Revised 06/05

TAETHICS & CHAPAGNICS AND CAMPAIGN DISCLOSURE BOARD
DISCLOSURE BOARD
510 EAST 12TH SHITE 44 MAR 1 4 2006

DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics



Code section 8.7 requires all gifts, bequests, and grants given to any department of the ra or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

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Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only	
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or Office 321 E, 12th St., Lucas St. Office Bldg., 1st Floor	Des Maines, IA 50319	
Mailing Address City, State, Zip Code		
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTM	ENT OR OFFICE:	
Dale Woolery, Assistant Drug Policy Coordinator		
Name		
Mailing Address (if different from above)	City, State, Zip (if different from above)	

DONOR OF GIFT, BEQUEST, OR GRANT:

dale.woolery@iowa.gov

Email Address

U.S. Dept of Justice, Office of Justice Programs, BJA		
Name		
810 7th St. NW, 4th Fl.	Washington, DC 20531	
Mailing Address	City, State, Zip Code	
202/616-1283		
Area Code & Telephone Number		
judy.poston@usdoj.gov		
Email Address (optional)		

02/16/06

515/281-3788

\$ 1,881,623.00

Date of Gift, Bequest, or Grant

Amount/Value*

'value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00"

Area Code & Telephone Number (if different from above)

Provide a description of the gift, bequest, or grant and purpose thereof:

Grant #2006DJBX0030, Justice Assistance Formula Grant (JAG) allows tates, tribes, and local governments to support a broad range of activities to prevent and control crimes based on their own local needs and conditions. Programs will be funded through a competitive grant process and will include apportunities for prevention and education, law enforcement, prosecution, corrections, drug treatment, and technology improvement initiatives.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

Dale Woolery affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

ale (Wooley)

03/06/2006

Date

IDWANDARD AND CAMPAIGN DISCLOSURE BOARD

TAETHICS & CAMPAIGN DISCLOSURE BOARD

510 EAST 12TM, SUITE 1A MAR 1 4 2006

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FORM-C	BG
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Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only		
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Governor's Office of Drug Control Policy	
Name of Department or Office 321 E. 12th St., Lucas St. Office Bldg., 1st Floor	Des Moines, IA 50319
Mailing Address \$15/242 6391	City, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTME	NT OR OFFICE:
Date Woolery, Assistant Drug Policy Coordinator	
Name	
Mailing Address (if different from above)	City. State, Zip (if different from above)
dale.woolery@iowa.gov	515/281-3788
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

U.S. Dept of Justice, Office	of Justice Programs, BJA		
Name			
810 7th St. NW, 4th Fl.	Washington, DC 20531		
Mailing Address	City, State, Zip Code	02/16/06	\$ 87,514.00
202/616-1283		Date of Gift, Bequest, or Grant	Amount/Value*
Area Code & Telephone Number			1 - 10 - 5 25
judy.poston@usdoj.gov		*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
Email Address (optional)	ail Address (optional)		

Provide a description of the gift, bequest, or grant and purpose thereof:

Grant #2006RTBX0010. Residential Substance abose Treatment for State Presoners-Assists state and local governments in developing and implementing substance abose treatment programs in state and local correctional and determine facilities. The RSAT program also assists with creating and mandaining community-based aftercare services for offenders who are released from institutionally based substance abose programs. RSAT funding will assist the Waterloo Residential Facility and the State Training School and lowe juvenile Home with their treatment programs.

Criteria to use this form:

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Statement of Affirmation:

Dale Woolery affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

al Wooden

03/06/2006 Date