners and managers.	
		Primary Population: Community at large	Primary Ethnicity: All
	Other Populations Reached: None	Other Ethnicities Reached: None	
	Community Partners: Who else is collaborating on this project? List partners.	Working with local merchants (yet to be identified) and the Chamber of Commerce	
Plan for Implementation	Budget and Resources: MUST PROVIDE BREAKDOWN WITH ESTIMATED DETAILS	DEDR Total \$5,000 DEDR—Personnel/Twp Employee—\$ DEDR—Consultant—\$2,500 \$100 per hour for 18 hours of direct service training + 7 hours of technical assistance and quarterly follow up = \$2,500 DEDR—Other Direct Cost—\$2,500 \$2,000 for food at the ceremony \$500 for printing materials Cash Match Total \$200 \$200 for printing materials for the training In-Kind Total \$10,000 Merchants will be providing food at their establishments during the training (30 people at \$20 each = \$600 for 6 trainings = \$3,600) Free advertisements in the township bulletin valued at \$6,400	

Governor's Council on Alcoholism and Drug Abuse

Fiscal Grant Cycle July 2014-June 2019

	<p>Responsible Members for Implementation: Who is implementing this program & what are their credentials? Provide resume.</p> <p>If not identifying the exact person / provider, what are the qualifications you will be seeking for the position(s)? Provide job description.</p>	<p>Training, technical assistance and policy compliance will be provided by: Carmelo Anthony, CPS and RBST Certified Trainer 7 Hoops Way Knicks City, NJ 55555</p>
<p>Plan for Evaluation</p>	<p>Measure Process and Outcome Indicators: Process goals: # of sessions, # of unduplicated people attending each session Short term goals: What would you learn/benefit?</p>	<p>Process goals: 30 unduplicated people over 6 sessions for a total of 180 people trained. Short term goals: Increase knowledge and skill regarding accepting proper ID, increase merchants understanding and compliance with adopting policy, increased public awareness and recognition for merchants that complete the training and effectively implement policy</p>
	<p>Tools/Instruments use to collect information: Process tools: Attendance sheets Short term tools: Pre/post test, survey, questionnaire</p>	<p>Process tools: Attendance sheets Short term tools: Pre/post test, survey, questionnaire, compliance feedback</p>

