

**EDWARD H. JURITH
DRUG-FREE WORKPLACE PROGRAM
AWARD**

Application

Section I: Submission Information

AGENCY

Name: _____

Agency Head: _____

Address: _____

Phone: _____

DRUG PROGRAM COORDINATOR

Name: _____

Phone: _____

Email: _____

INSTRUCTIONS

Please note that [Adobe Reader version 11 or above](#) is required to complete this application.

Please complete, in its entirety, Sections I and II of this application. All benchmarks in Section II, Requirements, must be met in order to be considered for the award. Agencies should describe any and all best practices in Section III, Excellence Criteria. However, it is not required that all criteria in Section III be met. It is recommended that the Drug Program Coordinator serves as the Lead in completing the application.

Please submit: 1) completed application; 2) excellence documentation; 3) transmittal letter. Attach buttons are provided throughout for attaching documents. Links to supporting documents may also be submitted in spaces provided. Applications are due by **July 15, 2015.**

For additional information on the Drug-Free Workplace Program, go to <http://www.samhsa.gov/workplace/workplace-programs>. If you have further questions, contact Hyden Shen, J.D., at the Division of Workplace Programs (DWP), 240-276-2600, or email at DWP@samhsa.hhs.gov. In the subject line of the email, please type "Jurith Award Question."

EVALUATION AND AWARD

Applications will be reviewed by the Interagency Coordinating Group Executive Committee, chaired by the White House Office of National Drug Control Policy and staffed by representatives from the Department of Health and Human Services, Department of Justice, and Office of Personnel Management.

The winner will be acknowledged during a White House award ceremony with a plaque from the Office of National Drug Control Policy recognizing the agency's excellence in the Drug-Free Workplace Program.

Section II: Requirements

- ❖ All benchmarks below must be met.
- ❖ If additional space is required to describe the criteria, please attach a separate document at the end and clearly label the criteria.

A. Certified Plan: Agency has a Drug-Free Workplace Program certified by the Department of Health and Human Services.

Yes No Date of certified plan: _____

B. Employee Assistance Program: Agency provides an Employee Assistance Program for all employees.

Yes No

Please describe (maximum 580 characters):

C. Supervisor Training: Agency provides drug-free workplace training to supervisors.

Yes No

Please describe (maximum 580 characters):

D. Employee Education: Agency offers drug education for employees.

Yes No

Please describe (maximum 580 characters):

E. Drug Testing: Agency conducts testing as stipulated in the plan.

Yes No

Please describe (maximum 580 characters):

F. Mandatory Guidelines: Agency conforms to the *Mandatory Guidelines for Federal Workplace Drug Testing Programs* in its collection, laboratory, medical review, and quality assurance activity.

Yes No

G. Reporting: Agency has submitted Annual Survey Reports on time in the previous year?

Yes No

Section III. Excellence Criteria

- ❖ Please describe excellence, accomplishments, and best practices proposed for review and award.
- ❖ Possible areas are provided, but are intended to be examples only, and agencies should feel free to propose others for consideration as appropriate.
- ❖ Agencies may propose excellence, accomplishments, and best practices in one or more criteria.
- ❖ Please provide a detailed description in the boxes below on how your agency has met this excellence criterion. If applicable, attach excellence documentation and clearly label which criteria it is associated with in the file name. Supporting materials should not exceed 5 pages. Paste any links to online supporting documentation in the boxes below (more space is provided at the end of this application).

- A. Program Maintenance:** Agency has developed and implemented a process for reviewing and updating its program materials, e.g., updating the drug-free workplace plan, list of positions designated for random testing (TDPs) (if applicable), implementation manual, supervisor handbook, etc.

Please provide a detailed description below (maximum 580 characters):

- B. Employee Assistance Program:** Agency has worked with the employee assistance program staff/provider to enhance capability to address drug issues, e.g., expanding coverage to family members, in program awareness efforts, to support supervisor training or employee education, on other human capital policy issues, etc.

Please provide a detailed description below (maximum 580 characters):

- C. Supervisor Training:** Agency has developed and delivers high quality supervisor training on drug-free workplace program duties and responsibilities, e.g., evaluated and enhanced supervisor training, developed new supervisor training products, etc.

Please provide a detailed description below (maximum 580 characters):

- D. Employee Education:** Agency has undertaken an employee education effort in the past two years, e.g., employee drug education needs assessment, offering of online employee education materials and resources such as webcast of video training, health fairs integrating drug education, etc.

Please provide a detailed description below (maximum 580 characters):

- E. Program Evaluation:** Agency has studied some or all of its Drug-Free Workplace Program components to address compliance, cost efficiency, and/or drug testing experience, e.g., agency has reviewed its Annual Survey Report and other data to make decisions about random sampling; agency has briefed senior leadership on program status, etc.

Please provide a detailed description below (maximum 580 characters):

- F. Other:** Agency has undertaken other efforts that have resulted in positive outcomes for its Drug-Free Workplace Program, e.g., agency leadership has shown support and commitment to the agency's Drug-Free Workplace Program; agency has established collaboration among human capital, general counsel, security, and employee assistance program; agency has developed practices, lessons learned, or other resources that could be beneficial to other agencies, etc.

Please provide a detailed description below (maximum 580 characters):

If necessary, add additional responses and links to supporting documentation:

A. Program Maintenance:

B. Employee Assistance Program:

C. Supervisor Training:

D. Employee Education:

E. Program Evaluation:

F. Other:

Click here to make sure that all required fields have been filled.

Click here to attach your transmittal letter.

To submit your application, click Submit. If a new window opens in your email software, click the Send button.

Thanks for submitting your entry!