



Gulf Coast HIDTA Initiative On-Site Review

Initiative:

Supervisor:

Lead Agency:

Reviewer:

Date:

Time:

Approved Level:

Present Level:

Number of Full-Time Personnel:

Number of Part-Time Personnel:

Does the number of full-time personnel agree with the approved initiative submission?

Yes _____ No _____

Explain discrepancies:

INTERVIEW

	Count	Yes/No	Comments
1. Co-located?			
2. Commingled?			
3. How many active HIDTA cases?			
4. How many active DTO cases?			
5. How many OCDETF cases?			
6. Are full-timers actually full-time?			
7. Are agencies meeting commitments?			
8. Contractors?			
9. Non-HIDTA grants?			
10. Any problems with lead agency concept?			
11. Relationship with participating agencies?			
12. Does supervisor understand PMP?			
13. Is supervisor familiar with HIDTA SOP and Supervisor Manual?			
14. Any new drug trends observed?			

	Count	Yes/No	Comments
15. Review expected outputs for calendar year			
16. Are outputs likely to produce specific outcomes?			
17. Is the initiative working within its focus and scope as described in its <i>Expectations</i> ?			
18. Notification of significant investigations/seizures/arrests?			
19. Track seizures (drugs, assets, etc.)			
20. Overtime controls or certifications?			
21. Review budget to date - spending money appropriately?			
22. SAFETNet participation/support?			
23. Does Initiative/County continue to meet statutory criteria for inclusion in the program.			
24. Rate the facilities:	Poor _____	Adequate _____	Excellent _____
25. Rate quarterly report:	Poor _____	Adequate _____	Excellent _____

REMARKS (if necessary):

Reviewed by: _____
Director

Date: _____