Revised 06/05

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa 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.

Gift, Baquest, or Grant information received by a department or	
accepted by the Governor on behalf of the state	
For office use only	
Audited	
Cnecked	
Computer	

FORM-GBG

## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Governor's Office of Drug Control Policy

Name of Department or Office 321 E. 12th Street, Lucas State Office Bldg. Des	8 Moines, TA 50319
	/, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	
Dale Woolcry, Associate Coordinator	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above) 515/281-3788
Email Address	Area Code & Telephone Number (if different from above)
U.S. Dept of Justice, Office of Juvenile Justice & Delinquency Prevention  Name  810 7th St. NW, 4th Floor Washington, DC 20531  Mailing Address City, State, Zip Code  202/305-9838	09/12/2005 \$ 493,322.00  Date of Gift, Bequest, or Grant Amount Value*
Area Code & Telephone Number  Email Address (optional)	Value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0 00".
Provide a description of the gift, bequest, or grant and purpose thereof:  Drug Bodwingered Children Program, PY2005 OJJDY Compressional Estimative Program. The Drug Editingerial Children has break the cycle of perject and abuse was lated with substance doubling complieds. The program with put togethe the source and well-bring of children, and hald deglocated and abuse parceix accountable. The program washe for DEC Coordinator who will develop model protocols and provideres, provide nutricials, training and rectalists assisted thangered and activities.	hor resource. He m the griminal justice system, human services, juvenile erent, and public health system in address untities in abusining substance abuse treatment and other types of family-based assistance. The program supports

## Statement of Affirmation:

Criteria to use this form:

Date 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.

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.

Signature Signature

September 12, 2005