



# 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*

	Yes/No	Comments
1. Co-located?		
2. Commingled?		
3. Are full-timers actually full-time?		
4. Are agencies meeting commitments?		
5. Contractors?		

	<b>Yes/No</b>	<b>Comments</b>
6. Non-HIDTA grants?		
7. Any problems with lead agency concept?		
8. Relationship with participating agencies?		
9. Does supervisor understand PMP?		
10. Is supervisor familiar with HIDTA SOP and Supervisor Manual?		
11. Connectivity to other intelligence components? To enforcement initiatives?		
12. Military Intelligence support on-site?		
13. Intelligence training provided?		
14. Using EPIC, HSIN resources?		
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. Review budget to date - spending money appropriately?		

	<b>Yes/No</b>	<b>Comments</b>
19. SAFETNet participation/support?		
20. Does Initiative/County continue to meet statutory criteria for inclusion in the program.		
21. Rate the facilities:	Poor _____ Adequate _____ Excellent _____	
22. Rate quarterly report:	Poor _____ Adequate _____ Excellent _____	

REMARKS (if necessary):

Reviewed by: \_\_\_\_\_  
Executive Director

Date: \_\_\_\_\_