

Appendix E:
Substance Abuse Prevention and Treatment Block Grant Application Forms 4 and 6

Substance Abuse State Agency Spending Reports

(include only funds flowing through your agency.)

State:

Dates of State expenditure period: from to
(same as Form 01)

Activity

(see instructions for using flow 1)

	SAPT Block Grant		C. Medicaid <small>(Federal, State and Local)</small>	D. Other Federal Funds <small>(e.g., Medicare, other public welfare)</small>	E. State Funds	F. Local Funds <small>(excluding local Medicaid)</small>	G. Other
	A. FFY 1995 Award (Spent)	B. FFY 1996 Award (Obligated)					
1. Substance abuse treatment and rehabilitation							
2. Alcohol treatment and rehabilitation							
3. Drug treatment and rehabilitation							
4. Primary Prevention							
5. Tuberculosis Services							
6. HIV Early Intervention Services							
7. Administration (excluding program/provider level)							
8. Column Total							

SUBSTANCE ABUSE ENTITY INVENTORY

(Complete columns 1-4 first. Then complete columns 5-11 for each entry.)

State :

FFY 1995 award

1. Entity Number	2. National Facility Register (NFR) ID	3. Area Served	4. Use of funds	5. SAPT block grant	6. State Funds	7. SAPT block grant funds for alcohol services	8. SAPT block grant funds for drug abuse services	9. SAPT block grant funds for prevention	10. SAPT block grant funds for IVDU services	11. SAPT block grant funds for women services
		00. Statewide or enter substate area code	1. Substance abuse 2. Alcohol 3. Drug Abuse 4. Primary prevention 5. Early Intervention 6. Outreach 7. Resource Development 8. Multiple Codes		Spent during expenditure period					
Enter all that apply				A. FFY 93	B. FFY 94					
If last Form 08 page, then enter State totals										

Primary Prevention Expenditures Checklist

	Block Grant		Other Federal	State	Local	Other
	FFY1995	FFY1996				
<input type="checkbox"/> Information Dissemination	\$___	\$___	\$___	\$___	\$___	\$___
<input type="checkbox"/> Education	\$___	\$___	\$___	\$___	\$___	\$___
<input type="checkbox"/> Alternatives	\$___	\$___	\$___	\$___	\$___	\$___
<input type="checkbox"/> Problem Identification & Referral	\$___	\$___	\$___	\$___	\$___	\$___
<input type="checkbox"/> Community- based process	\$___	\$___	\$___	\$___	\$___	\$___
<input type="checkbox"/> Environmental	\$___	\$___	\$___	\$___	\$___	\$___
<input type="checkbox"/> Other	\$___	\$___	\$___	\$___	\$___	\$___
<input type="checkbox"/> Section 1926 - Tobacco	\$___	\$___	\$___*	\$___*	\$___*	\$___*
TOTAL	\$___	\$___	\$___	\$___	\$___	\$___

* Please list all sources, if possible (e.g. Centers for Disease Control and Prevention block grant, foundations)