(4) SUBMIT AN ANNUAL REPORT ON THAT PROGRESS TO THE HEALTH OFFICER FOR AND GOVERNING BODY OF THE APPROPRIATE COUNTY AND, THROUGH THE ALCOHOLISM COORDINATOR, TO THE DIRECTOR;

(5) SET PRIORITIES FOR ALLOCATION OF FUNDS;

(6) IN ACCORDANCE WITH THOSE PRIORITIES AND AFTER CONSIDERATION OF FINANCIAL RESOURCES, RECOMMEND THE APPROPRIATE ALLOCATION OF FUNDS;

(7) REVIEW AND COMMENT ON EACH APPLICATION OF THE COUNTY ALCOHOLISM PROGRAM FOR A STATE OR FEDERAL GRANT;

(8) GIVE INFORMATION AND ADVICE TO THE STATE ADVISORY COUNCIL;

(9) ACT AS A COUNTY ADVOCATE FOR ALCOHOLISM PROGRAMS;

(10) PARTICIPATE IN PROGRAM EVALUATIONS; AND

(11) REVIEW THE STATE COMPREHENSIVE INTOXICATION AND ALCOHOLISM CONTROL PLAN.

REVISOR'S NOTE: This section is new language derived without substantive change from former Article 2C, § 502(c) and the sixth sentence of (a).

In subsection (b)(1)(ii) of this section, the phrase "county alcoholism program" is substituted for "local alcoholism program", for clarity.

In subsection (b)(2) of this section, reference to "revising annually" is substituted for the reference to developing an "annual" plan, to conform to practice.

In subsection (b)(3) and (4) of this section, the former reference to the "Baltimore City Commissioner of Health" is deleted as unnecessary in light of the use of the defined term "health officer".

Subsection (b)(5) of this section is derived from the reference in former Article 2C, § 502(c)(3) to "agreed upon priorities" and revised to state expressly that the councils set their own priorities for allocation of funds, for purposes of their recommendations under subsection (b)(6) of this section.

Subsection (b)(7) of this section is revised to clarify that a county advisory council does not