



## Unwanted Prescription Drug Clean Sweep Collection Grants

Wisconsin Department of Agriculture, Trade and Consumer Protection

### Final Report Guidelines

#### Key Points

- Grant coordinators of unwanted prescription drug collections must submit a final report to the Department of Agriculture, Trade, and Consumer Protection (DATCP) **within 60 days of project completion. If you cannot meet this deadline, contact me. We cannot process your grant payment until we receive and approve your Final Report. Submittal delays may result in loss of grant funds.**
- Incomplete reports will cause a delay in evaluation and reimbursement and coordinators may be asked to amend or modify report sections if necessary.
- You may mail, email or fax your final report to:  
Clean Sweep Program Coordinator  
DATCP Clean Sweep Program  
PO Box 8911  
Madison WI 53708-8911  
Email: [DATCPcswp@Wisconsin.gov](mailto:DATCPcswp@Wisconsin.gov)  
Fax: 608-224-4545

Unwanted prescription drug coordinators must submit a final report to DATCP **within 60 days of project completion. If you cannot meet this deadline, contact the Clean Sweep Program manager. Your grant payment cannot be processed until your final report is received and approved. Submittal delays may result in loss of grant funds.**

#### Recommended Process

The final report for your Unwanted Prescription Drug (Drug) grant will include three key items:

- Written project narrative
- Summary of collected unwanted prescription drugs
- Expenses/project costs including waste contractor invoice(s) if applicable

To begin, gather all invoices and financial documents. Review and complete all required worksheets then prepare your written narrative. The forms you will need are:

- Drug Grant Expense Reimbursement and Match Worksheet (*ARM-ACM-509*)
- Drug Grant Collection Summary Sheet (*ARM-ACM-445*)
- Drug Grant Labor Worksheet (*ARM-ACM-446*) (optional worksheet)
- Drug Grant Local Expense Worksheet (*ARM-ACM-447*) (optional worksheet)

***If your grant was to only purchase a drug drop box, see page 2.***

#### Written Project Narrative

The written portion can be a short summary.

- A.) Project Overview:** Give a brief description of the format of your drug collection (permanent drop box(es), or collection events). Include dates, times and locations if collection events were used or you can include promotional materials with this information.
- B.) Participation:** Summarize program participation. You can reference the drug collection summary sheet in this section. Did the collection meet your expectations of participation? If surveys were done, please provide a summary of results. If your project only had drug drop boxes, you will be unable to provide participation levels, only amounts collected. If you held one or more collection events, describe the following items *if possible*: number of participants, geographic attendance area (where participants came from if known), quality of turnout.

**C.) Public Information Program: Provide a statement about the public information program used to inform the public and target audiences about your collection event or drop box availability.** If any special or community-wide events were held in association with the unwanted prescription drug collection event, (e.g. mercury thermometer exchange, household hazardous waste collection, Wisconsin Department of Justice (DOJ) collection event), comment on the impact of these events in terms of attendance. *You may include examples of posters, advertisements or text for radio ads.* **Did you provide any information on reducing prescription drug use?**

**D.) Project Evaluation: Evaluate the project from start to finish.** Your evaluation should cover items such as:

- Did your collection program meet expectations or goals?
- What worked well and what didn't?
- What changes, if any, will you consider for the future if you want to continue this service?
- What administrative, technical, or educational things can DATCP do to better serve your future needs?
- If you used a waste contractor for items not accepted by the DOJ collection, did their service and program support meet expectations?

**E.) Waste Summary:**

Summarize key information on the amount and types of unwanted prescription drugs collected. If collection amounts were above or below expectations, what factors might have accounted for this finding, (e.g. drug drop boxes versus collection events, expanded collections or territory, reaching out to more rural communities). If you are a multi-municipal/tribal collection, consolidate collection information on the summary sheet. Any collection day observations of unusual or unique drugs are always appreciated. **Include the completed Drug Grant Collection Summary Sheet (ARM-ACM-445).**

**F.) Expenses/Project Costs:** There are two required items to include in this section:

- **Drug Grant Expense Reimbursement and Match Documentation Worksheet (ARM-ACM-509)**
- **Invoice(s) for all reimbursable expenses- however,** if your municipality used the DOJ for drug disposal there will be no waste contractor invoice. Note this on the expense form.

All invoices for reimbursable expenses (except staff time/labor hours) should be submitted. Maintain receipts and invoices for six years.

If the amount of labor or local expenses are greater than the space provided on *ARM-ACM-509*, use the optional worksheets listed on page 1 or you may submit your own spreadsheet or worksheets.

#### **Transfer of Unused Prescription Drug Funds**

**If you are also the grant coordinator for a household hazardous waste grant, you may apply unused drug funds toward household hazardous waste expenses.** For example, if the county solid waste department holds the unwanted prescription drug grant *and* the household hazardous waste (HHW) grant, then unused drug funds can be transferred. However, if the sheriff's department holds the drug grant and the county solid waste department holds the HHW grant, no monies can transfer because of different entities.

#### **PURCHASE OF A DRUG DROP BOX**

If your grant application was for the sole purpose of purchasing a drug drop box, then do the following:

- Complete and submit the **Drug Grant Expense Reimbursement and Match Worksheet (ARM-ACM-509)**
- Include an invoice on the cost of the drug box.
- You are welcome to send in pictures, advertisements or flyers used to promote your community's new drug box.

**Questions?** Contact the Clean Sweep Program Coordinator at (608) 224-4545 or [DATCPcswp@Wisconsin.gov](mailto:DATCPcswp@Wisconsin.gov).