



BYRNE JAG 2017 & 2018 REQUEST FOR ROPOSALS

**Edward Byrne Memorial
Justice Assistance Grant Program**

***for Guam's 2013-2016 Strategy for Drug Control, Violent Crime
and Criminal Justice Systems Improvement Strategy***

Eligibility:

Proposals may be submitted by any established non-profit organizations, faith-based organizations, law enforcement, victim services, and substance abuse public agencies that are consistent with the approved BJA programs identified in the 2013-2016 Strategy

Deadline

All applications are due by 4:00 p.m. Friday, October 26, 2018

Bureau of Statistics and Plans
P.O. Box 2950
Hagatna, Guam 96932
Telephone No.: (671) 472-4201/2/3
Facsimile No.: (671) 477-1812

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OVERVIEW

The Edward Byrne Memorial Justice Assistance Grant (JAG) Program (42 U.S.C. 3751(a)) is the primary provider of federal criminal justice funding to state and local jurisdictions. The JAG Program provides states and units of local governments with critical funding necessary to support a range of program areas including law enforcement, prosecution and court programs, prevention and education programs, corrections and community corrections, drug treatment and enforcement, crime victim and witness initiatives, planning, evaluation, and technology improvement programs.

The Byrne Justice Assistance Grant (JAG) program is designed to support all components of the criminal justice system, from multi-jurisdictional drug and gang task forces to crime prevention and domestic violence programs, courts, corrections, treatment and justice information sharing initiatives. JAG funded projects may address crime through the provision of services directly to individuals and or communities and by improving the effectiveness and efficiency of criminal justice systems, processes and procedures.

The priorities identified in the Guam FY 2013 - 2016 Strategy for Drug Control, Violent Crime and Criminal Justice Systems Improvement are law enforcement; sexual assault; treatment and rehabilitation; and technology improvement.

The proposed programs under each priority areas are the following:

Law Enforcement Priority

- *Multijurisdictional Drug Task Forces Program*

Sexual Assault and Violent Crime Priority

- *Forensic Medical Examination of Sexual Assault Program*
- *Sexual Assault Prosecution Program*

Treatment and Rehabilitation Priority

- *Correctional Treatment and Rehabilitative Program*
- *Recovery Oriented Systems of Care Program for Substance Abuse Offenders*
- *Drug Court Program*

Technology Improvement Priority

- *Criminal Justice Records Improvement Program*

JAG PROGRAM AREAS

JAG funds may be used for state and local initiatives, technical assistance, training, personnel, equipment, supplies, contractual support, and information systems for criminal justice, as well as criminal justice-related research and evaluation activities that will improve or enhance:

- Law enforcement programs
- Prosecution and court programs
- Prevention and education programs
- Corrections and community corrections programs
- Drug treatment and enforcement programs
- Planning, evaluation, and technology improvement programs
- Crime victim and witness programs (other than compensation)

PROJECT PROPOSAL DEADLINE

Each project proposal for the FY 2017 and 2018 Byrne JAG Program Narrative must be submitted to the Bureau of Statistics and Plans **by no later than Friday, October 26, 2018, 4:00 pm.** Proposals submitted after the deadline will not be considered. Please provide a hardcopy and an electronic format in Microsoft Word to the Bureau.

Submit Applications to: Bureau of Statistics and Plans
P.O. Box 2950
Hagatna, Guam 96932

Contact Information: If you have any questions, please contact Ms. Lola E. Leon Guerrero, Chief Planner, at (671) 472-4201/2/3 or at lolalg@bsp.guam.gov.

Eligibility: Applicants are limited to state government agencies, faith based organizations and nonprofit organizations and applications related to criminal justice functions and support.

Grant Amount: The maximum amount that may be requested for a project is based on the approved budget for the following program priority areas:

FY 2017 JAG		FY 2018 JAG	
Law Enforcement Priority	\$175,000	Law Enforcement Priority	\$165,000
▪ Multijurisdictional Drug Task Forces Program		▪ Multijurisdictional Drug Task Forces Program	
Sexual Assault and Violent Crime Priority	\$145,000	Sexual Assault and Violent Crime Priority	\$145,000
▪ Forensic Medical Examination of Sexual Assault Program		▪ Forensic Medical Examination of Sexual Assault Program	
▪ Sexual Assault Prosecution Program		▪ Sexual Assault Prosecution Program	

Treatment and Rehabilitation Priority \$145,000 <ul style="list-style-type: none"> ▪ Correctional Treatment and Rehabilitative Program ▪ Recovery Oriented Systems of Care Program for Substance Abuse Offenders ▪ Drug Court Program 	Treatment and Rehabilitation Priority \$137,570 <ul style="list-style-type: none"> ▪ Correctional Treatment and Rehabilitative Program ▪ Recovery Oriented Systems of Care Program for Substance Abuse Offenders ▪ Drug Court Program
Technology Improvement Priority \$105,403 <ul style="list-style-type: none"> ▪ Criminal Justice Records Improvement Program ▪ Prosecution Case Management Information System 	Technology Improvement Priority \$105,403 <ul style="list-style-type: none"> ▪ Criminal Justice Records Improvement Program
	Required Compliance with Applicable Federal Laws \$25,000 (GPD Only) <ul style="list-style-type: none"> ▪ National Incident-Based Reporting System (NBRS) Set-Aside

Match Requirement: There is no match requirement for these funds.

Length of Support: The grant period for projects awarded under these solicitations will be for 12 months of funding. The FY 2017 will expire on 09/30/2020 and FY 2018 will expire on 9/30/2021. BJA will only consider a one-year no-cost project extension and will be dependent if the situation or matter was beyond the control of the recipient (i.e., natural disaster or clearance of special award conditions). BJA will not consider procurement issues as a justification for the fact that subrecipients are given one-year to expend project funds and to work with GSA on any procurement challenges. Once individual project accounts have been established, it is therefore imperative that Project and Fiscal Managers implement and accomplish project activities in a timely manner within the award period. Once the grant program is closed, recipients should plan to assume the costs of successful projects when grant funds are no longer available.

Evidence Based Practices: Applicants are encouraged to submit applications that are evidence-based programs and or practices and or data driven strategies.

Evidence-based program and or practices is defined as: Program and practices that have been shown, through rigorous evaluation and replication, to be effective at accomplishing goals and achieving criminal justice related priorities (e.g., preventing or reducing crime, disrupting criminal activity, etc). Where sufficient evidence is not available for a program or practice to be recognized as “evidence based”, the applicant should use the research literature and a clear, well-articulated theory or conceptual framework to develop their program or practices.

Data driven strategies are defined as: Criminal justice interventions that are informed by analyses of the factors believed to be generating the particular crime problem in a community, and that link the crime problem to evidence-based practice. The goal is to use the problem analysis to

produce highly focused interventions on the people, places, and contexts generating the specific crime problems.

Restrictions: Grant funds must not be used to supplant federal, state or local funds that otherwise would be available for the same purposes. Other restrictions specified in the federal guidelines governing this program may apply and will be included in the special conditions attached to the grants award.

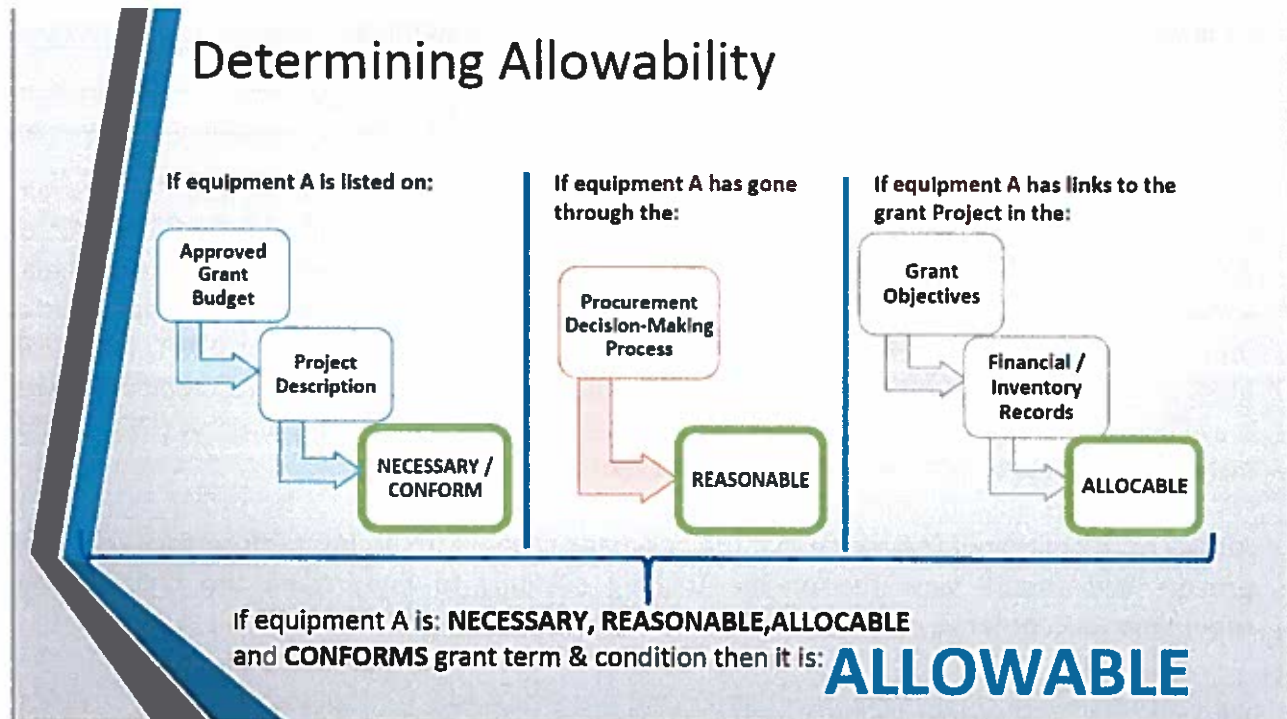
Grant funds will not be awarded for projects for which other funding may be available.

PROHIBITED USES

No JAG funds may be expended outside of the JAG purpose areas. Even within the purpose areas, however, JAG funds may not be used directly or indirectly for security enhancements or equipment for nongovernmental entities not engaged in criminal justice or public safety. Nor may JAG funds be used directly or indirectly to provide for any of the following matters unless BJA certifies that extraordinary and exigent circumstances exist, making them essential to the maintenance of public safety and good order:

- Vehicles (excluding police cruisers), vessels (excluding police boats), or aircraft (excluding police helicopters) – for further information refer to the BJA Controlled and Prohibited Equipment List
- Luxury items
- Real estate
- Construction projects
- And other unallowable or prohibited uses as indicated in 2 C.F.R. § 200.31 (Disallowed Costs) and Standard unallowable costs are identified in 2 C.F.R. § 200, Subpart E - Cost Principles).

Equipment: The purchase of equipment will only be allowed when the equipment is necessary and integral to the conduct of the project/program to be funded by the JAG grant. Equipment costs must be reasonable, thoroughly justified, and directly related to the grant project outcomes.



QUARTERLY FINANCIAL AND PROGRAMMATIC REPORTING

Under the FY 2017 & 2018 Byrne JAG Program, quarterly financial and programmatic reporting will be required, and the reporting periods are as follow:

Programmatic Reporting Periods	Due Dates
October- December	January 15
January- March	April 15
April-June	July 15
July-September	October 15

Financial Reporting Periods	Due Dates
October- December	February 15
January- March	April 15
April-June	July 15
July-September	December 15

PERFORMANCE MEASURES REPORTING

Performance Measurement Tool Periods	Due Dates
October- December	January 15
January- March	April 15
April-June	July 15
July-September	October 15

To assist in fulfilling the U.S. Department of Justice's responsibilities under the Government Performance and Results Act of 1993 (GPRA), P.L. 103-62, and the GPRA Modernization Act of 2010, Public Law 111-352, applicants who receive funding under this solicitation must agree to collect data appropriate for facilitating reporting requirements. Quarterly performance metrics reports must be submitted through BJA's Performance Measurement Tool (PMT) web site: <https://bjapmt.ojp.gov/>. Applicants must ensure that valid and auditable source documentation is available to support all data collected for each performance measure required by the program including those specified in the program solicitation or award.

All JAG recipients should be aware that BJA has made changes to the JAG performance reporting process and should view the on-line training sessions to understand the changes and requirements in order to populate the data and complete the PMT.

Submission of performance measures data is not required under this proposal request, however, applicants should discuss in their application their proposed methods for collecting data to comply with the requirements established by the Government Performance and Results Act Modernization Act.

REPORTING FRAUD, WASTE, ABUSE AND MISCONDUCT

Each grantee or subgrantee who is awarded funds under the 2017 and 2018 Byrne JAG Programs is to promptly refer to an appropriate inspector general any credible evidence that a principal, employee, agent, contractor, subgrantee, subcontractor, or other person that has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving JAG funds. You may report potential fraud, waste, abuse, or misconduct to the U.S. Department of Justice, Office of the Inspector General (OIG) by –

mail: Office of the Inspector General U.S. Department of Justice Investigations Division
950 Pennsylvania Avenue, N.W. Room 4706 Washington, DC 20530
email: oig.hotline@usdoj.gov
hotline: (contact information in English and Spanish): (800) 869-4499 or hotline fax: (202) 616-9881

Additional information is available from the DOJ OIG web site at www.usdoj.gov/oig

FY 2017 & 2018 JAG PROPOSED PROGRAM GOALS AND REQUIREMENTS

Proposed Program	Goals	Requirements
<p>1</p> <p>Multijurisdictional Drug Task Force Program</p>	<p>Interdict illegal drugs at our ports of entry, to reduce the availability and use of illegal drugs and money laundering activities on Guam through collaborative investigations with State and Federal agencies in order to apprehend, arrest, and convict individuals, and to seize assets acquired as a result of controlled substance violations.</p>	<p>Operational agreement between the agencies participating in the drug task force. Specifying the working relationship among the agencies and to clarify commitments of each agency. Key elements that the agreement should address are: 1) identification of the participating agencies and the designated contact person in each agency; 2) identification of the roles and responsibilities of the agencies; and 3) information describing how the agencies will work with each of the other participating agencies.</p> <p>Provide the position titles of the personnel assigned to the taskforce in the project proposal. Project must include the average number of drug violations and drug arrest over a five year period (current); and include the average number of task force drug cases investigated, arrests made, and conviction over a five year period (current).</p>
<p>2</p> <p>Forensic Medical Examination of Sexual Assault Program</p>	<p>Improve the collection of evidence in sexual assault cases that will assist with the successful prosecution of criminal sexual assault cases; and to ensure that survivors of sexual assault are provided with the necessary support/resources to report and participate in the investigation and prosecution of criminal sexual conduct cases.</p>	<p>Project description must focus on the collection of forensic evidence in sexual assault cases.</p> <p>Project must include the average number of forensic exams conducted by sex, age (0-15, 16-50, 51+) by exam type over a five year period (current).</p>
<p>3</p> <p>Sexual Assault Prosecution Program</p>	<p>Prosecute sexual assault cases and convict the offender; and to prosecute sex offenders who fail to update and verify their information on the registry.</p>	<p>Project must include the average number of sexual assault cases received, processed and convicted over a five year period (current); the average number of sex offender (non-compliant) cases referred for failing to comply with the Sex Offender Registry requirements and the number of non-compliant cases prosecuted; the number of local prosecutors assigned to prosecute rape cases and non-compliant registered sex offenders local prosecutors.</p>

Proposed Program	Goals	Requirements
		Project must show collaboration with Healing Hearts Crisis Center on the forensic evidence.
<p>4</p> <p>Recovery Oriented Systems of Care Program for Substance Abuse Offenders</p>	The purpose of this program is to prevent further penetration into Guam's criminal justice system by providing a continuum of care for the adult offenders who have completed the Residential Substance Abuse Treatment Program and released from prison based on the level of care needed, and to link them with the services and supports needed to sustain their recovery as well as providing a continuum of care for the adult offenders with substance abuse problems and released from prison.	<p>Interagency memorandum of understanding in place with the network agencies</p> <p>Number of assessments completed; Drug testing results; number of participants in the ROSC program; number of participants provided referrals services and type of services provided; number of participants that have been successful in the program to become productive citizens in the community and maintained a healthy lifestyle one year after they have participated in the program.</p> <p>Feedback on the outcome of the services provided for the participants</p>
<p>5</p> <p>Correctional Treatment and Rehabilitative Program</p>	Provide substance abuse treatment, domestic and family violence treatment, sex offender treatment, and terrorizing and assault treatment to adult offenders to reduce the recidivism rate upon release and to maintain a healthy lifestyle.	Project description must include: treatment program, including offender's daily schedule. Criteria for successful and unsuccessful program completion.
<p>6</p> <p>Drug Court Program</p>	Reduce substance abuse and recidivism among non-violent juvenile and adult substance abusing offenders by implementing continuing care and aftercare services in specific	Project description must include: In absence of proposed project, offenders would be confined. Offender receiving proposed services are non-violent. Admission for proposed project. How and when clients are assessed. Internal sanctions system for compliance and non-compliance.
<p>7</p> <p>Criminal Justice Records Improvement Program</p>	Make systematic improvement in the quality, timeliness, and accuracy of Guam criminal history records to facilitate integration of information technology in the criminal justice system and to share information across systems	Projects will be given priority based on goals to integrate and query data (offenders) through the Message Switch via the Police (Arrests), Prosecution (Prosecution Status), Courts (Disposition), and Correction (Correctional Status) systems; and to allow for information sharing with state and federal law enforcement entities (NCIC, AEGIS, ACMIS, CJIS, and PCMIS).

FY 2017 & 2018 JAG APPLICATION CHECKLIST

Parts I, II, and III of the application must be submitted together. Check that the following have been completed.

1. Part I. Title Page

- a) items A to O are completed ☐

2. Part II. Description of Project

- a) problem statement includes supporting data or facts ☐
b) goals are clearly defined ☐
c) objectives are specific and measurable ☐
d) activities demonstrate how objectives will be accomplished ☐
e) schedule and timeline are included ☐
f) defines the agency(s) and personnel that will manage and work on the project ☐
g) performance indicators/outcome measures are linked to the goals/objectives ☐
h) there is probability that the project can improve the criminal justice system ☐

3. Part III. Budget Detail and Explanation

Provide as much detail as possible, e.g. travel costs should be itemized by the number of trips and estimated cost per trip; equipment costs should contain descriptions and costs of specific items; etc., in the Budget Detail Worksheet.

- a) items A through I total the amount of the grant application ☐
b) budget explanation completed and attached ☐
c) budget clearly supports the project's objectives and activities ☐

4. The Application (Parts I Title Page, II Description of the Project, and III Budget Detail and Explanation) must be saved on Microsoft Word and emailed to BSP in Microsoft word. ☐

5. Submit one original and two copies of the Application. ☐

APPLICATION CONTENTS: 2017 & 2018 JAG PROJECT PROPOSALS

All proposals must use the following bold, underlined headings in the same order as presented. Respond to each bulleted question within the section asked.

PART I. TITLE PAGE CONTENTS

- A. **Project Abstract:** Applicants must provide an abstract which includes the applicant's name, title of the project, brief description of the problem to be addressed and target area and population, project goals and objectives, brief statement of proposed strategy or overall program, description of any significant partnerships, anticipated outcome and major deliverables. The abstract must not exceed one-half page or 500 words.
- B. **Program Title:** Enter the proposed program title that the project falls under (Refer to Appendix A).
- C. **Project Title:** Enter a brief descriptive title.
- D. **Grantee Name:** Enter the name of the agency.
- E. **JAG Program Area:** Identify the authorized JAG program area this project falls under (select one). The JAG Program Areas are as follows:
- Law enforcement programs.
 - Prosecution and court programs.
 - Prevention and education programs.
 - Corrections and community corrections programs.
 - Drug treatment and enforcement programs.
 - Planning, evaluation, and technology improvement programs.
 - Crime victim and witness programs (other than compensation).
- F. **Applicant Address:** Enter the full mailing and physical address.
- G. **Applicant Agency DUNS Number:** All applicants under the 2016 Byrne Justice Assistance Grant Program Request for Proposal must include their entity's unique DUNS (Data Universal Numbering System) number in their application in addition to the DUNS under DOA. **Applications without a DUNS number are incomplete and will not be reviewed.**

A DUNS number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of entities receiving Federal funds. The identified number is used for tracking purposes and to validate address and point of contact information for federal assistance applicants, recipients, and sub recipients.

Please note that Government of Guam line agencies that use the "980018947" EIN number must use the "778904292" DUNS number to comply with GSC Circular 2008-02.

Systems for Award Management: The Office of Justice Programs requires that all applicants for federal financial assistance maintain current registrations in the SAM database. The Central Contractor Registry (CCR) has been migrated to the System for Award Management (SAM). The SAM database is the repository for standard information about federal financial assistance applicants, recipients, and sub recipient. Please note that applicants must update or renew their SAM registration at least once per year to maintain active status.

You do not need to do anything in SAM at this time, unless a change in your business circumstances requires updates to your Entity record(s) in order for you to be paid or to receive an award or you need to renew your Entity(s) record prior to its expiration. SAM will send notifications to the registered user via email 60, 30, and 15 days prior to expiration of the Entity. To update or renew your Entity records(s) in SAM you will need to create a SAM User Account and link it to your migrated Entity records. You do not need a user account to search for registered entities in SAM by typing the DUNS number or business name into the search box. Please attach a copy of your updated or renewed SAM User Account

Reports Required under the Federal Funding Accountability and Transparency Act (FFATA):

The Federal Funding Accountability and Transparency Act of 2006 (referred to as FFATA or The Transparency Act) requires the Office of Management and Budget to maintain a single, searchable website that provides the public with information about how tax dollars are spent and gives them the ability to hold the Federal Government accountable for each spending decision. That site is <http://www.usaspending.gov>.

Pass-through entities that award \$25,000 or more to subrecipients are required to submit data in the FFATA Subaward Reporting System. Per 2 C.F.R. Volume 1, §170 (Reporting Subaward and Executive Compensation Information), prime grant recipients awarded a new Federal grant greater than or equal to \$25,000 as of October 1, 2010 are subject to FFATA sub-award reporting requirements as outlined in the OMB guidance issued August 27, 2010. The prime awardee is required to file a FFATA sub-award report through the FFATA Subaward Reporting System (FSRS), located at www.fsrs.gov, by the end of the month following the month in which the direct recipient awards any sub-grant greater than or equal to \$25,000. Pass-through entities should also review and carefully consider 2 C.F.R. § 200.330 (Subrecipient and Contractor Determinations), as it includes guidance in making an appropriate determination that is relevant not only with regard to subrecipient reporting under FFATA, but also is key to the proper financial and programmatic administration and management of federal award funds.

The reporting requirements for Federal award recipients of both formula and discretionary grants awarded on or after October 1, 2010 are:

- All subaward information must be reported by the Federal recipient.

- If the initial subaward is at least \$25,000, the award recipient must report the subawards and the names and annual compensation of the subawardee's five highest paid executives.
- If the initial award is below \$25,000 but subsequent award modifications result in a total award equal to or over \$25,000, the award will be subject to the reporting requirements as of the date the award reaches \$25,000.
- If the initial award is equal to or greater than \$25,000 but de-obligation of funding causes the total award amount to fall below \$25,000, recipients will continue to be subject to the reporting requirements.

The reporting requirements do NOT apply to the following:

- Awards to individuals
- Recipients that had a gross income of \$300,000 or less in their previous tax year
- Classified information.

Reporting requirements for DOJ awards may change from year to year. Please read the award documents carefully.

- H. Applicant Agency EIN Number: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number, and is used to identify a business entity.

Please note that the Government of Guam line agencies that use the "778904292" DUNS number must use the "980018947" EIN number.

- I. Location of Project: If appropriate, identify the location(s) where the project will be implemented.
- J. Project Period: Enter the expected starting and completion dates of the project. The time frame is limited to twelve (12) months but not to exceed September 30, 2019.
- K. Type of Application: Indicate if this is a new application or a continuation application.
- L. Total Project Amount: Enter the total grant cost that the applicant is applying for. Round to the nearest dollar.
- M. Other Funding Sources: Indicate whether an application has other funding sources or has been or will be submitted to other funding sources. Provide the funding amount and the source of funding and or the name of the source agency and the funding amount applying for.
- N. Project Director: Enter the name, address, email address, telephone and facsimile numbers of the person who will be directly responsible for administering the project.

- O. Financial Officer: Enter the name, address, email address, telephone and facsimile numbers of the person who will be directly responsible for the fiscal matters of the project. The Financial Officer and the Project Director should not be the same person.

PART II. DESCRIPTION OF PROJECT CONTENTS

This section is the most important part of the application because it not only describes what will be done and who will do it, but it also justifies the need for the project. The information requested in Sections A to K below must be described in detail. Please follow this order in describing the project.

A. Problem Statement/Target Population

Describe the nature and scope of the existing problem, including the present status of activities by the applicant or other law enforcement agencies regarding the problem. This section should clearly justify the reasons why the project is needed. If this is a continuation project, describe results/outcome of the previous project funded.

The following outline may be used as a guide:

- What specific problem(s) and/or target population will the project address? (Example: an increasing incidence of drug trafficking, an increase in domestic violence complaints, an increase in burglary in the village of Dededo, etc.)
- What is the scope of the problem?
 - a. Geographical
 - Is the problem concentrated in one location or in several with similar characteristics?
 - Is the problem statewide? Is the project either a statewide or model solution?
 - b. Criminal Justice System
- What segments of the criminal justice system are affected by this problem?
- What is the magnitude of the problem?

Include all available pertinent data (e.g., number of arrests, number of agency referrals, caseloads, clearance rates, etc.) as well as any other indicators that further define the problem.

- How many people are currently affected by the problem?
- How have state agencies dealt with this problem in the past? What were the limitations in that approach?

- Why is it important that the problem be addressed at this time? If this is a continuation project, include a brief statement discussing the current problems in light of the previous years' accomplishments.

B. Project Description

Describe the plan of action that includes a description of the scope and detail of how the proposed project will address the problem identified in the problem statement section of the application. The application will be evaluated as to how effectively it:

- Describes the proposed activities and approach to be taken and clearly demonstrates how the identified problem will be addressed. The approach should seem logical.
- Discusses the necessary resources that are required to implement the approach or the response outlined in the proposed application. The resources should be reasonable given the scope and detail of the identified approach.
- Presents evidence to support the rationale for choosing the approach or response and how it is based on the demonstrated effectiveness of the proposed activity or activities similar to that proposed. The applicant should provide information showing that the approach or response has been shown to be effective or that there is a basis in professional experience to believe it will be effective.

C. Goals

A goal is the end result toward which an effort is directed. Project goals should be clearly stated and realistic, and limited to a precise statement of the specific project goals and objectives that will help to solve or overcome the problem(s) identified. Vaguely stated goals need to be assessed to determine whether reliable and valid measurement is possible. As a consequence, vague goals affect management's ability to evaluate a project due to the lack of criteria for project effectiveness.

Goals should also be realistic ("achievable"). For instance, reducing the number of recidivism arrests of drug offenders may be an achievable goal, but eliminating recidivism may not be a realistic one, as it is nearly impossible to completely eliminate a problem. Additionally, goals must be distinguished from the project description itself because it is common to find goals stated in documents that are in fact project activities. For example, making arrests refers to what a multi-jurisdictional task force does, not what it intends to accomplish. The notion of goals should be used in reference to outcomes.

The following may serve as a guide with regard to definition of terms and contents:

1. A goal may be defined as a general statement of an undesirable condition to be improved or a desired state of affairs toward which to strive. Examples: Crime-oriented (i.e., to reduce the sale and distribution of illicit drugs); System Improvement (i.e., to improve the delivery of substance abuse treatment services to criminal justice clients).

2. An objective is a specific statement of a measurable end condition to be achieved within a stated period of time. Examples: Crime-oriented (i.e., to increase by 20% from the previous fiscal year the number of prescription forgeries detected during the project period); System Improvement (i.e., that 20% of the project participants, who receive substance abuse treatment, will not be rearrested during the project period).

D. Project Objectives

Describe the outcomes or changes anticipated as a result of the proposed project. The achievement of the objectives should provide an outcome that reflects a measurable change for the target population due to the services offered by the program. Provide two objectives, with performance measures and baseline numbers that further the goal of the selected Program Area. Applications will be evaluated on how effectively it: 1) clearly identifies project objectives (**measured change as a result of implementing the proposed project**), performance measures (**how you will measure that change, what instruments and/or tools are to be used, etc.**); and 2) any baseline data that exists. The project objectives should reflect an appropriate amount of change anticipated or accomplishments that are logical and clearly linked to the identified problem and the proposed approach/response as discussed in the previous sections of the application.

	<u>OBJECTIVE</u>	<u>PERFORMANCE INDICATOR</u>	<u>BASELINE NUMBER</u>
EXAMPLE	Measure of change that will result from the proposed project during project period.	Information collected to document expected changes.	Number documenting what occurred during the past year.
OBJECTIVE	Increase by 10 the number of crime prevention programs presented to residents in the village of Dededo by December 31, 2010.	The number of crime prevention programs presented in the village of Dededo.	Five crime prevention programs were presented to residents between January 1, 2010 and December 31, 2010.

E. Project Activities

Program activities are those events that are expected to produce results which meet the stated goals and objectives. The project must have a realistic chance of attaining its specified goals and objectives if a meaningful assessment of a program's effectiveness is to occur. Therefore, the cause-and-effect relationship between program activities and goals and objectives must be identified and assessed.

Just as objectives are the means by which project goals can be assessed, project activities serve as the vehicle for assessing to what extent objectives are achieved. The clear description of the project activities provides the basis for developing procedures to measure project implementation.

Program activities must be developed within the confines of the project's resources. Consideration must be given to the amount of funds, personnel and time period that is available or can be obtained for use in the project. This should include those resources within the agency that can provide support and assistance toward the project. A realistic determination of resources should eliminate those activities that are impossible to achieve within the scope of the project.

To identify project activities, examine the project's objectives first, and then determine those activities that: (1) are more directly (plausibly) linked to the project's objectives; and (2) can produce the project's stated objectives. By analyzing these activities, they can be grouped under the project objectives from which they would logically flow. You may note that several of the project activities may be aligned under two objectives. This indicates that an activity has a causal linkage with, or can be expected to produce, both project objectives.

F. Performance Measures

Performance measures are used to determine the impact of the activities. They provide quantifiable information on the status of achievement for each objective. Performance measures clearly indicate whether or not the objective has been achieved, or, using gradations or increments, measure the degree to which the objective has been accomplished.

In addition to the program goals and requirements on page 8 & 9 and the new JAG Performance Measures (Refer to Appendix B), you will need to include Guam's performance measures (Refer to State Plan at <http://bsp3.guam.gov/wp-content/uploads/JAG.Strategy.FY2013.pdf>) and your organization performance measures to assess whether grant objectives are being met.

G. Impact/Outcomes, Evaluation, Sustainment and Description for the Collection of the Data required for the PMT

Explain how the program's effectiveness will be demonstrated. Discuss the significance of the program's impact to improve the functioning of the criminal justice system. To effectively assess the results of the project, the applicant should indicate: (1) the process in which the data will be collected (the type of information, method of recording, time frame for collection); (2) specific correlation to the goals and objectives for measurement; and, (3) the individual(s) responsible for the data collection and analysis.

H. Capabilities/Competencies & Project Partners

Fully describe the applicant capabilities to implement the proposed project successfully and the competencies of the staff assigned to the project. Describe the proposed management structure and project staffing. Include any information that is relevant to the planning of the project. Questions you may wish to answer include: "Who do we need as partners for this project?", "How do we organize all partners to work effectively together?" and "By whom and how will this project be managed?"

I. Project Timeline

Attach a project timeline with each project goal, related objective, activity, expected completion date, and responsible person or organization. Describe how project activities and objectives will be reasonably achieved in the given project period. Applications will be evaluated as to how effectively it presents a comprehensive, thorough timeline that is well-defined and specifies what will be done, who (individuals and organizations) will do it, and when it will be accomplished. The timeline should be reasonable given the nature of the problem, the target population, and the approach/response discussed in earlier sections of the application.

If applicable, include any other deliverables that will be created and/or used throughout the project.

J. Budget and Budget Narrative

Provide a comprehensive budget and budget narrative that are complete, allowable, and justified on the proposed project (Refer to Appendix C).

Present a clear and detailed budget with a narrative that clearly explains and justifies the budget information. The costs of the proposed program and the costs are considered reasonable in view of the types and range of activities to be conducted, the number of participants to be served, and the expected results and benefits.

K. Position Description

If the project requires the employment of full time or part time personnel, contractual, or other related employment type, indicate the position(s) to be filled and, the duties or responsibilities of each. Please provide the position descriptions for all positions that the application seeks to fund under this grant.

COMPLIANCE WITH 2 CFR 200 UNIFORM ADMINISTRATIVE REQUIREMENTS

For all new grant programs beginning in FY 2015, the Office of Justice Programs Financial Guide, the Office of Management and Budget (OMB), circulars and government-wide common rules

applicable to grants and cooperative agreements were incorporated into the New Uniform Grant Guidance, 2 CFR 200, also known as the “Super Circular” or “Uniform Guidance”. The new guide streamlines the Federal government’s guidance from eight OMB circulars (A-21, A-50, A-87, A-89, A-102, A-110, A-122, and A-133) into one document, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*. The objectives of the guidance are to ease administrative burden and strengthen oversight of federal funds to reduce risks of waste, fraud and abuse. The Uniform Guidance has been in effect for all federal agencies.

Applicants are required to become familiar with the 2 CFR 200 Uniform Administrative Requirements, Subparts A-F in addition to the latest USDOJ Financial Guide for the implementation of allowable and unallowable project activities.

ALLOWABLE COSTS

Introduction

Federal grant funds are governed by the cost principles of 2 CFR 200, Subpart E. To be allowable under Federal awards, costs must be reasonable, allocable, and necessary to the project, and they must also comply with the funding statute requirements. In this section we highlight certain elements of allowable costs. For more information about specific factors that affect whether costs are allowable, refer to the appropriate cost principle-related section of 2 CFR 200, Subpart E Cost Principles.

Limit on Use of Award Funds for Employee Compensation

Federal grant funds may not be used to pay cash compensation (salary plus bonuses) to any employee at a rate that exceeds 110 percent of the annual maximum salary payable to a member of the Federal Government’s Senior Executive Service (SES) at an agency with a Certified SES Performance Appraisal System for that year.

The 2017 salary table for SES employees is available on the U.S. Office of Personnel Management’s 2017 Executive and Senior Level Employee Pay Tables web page.

A recipient may compensate an employee at a higher rate, provided the amount in excess of the limitation is paid with non-Federal funds. For employees who charge only a portion of their time to an award, the allowable amount to be charged to that award is equal to the percentage of time worked on the grant times the maximum salary limit (110% of SES salary).

OJP SPECIFIC TIP

With respect to the limitation, compensation for salary plus bonuses are applicable to any award of more than \$250,000.

OJP SPECIFIC TIP

The Assistant Attorney General for OJP (or, for certain awards, the official listed in the applicable program solicitation) may exercise discretion to waive, on an individual basis, the limitation on compensation rates allowable under an award. An applicant requesting a waiver should include a detailed justification in the budget narrative of the application. Unless the applicant submits a waiver request and justification with the application, the applicant should anticipate that OJP will request the applicant to adjust and resubmit the budget. The justification should include the particular qualifications and expertise of the individual, the uniqueness of the service the individual will provide, the individual's specific knowledge of the program or project being undertaken with award funds, and a statement explaining that the individual's salary is commensurate with the regular and customary rate for an individual with his/her qualifications and expertise, and for the work to be done.

FINANCIAL MANAGEMENT TIP

Any additional compensation beyond 110 percent of the U.S. Government SES level will not be considered matching funds where matching requirements apply.

Support of Salaries, Wages, and Fringe Benefits

Charges made to Federal awards for salaries, wages, and fringe benefits must be based on records that accurately reflect the work performed and comply with the established policies and practices of the organization. See 2 C.F.R. § 200.430.

- Charges must be supported by a system of internal controls that provides reasonable assurance that the charges are accurate, allowable and properly allocated.
- Documentation for charges must be incorporated into the official records of the organization.
- Support must reasonably reflect the total activity for which the employee is compensated by the organization and cover both federally funded and all other activities. The records may include the use of subsidiary records as defined in the organization's written policies.
- Where grant recipients work on multiple grant programs or cost activities, documentation must support a reasonable allocation or distribution of costs among specific activities or cost objectives.
- In cases where two or more grants constitute one identified activity or program, salary charges to one grant may be allowable after written permission is obtained from the awarding agency.
- The recipient must complete and keep on file, as appropriate in accordance with Federal law, the U.S. Citizenship and Immigration Services' Employment Eligibility Verification Form I-9 for individuals working under the award. This form is to be used by recipients of Federal funds to verify that persons are eligible to work in the United States.

FINANCIAL MANAGEMENT TIP

Examples of items that may support salaries and wages can include timesheets, time and effort reports, or activity reports that have been certified by the employee and approved by a supervisor with firsthand knowledge of the work performed. Payroll records should also reflect either after the fact distribution of actual activities or certifications of employee's actual work performed.

OJP SPECIFIC TIP

Added Work

A recipient or subrecipient may employ a State or local government worker to complete tasks in addition to his or her full-time job, provided the work is performed on the employee's own time and:

- Compensation paid should be reasonable and consistent with that paid for similar work in other activities of State or local government;
- The employment arrangement is approved and proper under State or local regulations (e.g., no conflict of interest); and
- The time and/or services provided are supported by adequate documentation.

Overtime Compensation

Unless specifically exempted under the Fair Labor Standards Act, recipient and subrecipient employees should be compensated with overtime payments for work performed in excess of the established work week (usually 40 hours).

- Payment of more than occasional overtime is subject to periodic review by the awarding agency.
- In addition, overtime compensation is typically reviewed during site visits and audits.

Executives, administrative and professional employees who meet the criteria for an exemption from the overtime requirements of the Fair Labor Standards Act may not be reimbursed for overtime under grants and cooperative agreements. More information on overtime exemptions under the Fair Labor Standards Act is available on the Department of Labor's website at https://www.dol.gov/whd/overtime_pay.htm.

FINANCIAL MANAGEMENT TIP

In no case is **dual compensation** allowable. That is, an employee may not receive compensation from his/her organization AND from an award for a single period of time (e.g., 1 to 5 p.m.), even though such work may benefit both activities.

Conferences and Workshops

Allowable costs for conferences may include amounts paid for the following:

- Conference or meeting arrangements
- Publicity
- Registration
- Salaries of personnel
- Rental of staff offices
- Conference space
- Recording or translation services
- Postage
- Telephone charges
- Travel expenses (this includes transportation and subsistence for speakers or participants)
- Lodging (restrictions apply—please see below)

OJP SPECIFIC TIP

All contracts under an award funded by OJP awards for events that include 30 or more participants (both Federal and non-Federal) must ensure that lodging costs for any number of attendees do not exceed the prevailing Federal per diem rate for lodging. If the lodging rate is not the Federal per diem rate or less, none of the lodging costs associated with the event are allowable costs to the award. As a result the recipient would be required to pay for all lodging costs for the event with non-award funds, not just the amount in excess of the Federal per diem. For example, if the Federal per diem for lodging is \$78 per night, and the event lodging rate is \$100 per night, the recipient would be required to pay the full \$100 per night, not just the difference of \$22 per night.

Travel

Travel expenses are allowable costs for employees who are in travel status on official business related to the award. These costs must be reasonable and in accordance with the organization's established travel policy. In absence of an established travel policy, the organization must comply with the Federal travel regulations. See 2 C.F.R. § 200.474.

- The DOJ awarding agency reserves the right to determine the reasonableness of an organization's travel policy.
- Recipients and subrecipients must follow their own established travel policies.
- If a recipient or subrecipient does not have an established travel policy, they must abide by the Federal travel policy including per diem rates.
- The current travel policy and per diem rate information is available at the Per Diem rates section of the U.S. General Services Administration (GSA) website.

Foreign travel is defined as any travel outside of Mexico, Canada and the United States and its Territories and possessions.

- For an award recipient or subrecipient located outside Mexico, Canada and the United States and its Territories and possessions, foreign travel means travel outside that country.
- Prior approval is required for all foreign travel.

Project Site

The cost of space in privately or publicly owned buildings used for the benefit of the project is allowable subject to the conditions stated below:

- The total cost of space does not exceed the rental cost of comparable space and facilities in a privately owned building in the same locality.
- The cost of space procured for project usage is not charged to the program for periods of non-occupancy without authorization of the grant-making component.
- The rental cost for space in a privately owned building is allowable. Rental costs may not be charged to the grant if the recipient owns the building or has a financial interest in the property. However, the cost of ownership is an allowable expense.
- Cost of ownership expenses for a publicly owned building are allowable where “rental rate” systems, or equivalent systems that adequately reflect actual costs, are employed.
- Ownership expenses must be determined on the basis of actual cost (including depreciation based on the useful life of the building, operation and maintenance, and other allowable costs). Where these costs are included in rental charges, they may not be charged elsewhere.
- Rental costs may not be charged for building purchases or construction originally financed by the Federal Government.
- Costs for rental of any property (to include commercial or residential real estate) owned by individuals or entities affiliated with the recipient or subrecipient for purposes such as the home office workspace, are unallowable. The cost of related utilities are also unallowable.

The cost of utilities, insurance, security, janitorial services, elevator service, upkeep of grounds, normal repairs and maintenance, and the like are allowable to the extent they are not otherwise included in rental or other charges for space.

Costs incurred for rearrangement and alteration of facilities required specifically for the award program, or that materially increase the value or useful life of the facility, are allowable when specifically approved by the awarding agency. See 2 C.F.R. § 200.462.

Depreciation or use allowance on idle or excess facilities is NOT ALLOWABLE, except when specifically authorized by the Federal awarding agency. See 2 C.F.R. § 200.446.

The cost of space procured under rental-purchase or a lease-with-option to purchase agreement is allowable when specifically approved by the awarding agency. This type of arrangement may require application of special matching share requirements under construction programs.

Printing

The cost of electronic and print media, including distribution, promotion, and general handling, are allowable. If these costs are not identifiable with a particular project or cost activity, the costs should be allocated as indirect costs to all benefiting activities of the organization.

Pursuant to the Government Printing and Binding Regulations, no project may be awarded primarily or substantially for the purpose of having material printed for the awarding agency. The Government Printing and Binding Regulations allow:

- The issuance of a project for the support of non-Government publications, provided such projects were issued pursuant to an authorization of law, and were not made primarily or substantially for the purpose of having material printed for the awarding agency.
- The publication of findings by recipients/subrecipients within the terms of their project provided such publication is not primarily or substantially for the purpose of having such findings printed for the awarding agency.

See 2 C.F.R. § 200.461.

Publication

Guidance for publication costs is set out in 2 C.F.R. § 200.461. To be considered allowable, publication costs must be incurred for work done according to a process that the recipient has described in writing. This process should include writing, editing, and preparing the illustrated material (including videos). Alternatively, it may include only the internal printing requirements from the recipients/subrecipients in accordance with the terms of the project.

- DOJ has authorized any recipient or subrecipient employee to make or have made by any means available to him or her, without regard to the journal copyright and without royalty, a single copy of any such article for his or her own use.

Recipients are encouraged to make the results and accomplishments of their activities available to the public. Recipients publicizing project activities and results must adhere to the following parameters:

- Responsibility for the direction of the project activity should not be ascribed to the grant-making component.
 - The publication must include the following statement: "The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice or grant-making component."
 - The publication must not convey DOJ's official recognition or endorsement of the recipient's project simply based on having received funding.

- Recipients may file a separate application with the grant-making component requesting official recognition.
- In all materials publicizing or resulting from award activities, the awarding agency assistance must be acknowledged. An acknowledgement of support shall be made through use of the following or comparable footnote:
 - "This project was supported by Award No.XXXXXX awarded by the (name of specific office/bureau), Department of Justice."
- Recipients and any subrecipients are expected to publish or otherwise make widely available to the public, as requested by the awarding agency, the results of work conducted or produced under an award.
- All publication and distribution agreements with a publisher must include provisions giving the Federal Government a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use and to authorize others to use the publication for Federal Government purposes (see [Chapter 3.7](#)). The agreements with a publisher should contain information on the awarding agency requirements.
- Unless otherwise specified in the award, recipients/subrecipients may copyright any books, publications, films, or other copyrightable material developed or purchased as a result of award activities. Copyrighted material will be subject to the same provisions giving the Federal Government a license as described above.
- A publication and distribution plan should be submitted to the awarding agency before materials developed under an award are commercially published or distributed.
 - The plan must include a description of the materials, the rationale for commercial publication and distribution, the criteria to be used in the selection of a publisher, and, to assure reasonable competition, the identification of firms that will be approached.
 - Recipients/subrecipients must obtain prior agency approval of this plan for publishing project activities and results when it uses Federal funds to pay for the publication.

OJP SPECIFIC TIP

Recipients/subrecipients are permitted to display the official awarding agency logo in connection with the activities supported by the award, with the prior approval of the awarding agency. In this respect, the logo must appear in a separate space, apart from any other symbol or credit.

The words "Funded/Funded in part by DOJ" shall be printed as a legend, either below or beside the logo, each time it is displayed. Use of the logo must be approved by the awarding agency.

Duplication

If recipients/subrecipients need to duplicate less than 5,000 units of only one (1) page, or less than 25,000 units in the aggregate of multiple pages, of its findings for the awarding agency, DOJ will not consider this duplication to constitute printing primarily or substantially for the awarding agency (e.g., 5,000 copies of 5 pages, etc.). Duplicated pages may not exceed a maximum image size of 10¾ by 14¾ inches.

Other Allowable Costs

- Recipients can expense costs associated with software development in the period the costs are incurred, subject to the limits outlined in the budget and budget narrative.
- Recipients may not use an accelerated method to calculate depreciation without clear evidence indicating that the expected consumption of the asset will be significantly greater in the early portion than in the later portion of its useful life.
- Post-employment benefits are allowable costs if funded in accordance with actuarial requirements.
- In accordance with 2 C.F.R. § 200.428, costs incurred by a non-Federal entity to recover improper payments are allowable as either direct or indirect cost, as appropriate.

UNALLOWABLE COSTS

Introduction

Federal awards generally provide recipients and/or subrecipients with the funds necessary to cover costs associated with the award program. There are other costs, however, categorized as unallowable costs, that will not be reimbursed. Non-Federal entities must not use award or match funding for unallowable costs. Also within the category of unallowable costs are any costs considered inappropriate by the awarding agency. See 2 C.F.R. § 200.31 (Disallowed Costs). Standard unallowable costs are identified in 2 C.F.R. § 200, Subpart E - Cost Principles. Specific items of unallowable costs that may be of particular relevance for DOJ-funded programs are highlighted in the following.

Land Acquisition

No Federal funds that are awarded for renting, leasing, or construction of buildings or other physical facilities shall be used for land acquisition. See 2 C.F.R. § 200.439(b)(1).

Compensation of Federal Employees

This category of unallowable costs includes salary payments, consulting fees, or other compensation to full-time Federal employees.

Travel of Department of Justice (DOJ) Employees

Award funds may not be spent on transportation, lodging, subsistence, and related travel expenses of awarding agency employees.

- DOJ does consider to be allowable the travel expenses of other Federal employees, such as those persons serving on advisory committees or other program or project duties or assistance, if travel expenses have been:
 - Approved by the Federal employee's department or agency; and

- Included as an identifiable item in the funds budgeted for the project or subsequently approved by the awarding agency.

Bonuses or Commissions

Recipients and subrecipients cannot pay any bonus or commission to any individual or organization to obtain approval of an application for award assistance.

Bonuses to officers or board members of for-profit or nonprofit organizations that are determined to be a profit, distribution of earnings, or fees are unallowable. See 2 C.F.R. § 200.430(g).

Some programs do not allow reimbursement for bonuses to employees.

ACTION ITEM

Be sure to check the award document and, if applicable, financial clearance memorandum, to determine which salaries, fringe benefits, and other personnel costs are allowable under the specific award..

Prohibited and Controlled Equipment

This category of unallowable costs may include items that are prohibited from purchase, such as certain types of firearms and tracked armored vehicles. Other military-type equipment, such as tactical wheeled vehicles and explosives and pyrotechnics are considered “controlled” and are only allowable for purchase if a jurisdiction submits a detailed justification noting need for the equipment and documenting controls in place to prevent misuse (such as training and use protocols).

Lobbying

Recipients and subrecipients must comply with the provisions in 2 C.F.R. § 200.450 (Lobbying), as appropriate. Also, see Chapter 2.1 of the current USDOJ Financial Guide for more specifics about restrictions on lobbying.

- The lobbying cost prohibition applies to all award recipients.
- Award funds cannot be used for the following purposes:
 - Attempting to influence the outcome of any Federal, State, or local election, referendum, initiative, or similar procedure, through in-kind or cash contributions, endorsements, publicity, or similar activity;
 - Establishing, administering, contributing to, or paying for the expenses of a political party, campaign, political action committee, or other organization established for the purpose of influencing the outcome of elections;

- Attempting to influence (a) the introduction of Federal or State legislation; or (b) the enactment or modification of any pending Federal or State legislation through communication with any member or employee of the Congress or State legislature (including efforts to influence State or local officials to engage in similar lobbying activity), (c) the enactment or modification of any pending Federal or state legislation by preparing, distributing, or using publicity or propaganda, or by urging members of the general public, or any segment thereof, to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign, or (d) with any Government official or employee in connection with a decision to sign or veto enrolled legislation;
 - Engaging in or supporting the development of publicity or propaganda designed to support or defeat legislation pending before legislative bodies;
 - Paying, directly or indirectly, for any personal service, advertisement, telephone, letter, printed or written matter, or other device, intended or designed to influence a member of Congress or of a State legislature to favor or oppose, by vote or otherwise, any legislation or appropriation by either Congress or a State legislature, whether before or after the introduction of any bill or resolution proposing such legislation or appropriation;
 - Engaging in legislative liaison activities, including attendance at legislative sessions or committee hearings, gathering information regarding legislation, and analyzing the effect of legislation, when such activities are carried out in support of or in knowing preparation for an effort to engage in unallowable lobbying;
 - Paying a publicity expert for purposes unallowable under the anti-lobbying rules; or
 - Attempting to improperly influence, either directly or indirectly, an employee or officer of the executive branch of the Federal Government to give consideration or to act regarding a sponsored agreement or a regulatory matter.
- The Anti-Lobbying Act, 18 U.S.C. § 1913, contains significant restrictions on the use of appropriated funding for lobbying.
 - These anti-lobbying restrictions are enforceable via large civil penalties, with civil fines between \$10,000 and \$100,000 per each individual occurrence of lobbying activity.
 - These restrictions are in addition to the anti-lobbying and lobbying disclosure restrictions imposed by 31 U.S.C. § 1352.
 - All grantees must understand that no federally appropriated funding made available under the grant program may be used, either directly or indirectly, to support the enactment, repeal, modification, or adoption of any law, regulation, or policy, at any level of government, without the express approval of DOJ.
 - Any violation of this prohibition is subject to a minimum \$10,000 fine for each occurrence. This prohibition applies to all activity, even if currently allowed within the parameters of the existing OMB guidance.

- Any question(s) relating to the lobbying restrictions should be submitted in writing to the awarding agency's ethics official (typically in the awarding agency's Office of the General Counsel) through the DOJ program manager.

Fundraising

The costs of organized fundraising, including financial campaigns, endowment drives, solicitation of gifts and bequests, and similar expenses incurred solely to raise capital or obtain contributions may not be charged as direct or indirect costs against awards. However, certain fund raising costs for the purposes of meeting the Federal program objectives may be allowable with prior approval of the DOJ awarding agency. See 2 C.F.R. § 200.442 for more details.

- The portion of a person's salary that covers time spent engaged in unallowable fundraising, and any indirect costs associated with those salaries, may not be charged to the award.
- An organization may accept donations (e.g., goods, space, services) towards fundraising, as long as the value of the donations is not charged as a direct or indirect cost to the award.
- Nothing in this section should be read to prohibit a recipient from engaging in fundraising activities, as long as such activities are not financed by Federal or matching funds.

Corporate Formation

The cost for corporate formation (startup costs) may not be charged as either direct or indirect costs against the award except with prior approval from the awarding agency.

State and Local Sales Taxes

Taxes that a governmental unit is legally required to pay are allowable, except for self-assessed taxes that disproportionately affect Federal programs or changes in tax policies that disproportionately affect Federal programs.

- This provision becomes effective for taxes paid during the governmental unit's first fiscal year that begins on or after January 1, 1998, and applies thereafter.
- This provision does not restrict the authority of Federal agencies to identify taxes where Federal participation is inappropriate.
- Taxes from which exemptions are available to the organization directly or which are available to the organization based on an exemption afforded the Federal government when the DOJ awarding agency makes available the exemption certificates are unallowable.
- Where the identification of the amount of unallowable taxes would require an inordinate amount of effort, the cognizant Federal agency for indirect costs may accept a reasonable approximation thereof.

Other Unallowable Costs

Other categories of unallowable costs include:

- Entertainment, including amusement, diversion, social activities, and any associated costs (i.e. tickets to shows or sports events, meals, lodging, rentals, transportation, and gratuities) are unallowable. Certain exceptions may apply when such costs have a programmatic purpose and have been approved by the awarding agency;
- Fines and penalties (except when incurred as a result of compliance with specific provisions of an award, contract or with written approval from the awarding agency);
- Home office workspace and related utilities;
- Honoraria is unallowable when the primary intent is to confer distinction on, or to symbolize respect, esteem, or admiration for the recipient of the honorarium. A payment for services rendered, such as a speaker's fee under an award is allowable;
- Passport charges;
- Tips;
- Bar charges/alcoholic beverages, and
- Membership fees to organizations whose primary activity is lobbying.

Costs Incurred Outside the Project Period

Any costs that are incurred either before the start of the project period or after the expiration of the project period are not allowable, unless written approval covering pre-agreement costs is granted by the awarding agency.

APPENDIX A
PROPOSED JAG PROGRAMS

FY 2016 Justice Assistance Grant Proposed Program Priority
for Guam's FY 2013- 2016 Drug Control, Violent Crime, and Criminal Justice Systems
Improvement Strategy

Law Enforcement Priority

Multijurisdictional Drug Task Forces

Purpose Area: Law Enforcement Programs

Description of the Program:

This program calls for integrating Federal and local drug law enforcement and prosecution to enhance interagency coordination among the task forces; to facilitate multijurisdictional investigations to facilitate the curtailment of narcotics interdiction and money laundering activities on Guam through the apprehension, arrest, and conviction of individuals smuggling narcotics into Guam, and the seizure of assets acquired as a result of a controlled substance violation. In order to proactively interdict the narcotics distribution system and to seize assets gained through the sale of narcotics, there is need to continue to utilize interagency, multi-disciplinary task forces; to fund prosecutors to prosecute drug cases; and to increase the drug detector canine detection teams to detect the narcotics.

Brief Analysis of the Need of the Program:

The growing availability and abuse of crystal methamphetamine or “ice” as well as other illegal drugs has been directly related to Guam’s growing crime rates. As such, it necessitates the pursuit of strong components to prevent controlled illicit substances from entering Guam, to detect and remove them from the streets, and to vigorously prosecute the drug traffickers. A need exist to ensure Guam’s drug task forces have the necessary resources to interdict illegal drugs on Guam and the available training to keep up with the latest trends and technology.

Program Goal:

The goal of the multi-jurisdictional task forces is to interdict illegal drugs at our ports of entry, to reduce the availability and use of illegal drugs and money laundering activities on Guam through collaborative investigations with State and Federal agencies in order to apprehend, arrest, and convict the individuals, and to seize assets acquired as a result of controlled substance violations thus to disrupt the drug market, reduce drug threats and drug related crimes on Guam.

Guam’s Performance Measure:

- The number of enforcement operations conducted by the task forces
- Number of marijuana plants eradicated
- Number of drug arrests by drug type
- Quantity of drug seized by drug type and the value of drugs seized (in grams)
- Number of drug cases initiated

- Number of drug cases closed
- Number of drug trafficking organization investigated and penetrated (identify the level of the drug trafficking organization by street, low, mid, high and the ethnicity of the organization)
- Number of weapons and explosives seized (identify the type of weapon)
- Number of drug offenders prosecuted at the state level with conviction
- Number of drug offenders prosecuted at the federal level with conviction
- Number of offenders prosecuted for firearm violation at the state level with conviction
- Number of offenders prosecuted for firearm violation at the federal level with conviction
- Number of asset seizures and total value of funds and asset forfeited
- Number of law enforcement officers, prosecutor trained during the reporting period (list training attended and the cost of each training)

Sexual Assault and Violent Crime Priority

Forensic Medical Examination of Sexual Assault Program

Purpose Area: Law Enforcement Program

Description of the Program:

Healing Hearts Crisis Center is Guam's only rape crisis center that provides comprehensive forensic medical examination on child and adult sexual assault victims to collect forensic evidence. The collection of forensic evidence is critical to the successful prosecution of the perpetrators of sexual assault on children.

Brief Analysis of the Need of the Program and Proposed Program Activities:

Another growing concern on Guam is sexual assault cases involving a child. The *Crime in Guam 2007 Uniform Crime Report* reported a 16 percent increase in reported rape offenses from 180 reported rape offenses in 2006 to 208 reported rape offenses in 2007. Guam's only rape crisis center serviced 76 victims of sexual assault in 2008, a 38 percent decrease over the 123 victims that received services from the center in 2007. It is important to note that 65 percent of the 76 victims serviced were between the ages of zero to fifteen. There is need to collect the forensic evidence from the victims in a safe and comfortable environment, to conduct the multidisciplinary team interview, to increase sexual assault awareness to the community, and to provide counseling services to the victim.

Program Goals:

The goals of the project are to improve the collection of evidence in sexual assault cases that will assist with the successful prosecution of criminal sexual assault cases; and to ensure that survivors of sexual assault are provided with the necessary support/resources to report and participate in the investigation and prosecution of criminal sexual conduct cases.

Guam's Performance Measures:

- Number of victims referred to Healing Hearts for medical legal examinations broken down by age group and sex.
- Number of forensic examination conducted on the victims broken down by age group and sex.
- Number of forensic examination conducted on the victims using the video colposcope broken down by age group and sex.
- Number of victims referred out and received counseling broken down by age group and sex.
- Number of sexual assault cases that go to trial.
- Number of staff on hand to provide and collect forensic evidence.

Sexual Assault Prosecution Program

Purpose Area: Prosecution and Court Program

Description of the Program:

The purpose of this program is to increase the operational effectiveness of the Office of the Attorney General by providing resources to prosecute sexual assault cases and non-compliance sex offenders.

Brief Analysis of the Need of the Program and Proposed Program Activities:

Sexual assault crimes continue to be a major community and criminal justice issue on Guam. There is a need to fund prosecutor to prosecute the growing number of sexual assault cases and to prosecute sex offenders who failed to update and verify the information on Guam's sex offender registry.

Program Goal:

The goal of this program is to prosecute sexual assault cases and convict the offender; and to prosecute sex offenders who fail to update and verify their information on the registry.

Guam's Performance Measures:

- Improve the investigation and prosecution of sexual assault cases
- Number of sexual cases prosecuted at the state level with conviction
- Number of sex offenders prosecuted for not complying with Guam's sex offender registry
- Resources implemented
- Report the change in the prosecution caseload of rape cases

Treatment and Rehabilitation Priority

Correctional Treatment and Rehabilitative Program

Purpose Areas: Corrections and Community Corrections Programs

Program Description:

The purpose of this program is to prevent further penetration into Guam's criminal justice system by improving and providing therapeutic treatment programs in the areas of substance abuse, violent tendencies abuse, and family violence.

Brief Analysis of the Need of the Program and Proposed Program Activities:

The nature of violent offender, drug offender and family violence offender is presenting unique problems to the Guam correctional system. Guam's correctional system needs program in place to detect, counsel, monitor and rehabilitate violent, drug abusing, and domestic and family violence offender before they are released to the community to prevent further penetration into the criminal justice system.

Program Goals:

The goals of the program is to provide substance abuse treatment, domestic and family violence treatment, sex offender treatment, and terrorizing and assault treatment to adult offenders to reduce the recidivism rate upon release and to maintain a healthy lifestyle.

Guam's Performance Measures:

- Reduce Recidivism Rate
- Reduce Prison Population

Recovery Oriented System of Care Program for Substance Abuse Offenders Program

Purpose Areas: Corrections and Community Corrections Programs

Program Description:

The purpose of this program is to prevent further penetration into Guam's criminal justice system by providing a continuum of care for the adult offenders who have completed the Residential Substance Abuse Treatment Program and released from prison based on the level of care needed, and to link them with the services and supports needed to sustain their recovery as well as providing a continuum of care for the adult offenders with substance abuse problems and released from prison.

Brief Analysis of the Need of the Program and Proposed Program Activities:

A need exist to implement a Recovery Oriented Systems of Care for substance abuse offenders who have been released from prison as the outcome of the program have been proven effective. There are two specific target group for this program and they are the adult offenders that have completed the Residential Substance Abuse Treatment Program, and adult offenders that have been referred by their case workers. ROSC will require collaboration with the Department of Mental Health and Substance Abuse Drug and Alcohol Branch, the Department of Corrections, the Department of Corrections Parole Services, the Judiciary of Guam Probation Division, the Department of Labor One Stop Career Center, the Guam Housing and Urban Renewal, faith based organizations and nonprofit organizations in the planning of a ROSC Program. The Department of Mental Health and Substance Abuse Drug and Alcohol Branch has taking the lead in implementing a transitional mechanism for adults who have completed the Residential Substance Abuse Treatment Program and being released from Corrections by linking them to established therapeutic community or Aftercare and or Continued Care Programs. The Program involves conducting an assessment two months prior to release. The assessment tool that will be used is the American Society of Addiction Medicine (ASAM) model. The assessment tool will determine the level of care needed for each RSAT client upon release.

The program will require a case manager to coordinate recovery support services (short term housing, transportation, faith based services, basic needs, case management, childcare, and vocational and educational services) with the public and private organizations on Guam for the RSAT client; and peer specialists to provide peer mentoring for the RSAT client while they proceed through the aftercare and or continuum of care.

Program Goals:

The goal of the program is to improve the access to substance abuse services for adults who completed the Residential Substance Abuse Treatment Program and for adults have been referred by their case manager to provide a continuum of care and support services so they do

not re-offend, and to maintain a healthy lifestyle and become productive citizen of the community with the aim to reduce recidivism.

Guam's Performance Measures:

- Interagency memorandum of understanding in place with the network agencies
- Number of assessments completed
- Drug testing results
- Number of participants in the ROSC program
- Number of participants provided referrals services and type of services provided
- Number of participants that have been successful in the program to become productive citizens in the community and maintained a healthy lifestyle one to year after they have participated in the program
- Feedback on the outcome of the services provided for the participants

Drug Court Program

Purpose Areas: Prosecution and Court Programs

Program Description:

Drug Court is a Court-supervised, comprehensive drug-alcohol treatment program for non-violent offenders. The goal of the program is to help the offender achieve total abstinence from drugs and alcohol, with the final responsibility of program completion being with the offender. The focus of the Drug Court is on replacing addictive behaviors with a clean and sober lifestyle.

Brief Analysis of the Need of the Program and Proposed Program Activities:

There is a need to expand the Drug Court Program to allow other clients who have not been charged for drug possession but have been charged for burglary to support their habits to enter the program; and to create a track to treat repeat and long time drug offenders. A need still exists to continue to provide for the recreational therapeutic component of the Drug Court.

Program Goal:

The goal of this program is reduce substance abuse and recidivism among non-violent adult substance abusing offenders.

Guam's Performance Measures:

- Number of clients participating in program
- Number of clients graduated from drug court program
- Number of review/status hearings conducted
- Number of drug testing conducted and the frequency conducted
- Number of positive drug results
- Number of negative drug results
- Sanctions imposed on negative results
- Sanctions imposed on positive results
- Number of participants that were terminated from the program. Why were they terminated from the program

Technology Improvement Priority

Criminal Justice Records Improvement Program

Purpose Area: Planning, Evaluation, and Technology Programs

Program Description:

The purpose of this program is to improve Guam's Criminal Justice Information Systems by integrating the police, court, prosecution, corrections criminal justice systems component to improve the quality, timeliness, and accuracy of Guam's criminal history records.

Program Goal:

The goal of the program is to make systematic improvement in the quality, timeliness, and accuracy of Guam criminal history records to facilitate integration of information technology in the criminal justice system and to share information across systems thus to improve criminal justice information sharing and integrated systems.

Brief Analysis of the Need of the Program and Proposed Program Activity:

Technology system improvement applies to using technology to improve the criminal justice system. This includes improving management of criminal justice data that is current, accurate, and accessible in a timely manner by applicable criminal justice agencies. The lack of accurate, reliable criminal history information that can be shared expeditiously among a variety of stakeholders in the criminal justice community has been a significant obstacle to the effective apprehension and prosecution of offenders.

A need exist to eliminate the duplication of data entry by migrating the AEGIS data to the Office of the Attorney General Prosecution Case Management Information System and the Department of Corrections Adult Correctional Management Information System. Data should be captured once and used many times. Rather than have agencies duplicate data which has already been captured and automated by others, efforts should be implemented that will enable users to share common information and thereby eliminate the potential of subsequent data entry errors and delays in processing. Another need exist to integrate the State Identification Number and FBI number from the Guam Police Department AFIS System to populate the GPD AEGIS System, the OAG PCMIS System, the Judicial Case Management System, and the ACMIS System. Finally, a need exist to ensure resources are available for the annual maintenance of the law enforcement case management systems to improve criminal justice information sharing and integrated systems.

Guam's Performance Measures:

- Implementation of Guam's integration of its law enforcement system to facilitate the exchange of information among law enforcement systems through the Virtual Computerized Criminal History Record.
- Integration of GPD AEGIS data element with OAG PCMIS and DOC ACMIS.
- Integration and automation of SID and FBI Number.
- Maintenance of Guam's criminal justice information systems.

APPENDIX B

NEW BJA PERFORMANCE MEASURES SYSTEM

The JAG accountability measures have been updated as a result of the JAG Validity and Reliability assessment. Please find the revised accountability measures for the Byrne Memorial Justice Assistance Grant (JAG) Program that relate to your project activities. The Bureau of Justice Assistance (BJA) recognizes the impact that evidence-based practices have on the success of criminal justice programs, and the JAG accountability measures were designed to further emphasize USDOJ's commitment to capturing evidence-based practices, while easing grantee burden.

Please note that questions in the PMT may appear slightly different from the questionnaires. This is because the web-based nature of the PMT allows the information to be displayed in a dynamic way that is not possible with PDF questionnaires.

Starting with FY 2015 and future awards, recipients were required to report using the revised JAG Accountability Measures. These awards will require quarterly PMT and progress reporting. If your organization/agency received an award under the FY 2017 and 2018 Byrne JAG Programs and your project account has been established following an approved Memorandum of Understanding, you are required to report into the PMT on a quarterly basis. The Bureau will create your project account in the PMT with the name of your entity, the assigned Work Request number and the project award amount.

To review the NEW JAG accountability measures, all grantees and sub-grantees should begin with the file "01_JAG General Information Questionnaire". This questionnaire includes questions common to all grantees, regardless of their funding use. From here, the questionnaires will guide you through any other modules that may apply. Subgrantees are encouraged to view the on-line training sessions to understand the changes and requirements in order to successfully populate the data and complete the PMT. The training modules will allow you to familiarize yourself with the module, the subject links and the types of information needed in order to successfully complete the PMT reporting period. Information on trainings for the revised JAG Measures is posted on the JAG Training Page <https://bjapmt.ojp.gov/help/jagtaining.html>.

For grantees and sub-grantees with awards less than \$25,000: You will be required to answer the General Information Questions and identify any programs you are funding through JAG. Every six months, you will also be asked to fill out the Project Progress Module. You do not need to complete the program area modules.

For grantees and sub-grantees with awards of \$25,000 or more: The "01_JAG General Information Questionnaire" will direct grantees and sub-grantees with awards of \$25,000 or more to complete the questionnaires that relate to their funding usage. These questionnaires are

split up so that grantees will only have to download and complete the questionnaires that apply to their grant award. Please read the definitions for the specific funding areas that are provided at the beginning of the "01_JAG General Information Questionnaire" to determine what funding areas apply to your grant award.

In addition to the quarter PMT report, successful applicants are also required to submit Quarter Progress Reports following the prescribe BJA questions provided below. Additional data may be requested in the Progress Report by BSP to satisfy the reporting requirements.

BJA Prescribed Questions:

1. What were your accomplishments within this reporting period?
A. Open ended text response (5000 characters)
2. What goals were accomplished, as they relate to your grant application?
A. Open ended text response (5000 characters)
3. What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your goals or milestones?
A. Open ended text response (5000 characters)
4. Is there any assistance that BJA can provide to address any problems/barriers identified in question #3 above?
A. Yes/ No
B. If yes, please explain.
5. Are you on track to fiscally and programmatically complete your program as outlined in your grant application? (Please answer YES or NO and if no, please explain.)
A. Yes/ No
B. If No, please explain (5000 characters)
6. What major activities are planned for the next 6 months?
A. Open ended text response (5000 characters)
7. Based on your knowledge of the criminal justice field, are there any innovative programs/accomplishments that you would like to share with BJA?
A. Open ended text response (5000 characters)

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The following pages outline the program accountability measures for the Bureau of Justice Assistance (BJA) Justice Assistance Grant (JAG) Program for awards from fiscal years 2015 and beyond.

Reporting requirements for fiscal year 2014 and prior JAG awards have not changed. Please continue reporting on the previous JAG measures at <https://bjapmt.ojp.gov/help/JAGDocs.html>.

There are two types of accountability measures that grantees and subgrantees are required to report on: performance data and narrative data. Performance data are collected on a quarterly basis in the performance measurement tool (PMT). Grantees and subgrantees will begin by providing data on the use of JAG funds. Grantees and subgrantees with award amounts of \$25,000 or more will then continue on to provide more detailed data on their JAG-funded programs and activities.

Grantees and subgrantees are required to select and report on all accountability measures that pertain to JAG-funded activities.

Narrative data are collected from grantees and subgrantees semiannually in January and July as well as prior to closeout. Direct grantees and state administrative agencies (SAAs) are responsible for creating a GMS Report from the PMT and uploading it into the Grants Management System (GMS) on this schedule as well. These reports created from the PMT will automatically include all subgrantee PMT data.

If you have questions about your program, please contact your State Policy Advisor (SPA) at <https://www.bja.gov/About/Contacts/ProgramsOffice.html>.

NOTE: Data entry and reporting in the PMT on these revised measures will begin on **January 1, 2017**, for grant activities that occurred during the **October 1–December 31, 2016** reporting period. Subsequent data entry will occur quarterly, with a 30-day submission period following the close of the reporting period.

Data reported by JAG grantees and subgrantees in the accountability measures do not determine JAG funding, which is calculated based on a statutory formula combining population and Uniform Crime Reporting Part I crime data. Details on the formula calculations are available in the JAG Technical Report on BJA's web site: <https://www.bja.gov/Publications/JAGTechRpt.pdf>. BJA encourages JAG grantees to make decisions on funding through a collaborative process involving all major stakeholders, including law enforcement, courts, indigent defense, prosecution, corrections and community corrections, treatment providers, crime victims, and others.

If you have any questions about the accountability measures or the PMT, please call the BJA PMT Help Desk at 1-888-252-6867, or send an e-mail to bjapmt@usdoj.gov.

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ACTIVITY AREA DEFINITIONS

The revised JAG Accountability Measures tie your use of JAG funds to specific Activity Areas. Please use the following definitions for each activity area throughout the questionnaire.

Law enforcement: Includes all programs (e.g., crime prevention, intervention), activities, or spending conducted by a law enforcement organization. This includes all task force activity but does not include crime lab/forensics activity/programs.

Crime lab/forensics: Includes all programs, activity, or spending focused on the identification, collection, or processing of forensic evidence; for example, a sexual assault nurse examiner or sexual assault response team, or a sexual assault kit testing initiative or DNA backlog reduction program.

Crime prevention (NOT as part of a law enforcement agency): Includes all programs, activities, or spending for crime or juvenile delinquency prevention conducted through engaging communities, institutions (e.g., schools), or individuals. These include such programs as a rape aggression defense class, an alcohol/drug awareness class for students, or a bullying-prevention program.

Prosecution: Includes all programs, activities, or spending related to the prosecution of criminal defendants.

Public defense: Includes all programs, activities, or spending for the defense of individuals.

Courts: Includes all programs, activities, or spending for courts. This includes drug courts and other specialty courts.

Corrections: Includes all programs, activities, or spending by a residential correctional agency such as a jail or prison. This includes corrections programs focused on reentry services for inmates.

Community corrections: Includes all programs, activities, or spending by a community corrections agency. This includes community corrections programs focused on reentry.

Reentry services (NOT as part of a corrections, community corrections, or court program): Includes all programs, activities, or spending for reentry. This includes reentry programs run by private, nonprofit, or other noncorrectional government organizations.

Behavioral health (NOT as part of a corrections, community corrections, or court program): Includes all programs, activities, or spending for mental health, substance abuse, or co-occurring treatment that are run by private, nonprofit, or other noncorrectional government organizations.

Assessment and evaluation: Includes all programs, activities, or spending for the assessment or evaluation of programs, policies, practices, or technology. This also includes strategic planning activities. For example, this could be the development of a strategic plan, an evaluation of a drug treatment service, or the cost-benefit analysis of adopting body-worn cameras.

Crime victim/witness services: Includes all programs, activities, or spending focused on assisting crime victims, families, or witnesses. For example, this could be a 24-hour domestic violence hotline, an emergency shelter, or food distribution services for displaced victims.

Other: Includes all uses of JAG funding not captured in any other activity area.

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GENERAL INFORMATION MODULE

The General Information Module collects information on your award status and organization in general. It should be completed by all grantees and subgrantees for each reporting period the award is active.

1. Have you completed all project activities and expended all funds during the reporting period?
 - A. Yes; a final report will be created closing out the PMT reporting requirements after this report is complete.
 - B. No; please continue.

2. Was there **grant activity** during the reporting period? *There is grant activity when the grantee has obligated, expended, or drawn down grant funds to implement objectives proposed in the BJA-approved grant application. If you select "Yes," the program becomes Operational and should remain so until the grant closes out.*
 - A. Yes/No
 - B. If No, please select from the following responses:

Reason(s) for no grant activity during the reporting period	Select all that apply
In procurement	<input type="radio"/>
Project or budget not approved by agency, county, city, or state governing agency	<input type="radio"/>
Seeking subcontractors (Request for Proposal stage only)	<input type="radio"/>
Waiting to hire project manager, additional staff, or coordinating staff	<input type="radio"/>
Paying for the program using prior federal funds	<input type="radio"/>
Administrative hold (e.g., court case pending)	<input type="radio"/>
Still seeking budget approval	<input type="radio"/>
Waiting for partners or collaborators	<input type="radio"/>
Other	<input type="radio"/>
If Other, please explain	

3. What type of agency is this report for? *Please check the response that best matches your organization type.*
 - A. ____ Law enforcement agency/law enforcement task force (sheriff, police department, highway patrol, university police, etc.)
 - B. ____ Crime laboratory/forensics agency
 - C. ____ Correctional agency
 - D. ____ Community corrections agency (probation, parole, or other community supervision agency)

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- E. ☐ Prosecutor's office
 - F. ☐ Public defender's office
 - G. ☐ Court (general or specialty court)
 - H. ☐ Local government (mayor's office, city council, etc.)
 - I. ☐ State government (SAA or other state agency)
 - J. ☐ College or university
 - K. ☐ Nonprofit or for-profit organization
 - L. ☐ Tribal government
 - M. ☐ Other **(please describe)**
4. To the best of your knowledge, which of the following resources has your organization accessed during the reporting period, regardless of JAG funding? *Check all that apply.*
- A. ☐ Crimesolutions.gov provides information on several crime reduction and prevention programs and practices.
 - B. ☐ BJA NTTAC (National Training and Technical Assistance Center) serves as BJA's training and technical assistance (TTA) center. You can find resources, tools, webinars, and TTA support on a variety of criminal justice issues and initiatives.
 - C. ☐ NCJP.org contains resources to support strategic planning, program development, and implementation of evidence-based policy and practice.
 - D. ☐ Evidence-Based Policing Matrix provides information on evidence-based practices for law enforcement.
 - E. ☐ What Works in Reentry Clearinghouse provides research on the effectiveness of reentry programs and practices.
 - F. ☐ Research to Practice promotes the dissemination of research on drug courts to practitioners and policymakers.
 - G. ☐ My organization did not access any of the above resources during the reporting period.
 - H. ☐ Other **(please specify)** _____

Community Activity Questions

The following questions ask about your agency activities in general, regardless of JAG funding.

5. During the reporting period, has your agency conducted or sponsored a systematic survey of citizens on any of the following topics? *Check all that apply.*
- A. ☐ Public satisfaction with police services
 - B. ☐ Public satisfaction with prosecution services
 - C. ☐ Public satisfaction with public defender/indigent defense services
 - D. ☐ Public satisfaction with courts
 - E. ☐ Public perceptions of crime/disorder problems

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- F. ____ Personal crime experiences of citizens
G. ____ None of the above surveys were conducted/sponsored on these topics
H. ____ Unsure/don't know

6. How often was your organization involved in the following community activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Hosted community meetings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended community meetings, advisory boards, or roundtables	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distributed a newsletter, e-mail, or other bulletin	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended community events (e.g., national night out, block parties, festivals)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted social media activities (e.g., Facebook, Twitter)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted outreach to minority populations (e.g., racial, ethnic, religious, LGBTQI)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please describe						

Law Enforcement Agencies ONLY–Please complete the following three questions regardless of JAG funding.

7. In the last year, which of the following activities or programs did your agency use to foster community involvement? *Check all that apply.*

- A. ____ Citizen review board/other review board with citizen representation
B. ____ Citizen's police academy
C. ____ Internships for university or high school students
D. ____ Volunteer programs
E. ____ Auxiliary police officer program
F. ____ Police cadet program
G. ____ K-12 school programs
H. ____ Youth programs
I. ____ None of the above
J. ____ Unsure/don't know
K. ____ Other **(please describe)**

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The following two questions should be answered during the first reporting period and need only be answered this one time for this award. Once answered, you will not be asked to respond to these questions again for this award.

8. For each of the following training topics, please indicate if the training has been offered or required for officers or recruits in your agency in the past calendar year. If offered/required, please indicate the mode of delivery, frequency, and mode of documentation. *Training documentation should reflect the official record of training attendance. In all cases, please choose the option that best fits.*

Training topic	Training offered	Mode of delivery	Training frequency	Training documentation
Use of force				
De-escalation of conflict				
Racial and ethnic bias				
Gender bias				
Bias toward lesbian, gay, bisexual, and/or transgendered (LGBT) individuals				
Community engagement (e.g., community policing and problem solving)				

Drop down menu choices for Question 8:

- Training offered
 - Yes, optional
 - Yes, mandatory
 - No, not offered
- Mode of delivery
 - In person
 - Online
 - Both
- Training frequency
 - One time
 - Annual
 - Semiannual
 - Quarterly
 - Other
- Training documentation
 - Certificate issued
 - Electronic record
 - Paper record
 - Class roster
 - No official record

9. For each of the following training topics, for the last calendar year, please indicate the number of officers/recruits who attended the training and the length of the course in hours. **Count each officer/recruit only once per training topic**, regardless of how many times he/she attended the training.

Training topic	Number of officers trained	Length of course (hours)
Use of force		
De-escalation of conflict		
Racial and ethnic bias		
Gender bias		
Bias toward lesbian, gay, bisexual, and transgendered (LGBT) individuals		
Community engagement (e.g., community policing and problem solving)		

ALL GRANTEES AND SUBGRANTEES: PLEASE CONTINUE TO FUNDING MODULE

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FUNDING MODULE

All grantees and subgrantees must provide the amount of JAG funds allocated in each of the following categories for the life of the award. **Grantees that subaward JAG funds: Please only report on the funds used by your organization.** Subawarded funds should be reported under the subaward in the PMT.

1. Please enter the dollar amount of JAG funds allocated to each category below. All values should be rounded to the nearest dollar. Do not enter decimal points. *Allocations can be updated as needed and should represent the entire life of the award. Please refer to the definitions on page 2 of this questionnaire when completing the allocations table. Funding used for programs or task forces must be split into their constituent parts (personnel, equipment, etc.). It is not sufficient to report all program or task force funds in the "Other" category.*

Activity area	Personnel ¹	Equipment, supplies, and technology ²	Consultants and contracts ³	Training and conferences ⁴	Other ⁵
Law enforcement					
Crime lab/forensics					
Crime prevention					
Prosecution					
Public defense					
Courts					
Corrections					
Community corrections					
Reentry services					
Behavioral health					
Assessment and evaluation					
Crime victim/witness services					
Other					
Administrative set-aside Direct grantees only, up to 10% of award amount					
Total allocations	\$autosum	\$autosum	\$autosum	\$autosum	\$autosum

¹ **Personnel** includes any overtime or salary expenditures paid for with JAG funds.

² **Equipment, supplies, and technology** includes all items that are paid for with JAG funds.

³ **Consultants and contracts** includes all fees associated with a consultant (including travel expenses) as well as any contract for a product or service.

⁴ **Training and conferences** includes costs associated with hosting, developing, or attending a training or conference, such as travel, lodging, or registration. Personnel salary or pay for individuals attending training should be reported under the Personnel section.

⁵ **Other** includes administrative costs, approved construction costs, and miscellaneous expenses such as indirect costs or investigative/confidential funds.

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Personnel

Please report on all costs for overtime or salary expenditures paid for with JAG funds.

2. During the reporting period, did you expend any JAG funds on personnel overtime, salary, or pay?
 - A. Yes/No (if No, skip to next section, "Equipment, Supplies, and Technology Enhancements")
3. What has personnel funding been used for during the reporting period? *Check all that apply.*
 - A. ☐ Overtime hours (answer Question 4)
 - B. ☐ Personnel salary/pay, includes fringe benefits (answer Questions 5 and 6)
4. How many overtime hours were funded by JAG during the reporting period in each of the following activity areas? *Overtime hours are those that nonexempt employees work beyond normal working hours (usually 40) during a work week.*

Activity area	Number of overtime hours
Law enforcement	
Crime lab/forensics	
Crime prevention	
Prosecution	
Public defense	
Courts	
Corrections	
Community corrections	
Reentry services	
Behavioral health	
Assessment and evaluation	
Crime victim/witness services	
Other	

5. How many personnel had salary or pay funded, at least partially, with JAG funds during the reporting period in each of the following activity areas? *Please count each person once, regardless of the amount of JAG funds used toward salary or pay.*

Activity area	Number of personnel
Law enforcement	
Crime lab/forensics	
Crime prevention	
Prosecution	
Public defense	
Courts	
Corrections	
Community corrections	
Reentry services	
Behavioral health	
Assessment and evaluation	
Crime victim/witness services	
Other	

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6. How many new **positions** were created with JAG funds during the reporting period?
Please only report each newly created position once during the reporting period in which the position was classified. If no position was created this reporting period or if the position was reported during a previous reporting period, please enter "0."

A. Enter number _____

Equipment, Supplies, and Technology Enhancements

Please report on all costs for equipment, supplies, and technology improvements. Include all software, installation, maintenance, service, and warranties included or purchased with the item.

7. During the reporting period, did you expend any JAG funds on equipment, supplies, or technology enhancements?

A. Yes/No (if No, skip to next section, "Consultants and Contracts")

8. Please complete the table below indicating the number and total JAG funds spent (in whole dollars) on items purchased in each BJA-defined category. **Individual line-item reports are not needed.** Please aggregate purchases to the BJA-defined categories listed below. If an item is not listed below, please report it in Question 9 (e.g., office supplies). *All amounts should be rounded to the nearest dollar.*

	General category	Specific category	Total quantity purchased	Total JAG funds spent
	<i>EXAMPLE</i>	<i>EXAMPLE</i>	<i>EXAMPLE</i>	<i>EXAMPLE</i>
	Vehicles and accessories	Patrol cars	2	\$60000
1.	Controlled items	See Appendix for full list		\$
2.	Camera/surveillance equipment			\$
3.	Computer equipment			\$
4.	Vehicles and accessories			\$
5.	Weapons			\$
6.	Duty equipment			\$
7.	Technology			\$
8.	Forensics/evidence			\$
9.	Canines and equipment			\$
10.	Medical			\$
				\$autosum

9. Please describe all other equipment, supplies, or technology enhancements purchased during the reporting period. *You may also use this space to share any additional details about your equipment purchase you feel are not adequately captured elsewhere in the PMT.*

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Consultants and Contracts

Please report on all costs associated with a consultant (including travel expenses) as well as any contract for a **product** or **service**. This includes cell phone or data service.

10. During the reporting period, did you expend any JAG funds on consultants or contracts?

A. Yes/No **(if No, skip to next section, "Training")**

11. Please describe what consultants and/or contracts were paid for with JAG funds during the reporting period. Please include names, titles, and areas of expertise where applicable.
-
-

Training

All job-related training should be reported in this section, including training hosted or developed. Educational programs for the general public should NOT be reported in this section (e.g., crime prevention). For grantees and subgrantees with awards of \$25,000 or more, educational programs will be captured in the next sections. **Please fill out these questions for each unique training that occurred during the reporting period.**

12. During the reporting period, did you expend any JAG funds on attending, hosting, or developing training?

A. Yes/No **(if No, skip to next section, "Other")**

13. What type of JAG-funded training activities occurred during the reporting period?
Check all that apply, and complete each applicable section.

- A. ☐ Individuals **attended** training/conference hosted by an outside organization
(Questions 14–17)
- B. ☐ Organization **hosted** training/conference (attended by employees from inside and/or outside your organization) **(Questions 18–23)**
- C. ☐ Organization **developed** training course/curriculum **(Questions 24–27)**

Attended Training/Conference

For each training attended by your organization's employees during the reporting period that was paid for in full or in part with JAG funds, please answer the following questions. Repeat these questions as necessary to cover all trainings or conferences attended.

14. What type of training was attended? *Check all that apply.*

A. ☐ Certification training (training required to obtain a certification)

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- B. ____ In-service/annual training (training required to keep certification active or maintain proficiency)
- C. ____ Skill building (training that increases the skill or knowledge of employees in a particular area)
- D. ____ Leadership/management (training for managers or administrators)
- E. ____ Conference
- F. ____ Other (please describe)

15. Please provide a short description of the training/conference:

16. How many hours did the training course last? *A 1-day course is typically classified as an 8-hour course, and a week-long course is typically classified as a 40-hour course.*

A. ____ hours

17. How many individuals were paid for with JAG funding to attend this training?

A. Enter number ____

Hosted Training/Conference

For each training/conference your organization hosted *during the reporting period* that was paid for in full or in part with JAG funds, please answer the following questions. Repeat these questions as necessary to cover all trainings or conferences hosted.

18. What type of training/conference was hosted? *Check all that apply.*

- A. ____ Certification training (training required to obtain a certification)
- B. ____ In-service/annual training (training required to keep certification active or maintain proficiency)
- C. ____ Skill building (training that increases the skill or knowledge of employees in a particular area)
- D. ____ Leadership/management (training for managers or administrators)
- E. ____ Conference
- F. ____ Other (please describe)

19. Please provide a short description of the training/conference:

20. How many employees from within your organization attended this training/conference?

A. Enter number ____

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21. How many individuals from outside your organization attended this training/conference?
A. Enter number ____
22. How many hours did the training/conference last? *A 1-day course is typically classified as an 8-hour course, and a week-long course is typically classified as a 40-hour course.*
A. ____ hours
23. Do you use a standardized evaluation instrument to evaluate your training/conference?
A sample standardized evaluation instrument can be found at <http://portal.hud.gov/hudportal/documents/huddoc?id=50945.doc>.
A. Yes/No

Developed Training Course/Curriculum

For each training course/curriculum your organization developed that was paid for in full or in part with JAG funds, please answer the following questions. Repeat these questions as necessary to cover all trainings or curricula developed.

24. What type of training course/curriculum was developed?
A. ____ Certification training (training required to obtain a certification)
B. ____ In-service/annual training (training required to keep certification active or maintain proficiency)
C. ____ Skill building (training that increases the skill or knowledge of employees in a particular area)
D. ____ Leadership/management (training for managers or administrators)
E. ____ Conference
F. ____ Other **(please describe)**
25. Please describe the developed training course/curriculum. *Please include the targeted audience, primary sources used in the development of your curriculum, and a brief overview.*

26. How many hours is the training course/curriculum designed to last? *A 1-day course is typically classified as an 8-hour course, and a week-long course is typically classified as a 40-hour course.*
A. ____ hours

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27. What is the intended mode of delivery for your training course/curriculum? *Check all that apply.*

- A. ☐ Classroom based (e.g., in-person, face to face)
- B. ☐ Web based (e.g., webinar)
- C. ☐ Prerecorded (e.g., training videos)
- D. ☐ Self study (e.g., manuals, guidebooks, or other materials)
- E. ☐ Other **(please describe)**

Other

Please report on all costs related to "Other," including administrative costs, approved construction costs, and miscellaneous expenses such as indirect costs or investigative/confidential funds.

28. During the reporting period, did you expend any JAG funds for other reasons not explained elsewhere in this section?

- A. Yes/No **(if No, skip next question)**

29. Please describe any other use of JAG funds during the reporting period.

ALL GRANTEES AND SUBGRANTEES:
PLEASE CONTINUE TO THE ACTIVITY/PROGRAM SELECTION MODULE.

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APPENDIX: EQUIPMENT AND SUPPLIES LIST

Please use the list below when selecting categories for equipment and supply purchases. Numbered categories represent the General category, and the lettered categories represent the Specific category. For example, a purchase of a police patrol car would be entered as General category: Vehicles and accessories, and Specific category: Patrol cars.

This list contains three types of equipment and supplies. **Controlled** items, identified in General category 1, are controlled under Executive Order 13688 and require a specific waiver before purchase. Items marked **Waiver required** in other sections are not controlled by the federal government but still require a waiver under the JAG program provisions. All other listed items can be purchased without requesting a waiver.

Note: Some items are prohibited from purchase with federal funds by Executive Order 13688. This includes tracked armored vehicles; weaponized aircraft, vessels, or vehicles; any firearms or ammunition of .50 caliber or higher; grenade launchers; bayonets; and camouflage uniforms. If you have any questions about whether your equipment is prohibited, controlled, or requires a waiver, please contact your State Administering Agency or State Policy Advisor at BJA.

1. Controlled Items

- A. Manned aircraft, fixed wing (*airplanes*) (Controlled)
- B. Manned aircraft, rotary wing (*helicopters*) (Controlled)
- C. Unmanned aerial vehicles (*drones*) (Controlled)
- D. Armored vehicles, wheeled (*Lenco Bearcat or similar*) (Controlled)
- E. Tactical vehicles, wheeled (*humvee, transport, or similar vehicles*) (Controlled)
- F. Command and control vehicles (*incident response vehicles, mobile headquarters, etc.*) (Controlled)
- G. Nonservice-issued firearms (*any specialized firearm, including launchers for less-lethal projectiles*) (Controlled)
- H. Nonservice-issued ammunition (*any ammunition for the above*) (Controlled)
- I. Explosives and pyrotechnics (*flash bangs, explosive breaching tools*) (Controlled)
- J. Breaching apparatus (*includes mechanical [battering ram connected to vehicle or propellant], ballistic [slug], and propellant devices*) (Controlled)
- K. Riot/crowd control batons and shields (Controlled)

2. Camera/Surveillance Equipment

- A. In-car cameras
- B. On-person/body-worn cameras
- C. Surveillance equipment
- D. Undercover surveillance equipment

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3. Computer Equipment

- A. Mobile data terminal
- B. Other computers (*desktop, laptop, server, etc.*)
- C. Tablet/portable device/smart phone
- D. Wireless access equipment (*aircards*)
- E. Records management/database software

4. Vehicles and Accessories

- A. Patrol cars
- B. Personal transport vehicles (*Segway®, golf cart*) (*Waiver required¹*)
- C. Nonpatrol vehicles (*Waiver required*)
- D. License-plate readers
- E. Automatic vehicle locator
- F. Bicycles and related equipment
- G. Patrol boats
- H. Nonpatrol boats/vessels (*Waiver required*)

5. Weapons

- A. Less-lethal weapons (*batons, oleoresin capsicum sprays, conductive energy devices, CS gas, and all other weapons designed to control individuals through less than lethal means*)
- B. Patrol handguns (*must be under .50 caliber*)
- C. Patrol long guns (rifles and shotguns) (*must be under .50 caliber*)
- D. Duty-use ammunition: enter number of boxes purchased, not number of rounds purchased (*must be under .50 caliber*)
- E. Training/simulated weapons

6. Duty Equipment (not including weapons)

- A. Soft body armor²
- B. Clothing/uniforms (*can be woodland patterned, desert patterned, or a solid color*)
- C. Duty belts and nonweapon duty equipment (*flashlights, handcuffs, etc.*)
- D. Portable radio equipment and accessories

¹ Personal transport vehicles only require a waiver if they are licensed or registered in your jurisdiction.

² Only includes body armor issued for daily use as part of an officer's service gear. Typically a soft Kevlar armor is rated as type II or IIIA by NIJ. Other types of body armor (SWAT, hard armors) are federally controlled and must be reported as such.

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7. Technology

- A. Breath-testing equipment
- B. Dispatch equipment (*consoles, 911 phone systems*)
- C. Electronic ticketing equipment
- D. Offender tracking systems (*GPS, electronic monitoring*)
- E. Speed detection equipment (*radar/LIDAR units*)
- F. Training simulators (*firearms, driving*)
- G. Cell site simulators/IMSI catchers (*StingRay®, HailStorm®, etc.*)
- H. Acoustic gunshot detection system (*ShotSpotter®*)

8. Forensics/Evidence

- A. Forensic lab equipment (*cyanoacrylate fuming chamber, mass spectrometer, etc.*): **DOES NOT INCLUDE FORENSIC SUPPLIES**
- B. *Forensic supplies (includes all consumable forensic supplies such as bags, brushes, powders, etc.)*
- C. Sexual assault kits/physical evidence recovery kits
- D. Digital recreation and measurement systems (*3D-modeling software, point cloud mapping systems, etc.*)

9. Canines and Equipment

- A. Canines
- B. Canine equipment and supplies

10. Medical

- A. Emergency medical services supplies
- B. Pharmaceuticals for treating overdose or addiction (*naloxone, Narcan®, naltrexone, buprenorphine, methadone, etc.*)
- C. Medical (*first-aid kits, defibrillators*)

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PROGRAM SELECTION MODULE

For each JAG-funded program or task force, please answer the following questions. *Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives. Task forces are targeted or organized law enforcement initiatives conducted by a special unit or group to achieve a specific purpose.*

If you have any questions about how your JAG funding fits into these categories, please contact the Help Desk at 1-888-252-6867 or bjapmt@usdoj.gov.

All grantees: Please answer the following questions for each JAG-funded program or task force.

1. Please enter the program name. *The name is simply an identifier to help you distinguish between programs in the PMT.*
 - A. Name _____
2. Please enter the project period. *The project period includes the program's start and end dates. If it is an ongoing program with no defined start or end date, please check "This is an ongoing program."*
 - A. Start date _____
 - B. End date _____
 - C. ____ This is an ongoing program
3. Please enter the amount of funding allocated to this program. *The allocated amount must be less than or equal to your grant amount. If you are unsure of the exact amount, please estimate the funding amount.*
 - A. Allocated amount \$ _____
4. Please select the program area below that best fits this program. *Please refer to the definitions on page 2 of the JAG General Information questionnaire for a detailed description of each area.*
 - A. ____ Law enforcement
 - B. ____ Crime lab/forensics
 - C. ____ Crime prevention
 - D. ____ Prosecution
 - E. ____ Public defense
 - F. ____ Courts
 - G. ____ Corrections
 - H. ____ Community corrections
 - I. ____ Reentry
 - J. ____ Behavioral health
 - K. ____ Assessment and evaluation
 - L. ____ Crime victim/witness services

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GRANTEES AND SUBGRANTEES WITH AWARDS OF LESS THAN \$25,000:
**PLEASE SKIP TO THE “GOALS AND OBJECTIVES” MODULE AS REQUIRED. THIS
WILL COMPLETE YOUR REPORTING REQUIREMENTS.**

**GRANTEES AND SUBGRANTEES WITH AWARDS OF \$25,000 OR MORE: CONTINUE
TO THE PROGRAM ACTIVITY AREA QUESTIONS BASED ON THE PROGRAM(S)
YOU SELECTED IN QUESTION 4.**

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LAW ENFORCEMENT MODULE

This module asks questions of grantees and subgrantees that use JAG funding for law enforcement services or programs. This includes all funding spent for law enforcement purposes, including task force activity. Please repeat these questions for each program or task force that receives JAG funds.

General Agency Information—All Law Enforcement Grantees and Subgrantees Must Answer

1. What is your law enforcement agency's jurisdiction(s)? *This can be a city, town, county, parish, township, state, tribe, other politically defined area, or several politically defined areas. For example, New York City, Washington County, or Montgomery and Prince George's Counties.*

A. Jurisdiction(s) name _____

2. What is the jurisdiction's population that your law enforcement agency serves? *For most jurisdictions, population data can be found by entering your jurisdiction's name at <http://factfinder2.census.gov>. Please report population data from the most recent census (2010). If your agency is serving multiple jurisdictions, please combine the size of the population to represent those jurisdictions your agency is serving.*

A. Population _____

3. How many employees did your law enforcement agency have on staff as of the last day of the reporting period? *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*

	Total personnel	Of total, number who are JAG funded
Sworn personnel		
Nonsworn (civilian) personnel		
	Autosum	Autosum

4. Does the agency utilize a strategic management accountability system to gather and disseminate information within the agency (e.g., CompStat, stratified policing)? *Strategic management accountability systems typically include a focus on the use of relevant and timely data, the production of reports detailing problems and actions taken to solve them, and regular meetings with management to discuss strategies.*

A. Yes/No

5. Does the agency use any of the following deconfliction tools?

- A. ____ Yes, RISSafe
B. ____ Yes, SAFETNet
C. ____ Yes, Case Explorer

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- D. ☐ No, we do not use any of these deconfliction tools
E. ☐ Unsure/don't know

6. During the reporting period, did you operate a task force and/or law enforcement program partially or fully funded by JAG?

A. Yes/No **(If No, this completes the module)**

**Programs—Grantees and Subgrantees Funding a Program/Task Force
Must Answer**

7. Is this a law enforcement task force or program? *Check all that apply.*

- A. ☐ A law enforcement **program**. *Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives.*
B. ☐ A law enforcement **task force**. *Task forces are targeted or organized law enforcement initiatives conducted by a special unit or group to achieve a specific purpose.*

8. Was this task force/program operational during the reporting period? *A task force/program is considered operational when the grantee has obligated, expended, or drawn down grant funds to implement or execute the task force/program's objectives.*

- A. Yes/No
B. If No, please explain _____

9. Please complete the following table with the percentage of your program's funding that comes from each funding source. Estimate the percentages, rounded to the nearest whole number, based on your program's budget for the fiscal year. *"This JAG award" refers to the award you are currently reporting on. If your program is fully funded by this JAG award, please enter "100" for "This JAG award." You must enter a value between 0 and 100 for each cell, and both must total 100. This information will be used to automatically prorate your JAG-funded program output data. Please note: a separate report is also required for other JAG awards funding this program.*

Calculation: To calculate the amount for "This JAG award," take the amount of this JAG award's funding going toward the program, and divide it by the total amount of funding for the program. For example, if your program has a budget of \$50,000 for the year and \$15,000 of that comes from this JAG award, "This JAG award" equals 15,000/50,000, or 30 percent.

To calculate the amount for "All other sources," divide the remaining funds by the total budget. In the above example, this would be 35,000/50,000, or 70 percent.

Funding source	Percent of overall program funding
This JAG award	
All other sources	
Total	100%

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10. What is the name of this program or task force?

A. Name _____

11. What was the initiation year of this program or task force, regardless of when it received JAG funding?

A. Year _____

12. Are you or a partner conducting an evaluation of this program or task force?

A. Yes/No

B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____

13. Did the program or task force receive any assistance from a BJA-funded training and technical assistance (TTA) provider during the reporting period? *A list of TTA providers can be found at <https://www.bjatrain.org>. Report additional TTA contacts in the "Project Progress" module.*

A. Yes/No

B. If Yes, please provide the name of the TTA provider _____

C. If Yes, how satisfied were you with the services provided?

Choices: Very satisfied, Satisfied, Neutral, Dissatisfied, Very dissatisfied

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14. What type(s) of crime/problem does your program or task force focus on? *Please be as specific as possible. Check all that apply.*

Violent crime/problems

- A. ☐ All violent crime in the jurisdiction
- B. ☐ Homicide
- C. ☐ Human trafficking (sex and/or labor)
- D. ☐ Domestic violence
- E. ☐ Child abuse
- F. ☐ Child pornography and exploitation
- G. ☐ Sexual assault
- H. ☐ Terrorism

Property crime/problems

- I. ☐ All property crime in the jurisdiction
- J. ☐ Auto theft
- K. ☐ Burglary

Societal crimes/problems

- L. ☐ Drug crime (i.e., street drugs)
- M. ☐ Prescription drug crime
- N. ☐ Disorder/quality-of-life incidents
- O. ☐ Prostitution
- P. ☐ Cybercrime
- Q. ☐ White-collar crime
- R. ☐ Health care fraud
- S. ☐ Status offenses (e.g., truancy, underage drinking)

General crime/problems

- T. ☐ Hate crime
- U. ☐ Gun crime
- V. ☐ Traffic/auto violations/crashes
- W. ☐ All crime in the jurisdiction
- X. ☐ Other (please describe)

15. What population(s) does your program or task force focus on? *Check all that apply.*

- A. ☐ Entire population/entire community
- B. ☐ Adults
- C. ☐ Elderly
- D. ☐ Gangs
- E. ☐ Juveniles
- F. ☐ Children of incarcerated/justice-involved parents
- G. ☐ Drug-endangered children
- H. ☐ Persons with mental illness
- I. ☐ Other (please describe)

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16. What is the primary target area of the program or task force? *Please check the response that best fits your program/task force.*

- A. ☐ Specific landmark or place (e.g., shopping mall, school, neighborhood)
- B. ☐ Hot spots (a number of blocks or street segments that have been identified as experiencing a disproportionate share of the jurisdiction's problem)
- C. ☐ Entire jurisdiction
- D. ☐ Multijurisdictional/cross jurisdictional

17. Does your program or task force focus efforts around any of the following models? *Check all that apply.*

- A. ☐ Community-oriented approach (community policing)
- B. ☐ Problem-solving approach (problem-oriented policing such as the SARA model)
- C. ☐ Geographic focus (hot spots policing)
- D. ☐ High-rate offender focus (focused deterrence)
- E. ☐ High-rate group/gang focus (pulling levers)
- F. ☐ Procedural justice (ensuring individuals feel law enforcement is fair and just)
- G. ☐ Unsure/don't know
- H. ☐ Other **(please describe)**

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18. How often did your program/task force conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Conducted analysis to better understand a problem or program progress or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilized directed/hot spots patrol	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilized offender call-in/notification meetings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted public outreach (e.g., contact potential victims, focused-media outreach)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted community engagement (e.g., chief's roundtables, community advisory boards)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaged in community problem solving (e.g., partnerships with businesses, faith-based institutions, community groups)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided or referred individuals to community services, assistance, or counseling (e.g., mental health assistance, victim services)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referred cases for federal prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocated for the diversion of offenders from prosecution to alternative sanctions or programs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diverted those with mental health or substance abuse problems from arrest to treatment/drop-off centers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administered a victimization-assessment tool	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided group or classroom instruction for at-risk population	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided direct services for at-risk population	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilized intervention teams (e.g., crisis intervention, domestic violence)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

19. During the reporting period, did your program or task force have any partnerships with outside entities, groups, organizations, or programs?

A. Yes/No (if No, skip next question)

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20. How would you rate the following partners based on this statement: "This partner is actively involved in the program." *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
	N/A	1	2	3	4	5
<i>This partner is actively involved in the program</i>						
State leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal leadership	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorder treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lived experience mentors ¹	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹ Lived experience mentors include those people who share real-life experiences with program participants; for example, a graduate of a drug court program who speaks to participants.

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Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Which of the following crime prevention services, if any, were provided as part of your program during the reporting period? *Check all that apply. Crime prevention is a focused effort by police and community members to eliminate both the risks of crime and the causes of crime (e.g., National Night Out,™ McGruff the Crime Dog®).*

- A. ☐ Situational crime prevention and crime prevention through environmental design strategies: *approaches that change the perceived opportunities for a crime, such as leading the offender to believe the crime is more difficult or risky; for example, access control to parking lots or improved lighting on a walkway.*
- B. ☐ Youth development: *programs that promote positive behavior and decrease negative behavior in youth; for example, any of the Blueprints Programs.*
- C. ☐ Crime awareness: *programs aimed at increasing the awareness of a crime problem, including solutions to prevent crime such as a "lock it or lose it" program.*
- D. ☐ Increase personal safety: *programs that provide instruction on increasing personal safety; for example, a rape aggression defense class.*
- E. ☐ Community building: *programs that promote community cohesion, including public safety partnerships between the community and elements of the criminal justice system; for example, National Night Out,™ police/youth mentoring, community advisory boards.*
- F. ☐ Other crime prevention service _____
- G. Please describe the services you provided _____
- H. ☐ None of the above/no crime prevention activities were conducted

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22. How often do you track the following measures to determine the success of your program or task force?

	N/A/Not tracked	Daily/weekly/ monthly	Quarterly	Semiannually	Annually	Biannually
General/all crime	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific crime(s) (identified in Question 14)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offender recidivism	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victimization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeat victimization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community satisfaction with law enforcement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Citizen fear of crime/victimization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Citizen complaints	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Officer reported use of force	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of individuals who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Citations issued in lieu of arrest	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other measure of success	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

23. For the following metrics tracked at least quarterly, please indicate if it increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If it is not tracked, please select "N/A/Not tracked quarterly."*

	N/A/Not tracked quarterly	Decreased	Stayed same	Increased
General/all crime	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific crime(s) (identified in Question 14)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Citizen complaints	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Officer reported use of force	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of individuals who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Citations issued in lieu of arrest	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metric	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

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24. How many criminal groups were disrupted or dismantled under your program during the reporting period? *Disrupted means impeding the normal and effective operation of the group, as indicated by changes in leadership or methods of operation. Dismantled means destroying the organization's leadership, financial base, or supply network so that the organization is incapable of operating.*

A. Disrupted _____
B. Dismantled _____

25. During the reporting period, did you seize any firearms as a part of your JAG-funded program or task force?

A. Yes/No **(if No, skip next question)**

26. Please complete the following table with the number of firearms seized as a part of your JAG-funded program or task force during the reporting period. **(If you did not seize firearms as part of your program or task force, skip this question.)**

Item	Number
Total firearms seized	
Firearms entered into National Integrated Ballistic Information Network (NIBIN)	
Firearms traced through the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF)	

27. Did your program or task force file any state or federal asset forfeiture cases during the reporting period?

A. Yes/No **(if No, skip next question)**
B. If Yes, enter number of cases _____

28. Which of the following items did you seize during the reporting period as part of a state or federal asset forfeiture case? *Check all that apply.*

A. _____ Drugs
B. _____ Money/currency
C. _____ Firearms
D. _____ Other physical property (e.g., cars, houses)
E. _____ None of the above

If you have another law enforcement program or task force, please repeat these measures for that program or task force.

THIS COMPLETES THE LAW ENFORCEMENT PROGRAM MODULE

**BUREAU OF JUSTICE ASSISTANCE
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CRIME LABORATORY/FORENSICS MODULE

This module asks questions of grantees and subgrantees that use JAG funding for crime laboratory or forensic-related **services** or **programs**. This includes any expenditure of funds for crime lab/forensic activities including salaries, equipment, or programs.

General Office Information—All Grantees and Subgrantees Must Answer

1. Which of the following forensic offices are receiving JAG funds? *Check all that apply.*
 - A. ____ Law enforcement forensic/crime laboratory (includes laboratories that are part of a law enforcement agency)
 - B. ____ State/regional/private forensic/crime laboratory (includes laboratories that serve multiple jurisdictions)
 - C. ____ Medical examiner or coroner's office
 - D. ____ Crime scene processing/investigation unit
 - E. ____ Forensic examiner's office (e.g., SANE)
 - F. ____ Other **(please explain)**

2. Which of the following accreditations/certifications does your office have? *Check all that apply.*
 - A. ____ ASCLD/LAB accredited crime laboratory
 - B. ____ ISO/IEC 17025 accredited crime laboratory
 - C. ____ IAI Latent Print certified examiner(s)
 - D. ____ IAI Crime Scene certified investigator(s)
 - E. ____ IAC&ME accredited medical examiner's office
 - F. ____ IAFN SANE or AFN forensic nurse certification
 - G. ____ None of the above
 - H. ____ State/other certification/accreditation **(please describe)**

3. How many employees did your office have on staff as of the last day of the reporting period? *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*
 - A. Total staff ____
 - B. Of total, number of JAG-funded staff ____

4. Do you have a program in your crime lab that is partially or fully funded by JAG? *Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives.*
 - A. ____ Yes; please continue
 - B. ____ No **(if No, this ends this module)**

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Programs—Grantees Funding a Program Must Answer

5. Was this program operational during the reporting period? *A program is considered operational when the grantee has obligated, expended, or drawn down grant funds to implement or execute the program's objectives.*

A. Yes/No

B. If No, please explain _____

6. Please complete the following table with the percentage of your program's funding that comes from each funding source. Estimate the percentages, rounded to the nearest whole number, based on your program's budget for the fiscal year. *"This JAG award" refers to the award you are currently reporting on. If your program is fully funded by this JAG award, please enter "100" for "This JAG award." You must enter a value between 0 and 100 for each cell, and both must total 100. This information will be used to automatically prorate your JAG-funded program output data. Please note: a separate report is also required for other JAG awards funding this program.*

Calculation: To calculate the amount for "This JAG award," take the amount of this JAG award's funding going toward the program and divide it by the total amount of funding for the program. For example, if your program has a budget of \$50,000 for the year and \$15,000 of that comes from this JAG award, "This JAG award" equals 15,000/50,000, or 30 percent.

To calculate the amount for "All other sources," divide the remaining funds by the total budget. In the above example, this would be 35,000/50,000, or 70 percent.

Funding source	Percent of overall program funding
This JAG award	
All other sources	
Total	100%

7. What is the name of this program?

A. Name _____

8. What was the initiation year of this program, regardless of when it received JAG funding?

A. Year _____

9. Please describe your program, including its focus (e.g., decreasing DNA backlogs for sexual assault cases), target location (e.g., the entire state, a specific city/jurisdiction), and other general information that will help us understand it.

10. During this reporting period, did your program or service have any partnerships with outside entities, groups, organizations, or programs?

A. Yes/No (if No, skip next question)

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11. How would you rate the following partners based on this statement: "This partner is actively involved in the program." *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>This partner is actively involved in the program</i>	N/A	1	2	3	4	5
State leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal leadership	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorder treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lived experience mentors ¹	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹ Lived experience mentors include those people who share real-life experiences with program participants; for example, a graduate of a drug court program who speaks to participants.

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Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. For the following metrics tracked at least quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "N/A/Not tracked quarterly."*

	N/A/Not tracked quarterly	Decreased	Stayed same	Increased
Processing time	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Backlog	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity: <i>The maximum amount of items that can be handled</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workload: <i>The amount of work an individual has to do</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caseload: <i>The number of cases an individual has to handle</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capabilities (e.g., validations, tests, analysis)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metric	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

13. What is the total number of items processed as part of your program during the reporting period? *Items refer to specific pieces of evidence; for example, the number of guns processed as part of a gun-crime—reduction program.*

A. Enter number _____

14. Do you use JAG funds to pay for a forensic examiner (e.g., SANE)?

A. Yes/No

B. If Yes, how many people received a forensic examination as part of your program during the reporting period? _____

**BUREAU OF JUSTICE ASSISTANCE
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15. How often did your program conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted analysis to better understand a problem or program progress or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

16. Did you or a partner conduct an evaluation of this program during the reporting period?

A. Yes/No

B. If Yes, please summarize the purpose of the research/evaluation during the reporting period, the status of the work (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____

17. Did the program receive any assistance from a BJA-funded training and technical assistance (TTA) provider during the reporting period? *A list of TTA providers can be found at <https://www.bjatraininq.org>. Report additional TTA contacts in the "Project Progress" module.*

A. Yes/No

B. If Yes, please provide the name of the TTA provider _____

C. If Yes, how satisfied were you with the services provided?

Choices: Very satisfied, Satisfied, Neutral, Dissatisfied, Very dissatisfied

18. Please fill out the following table with the number of unknown samples submitted for comparison to a forensic database **as part of your program** during the reporting period. *If your program does not utilize a specific database, please enter "0" for that database.*

Measure	Number of sample submissions	Prorate
CODIS submissions <i>Includes all DNA evidence submitted to CODIS to help identify a person involved in a crime.</i>		<autocalc>
NIBIN submissions <i>Includes all NIBIN submissions used to link firearms, casings, or projectiles to further a criminal investigation.</i>		<autocalc>
AFIS/IAFIS/NGI submissions <i>Includes all fingerprints, palm prints, or other friction ridge impressions submitted to AFIS or IAFIS/NGI for the purpose of identifying the source of the print.</i>		<autocalc>

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If you have another crime lab/forensics program, please repeat these measures for that program.

THIS COMPLETES THE CRIME LAB/FORENSICS MODULE

**BUREAU OF JUSTICE ASSISTANCE
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ACCOUNTABILITY MEASURES**

CRIME PREVENTION MODULE

This module asks questions of non-law enforcement grantees and subgrantees that use JAG funding for crime prevention. Examples of crime prevention activities can include classes (such as rape aggression defense), awareness campaigns, or community-engagement events.

Law enforcement grantees and subgrantees should not report here; report in the **Law Enforcement** module, regardless of program type.

General Agency Information—All Crime Prevention Grantees and Subgrantees Must Answer

1. What is the jurisdiction(s) your agency provides services to? *This can be a city, town, county, parish, township, state, tribe, other politically defined area, or a number of politically defined areas. For example, New York City, Washington County, or Montgomery and Prince George's Counties.*
 - A. Jurisdiction(s) name _____
2. What is the combined population for the jurisdiction(s) that your agency serves? *For most jurisdictions, population data can be found by entering your jurisdiction's name at <http://factfinder2.census.gov>. Please report population data from the most recent census (2010). If your agency is serving multiple jurisdictions, please combine the size of the population to represent those jurisdictions your agency is serving.*
 - A. Population _____
3. Please describe your agency. *If you are a nonprofit or community-based organization, briefly tell us your organization name and mission.*

4. How many employees did your office have on staff as of the last day of the reporting period? *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*
 - A. Total staff _____
 - B. Of total, number of JAG-funded staff _____
5. During the reporting period, did you have a specific program that was partially or fully funded by JAG? *Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives.*
 - A. Yes; please continue
 - B. No **(if No, this ends this module)**

**BUREAU OF JUSTICE ASSISTANCE
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ACCOUNTABILITY MEASURES**

Programs—Only Grantees and Subgrantees Funding a Program Must Answer

6. Was this program operational during the reporting period? *A program is considered operational when the grantee has obligated, expended, or drawn down grant funds to implement or execute the program's objectives.*

A. Yes/No
B. If No, please explain _____

7. Please complete the following table with the percentage of your program's funding that comes from each funding source. Estimate the percentages, rounded to the nearest whole number, based on your program's budget for the fiscal year. *"This JAG award" refers to the award you are currently reporting on. If your program is fully funded by this JAG award, please enter "100" for "This JAG award." You must enter a value between 0 and 100 for each cell and both must total 100. This information will be used to automatically prorate your JAG-funded program output data. Please note: a separate report is also required for other JAG awards funding this program.*

Calculation: To calculate the amount for "This JAG award," take the amount of this JAG award's funding going toward the program and divide it by the total amount of funding for the program. For example, if your program has a budget of \$50,000 for the year and \$15,000 of that comes from this JAG award, "This JAG award" equals 15,000/50,000, or 30 percent.

To calculate the amount for "All other sources," divide the remaining funds by the total budget. In the above example, this would be 35,000/50,000, or 70 percent.

Funding source	Percent of overall program funding
This JAG award	
All other sources	
Total	100%

8. What is the name of this program?

A. Name _____

9. What was the initiation year of this program, regardless of when it received JAG funding?

A. Year _____

10. Are you or a partner conducting an evaluation of this program?

A. Yes/No

B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____

**BUREAU OF JUSTICE ASSISTANCE
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11. Did the program receive any assistance from a BJA-funded training and technical assistance (TTA) provider during the reporting period? A list of TTA providers can be found at <https://www.bjatrain.org>. Report additional TTA contacts in the "Project Progress" module.

A. Yes/No

B. If Yes, please provide the name of the TTA provider _____

C. If Yes, how satisfied were you with the services provided?

Choices: Very satisfied, Satisfied, Neutral, Dissatisfied, Very dissatisfied

12. What type of crime/problem does your program focus on? *Please be as specific as possible. Check all that apply.*

Violent crime/problems

- A. ☐ All violent crime in the jurisdiction
- B. ☐ Homicide
- C. ☐ Human trafficking (sex and/or labor)
- D. ☐ Domestic violence
- E. ☐ Child abuse
- F. ☐ Child pornography and exploitation
- G. ☐ Sexual assault
- H. ☐ Terrorism

Property crime/problems

- I. ☐ All property crime in the jurisdiction
- J. ☐ Auto theft
- K. ☐ Burglary

Societal crimes/problems

- L. ☐ Drug crime (i.e., street drugs)
- M. ☐ Prescription drug crime
- N. ☐ Disorder/quality-of-life incidents
- O. ☐ Prostitution
- P. ☐ Cybercrime
- Q. ☐ White-collar crime
- R. ☐ Health care fraud
- S. ☐ Status offenses (e.g., truancy, underage drinking)

General crime/problems

- T. ☐ Hate crime
- U. ☐ Gun crime
- V. ☐ Traffic/auto violations/crashes
- W. ☐ All crime in the jurisdiction
- X. ☐ Other **(please describe)**

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13. What is the primary target area of the program? *Please check the option that best applies.*
- A. ☐ Specific landmark or place (e.g., shopping mall, school, neighborhood)
 - B. ☐ Hot spots (a number of blocks or street segments that have been identified as experiencing a disproportionate share of the jurisdiction's problem)
 - C. ☐ Entire jurisdiction
 - D. ☐ Multijurisdictional/cross jurisdictional
14. What is the relative age of the population that is the focus of your program? *Check all that best apply.*
- A. ☐ All ages
 - B. ☐ Prekindergarten youth
 - C. ☐ Elementary school students
 - D. ☐ Middle school students
 - E. ☐ High school students
 - F. ☐ Young adults (ages 18–25)
 - G. ☐ Adults ages 26–64
 - H. ☐ Adults ages 65 and older
15. What population(s) does your program or task force focus on? *Check all that apply.*
- A. ☐ At-risk youth
 - B. ☐ Children of incarcerated/justice-involved parents
 - C. ☐ Drug-endangered children
 - D. ☐ Persons at risk for mental illness
 - E. ☐ Persons at risk for substance abuse
 - F. ☐ All victims
 - G. ☐ Other **(please describe)**
16. Which of the following prevention services, if any, were provided as part of your program during the reporting period? *Check all that apply.*
- A. ☐ Situational crime prevention and crime prevention through environmental design strategies: *approaches that change the perceived opportunities for a crime, such as leading the offender to believe the crime is more difficult or risky; for example, access control to parking lots or improved lighting on a walkway.*
 - B. ☐ Youth development: *programs that promote positive behavior and decrease negative behavior in youth; for example, any of the Blueprints programs.*
 - C. ☐ Crime awareness: *programs aimed at increasing the awareness of a crime problem, including solutions to prevent crime; for example, a "lock it or lose it" program.*
 - D. ☐ Increase personal safety: *programs that provide instruction on increasing personal safety; for example, a rape aggression defense class.*

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E. ____ Community building: *programs that promote community cohesion, including public safety partnerships between the community and elements of the criminal justice system; for example, National Night Out™.*

F. ____ Other

G. Please describe the services you provided _____

17. How often did your program conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Conducted analysis to better understand a problem or program progress or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administered a victimization assessment tool	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Held offender call-in/notification meetings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performed public outreach (e.g., social media, billboards, newsletters)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiated community engagement (e.g., community meetings, community advisory boards, block party)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performed community problem solving (e.g., partnerships with businesses, faith-based institutions, community groups)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided or referred to other community services/partners, assistance, or counseling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided group or classroom instruction for at-risk population	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided direct services for at-risk population	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

18. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?

A. Yes/No (if No, skip next question)

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19. How would you rate the following partners based on this statement: "This partner is actively involved in the program." Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
	N/A	1	2	3	4	5
<i>This partner is actively involved in the program</i>	N/A					
State leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal leadership	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorder treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lived experience mentors ¹	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹ Lived experience mentors include those people who share real-life experiences with program participants; for example, a graduate of a drug court program who speaks to participants.

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Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. How often do you track any of the following measures to determine the success of your program?

	N/A/Not tracked	Monthly	Quarterly	Semiannually	Annually	Biannually
General/all crime	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific crime(s) (identified in Question 12)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offender recidivism	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victimization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeat victimization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community satisfaction with law enforcement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Citizen fear of crime/victimization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other measure of success	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

21. For the following metrics tracked at least quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please provide responses only for measures that are tracked as part of this program. If a measure is not tracked, please select "N/A/Not tracked quarterly."*

	N/A/Not tracked quarterly	Decreased	Stayed same	Increased
General/all crime	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Targeted crime (e.g., drug crime, prostitution, violent crimes)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of people who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metric	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

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**If you have another crime prevention program, please repeat
these measures for that program.**

THIS COMPLETES THE CRIME PREVENTION MODULE

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PROSECUTION MODULE

This module asks questions of grantees and subgrantees that use JAG funding for prosecution-related **services** or **programs**. This includes any expenditure of funds for prosecution activities including salaries, programs, or services.

General Office Information—All Prosecution Grantees and Subgrantees Must Answer

1. How many employees did your office have on staff as of the last day of the reporting period? Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.

	Total personnel	Of total, number who are JAG funded
Prosecutors		
Support staff		
	Autosum	Autosum

2. Does your office utilize a community-oriented model such as Community Prosecution, regardless of JAG funding?
A. Yes/No
3. Did your office utilize a victim/witness advocate during the reporting period, regardless of JAG funding?
A. Yes/No
4. During the reporting period, did you have a specific prosecution program that was partially or fully funded by JAG? *Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives.*
A. Yes; please continue
B. No (if No, this ends this module)

Programs—Grantees and Subgrantees Funding a Program Must Answer

5. Was this program operational during the reporting period? *A program is considered operational when the grantee has obligated, expended, or drawn down grant funds to implement or execute the program's objectives.*
A. Yes/No
B. If No, please explain _____

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6. Please complete the following table with the percentage of your program's funding that comes from each funding source. Estimate the percentages, rounded to the nearest whole number, based on your program's budget for the fiscal year. *"This JAG award" refers to the award you are currently reporting on. If your program is fully funded by this JAG award, please enter "100" for "This JAG award." You must enter a value between 0 and 100 for each cell and both must total 100. This information will be used to automatically prorate your JAG-funded program output data. Please note: a separate report is also required for other JAG awards funding this program.*

Calculation: To calculate the amount for "This JAG award," take the amount of this JAG award's funding going toward the program and divide it by the total amount of funding for the program. For example, if your program has a budget of \$50,000 for the year and \$15,000 of that comes from this JAG award, "This JAG award" equals $15,000/50,000$, or 30 percent.

To calculate the amount for "All other sources," divide the remaining funds by the total budget. In the above example, this would be $35,000/50,000$, or 70 percent.

Funding source	Percent of overall program funding
This JAG award	
All other sources	
Total	100%

7. What is the name of this program?
A. Name _____
8. What was the initiation year of this program, regardless of when it received JAG funding?
A. Year _____
9. Are you or a partner conducting an evaluation of this program?
A. Yes/No
B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____
10. Did the program receive any assistance from a BJA-funded training and technical assistance (TTA) provider during the reporting period? A list of TTA providers can be found at <https://www.bjatrain.org>. Report additional TTA contacts in the "Project Progress" module.
A. Yes/No
B. If Yes, please provide the name of the TTA provider _____
C. If Yes, how satisfied were you with the services provided?
Choices: Very satisfied, Satisfied, Neutral, Dissatisfied, Very dissatisfied

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11. What type of crime/problem does your program focus on? *Select all that apply.*

Violent crime/problems

- A. ☐ All violent crime in the jurisdiction
- B. ☐ Homicide
- C. ☐ Human trafficking (sex and/or labor)
- D. ☐ Domestic violence
- E. ☐ Child abuse
- F. ☐ Child pornography and exploitation
- G. ☐ Sexual assault
- H. ☐ Terrorism

Property crime/problems

- I. ☐ All property crime in the jurisdiction
- J. ☐ Auto theft
- K. ☐ Burglary

Societal crimes/problems

- L. ☐ Drug crime (i.e., street drugs)
- M. ☐ Prescription drug crime
- N. ☐ Disorder/quality-of-life incidents
- O. ☐ Prostitution
- P. ☐ Cybercrime
- Q. ☐ White-collar crime
- R. ☐ Health care fraud
- S. ☐ Status offenses (e.g., truancy, underage drinking)

General crime/problems

- T. ☐ Hate crime
- U. ☐ Gun crime
- V. ☐ Traffic/auto violations/crashes
- W. ☐ All crime in the jurisdiction
- X. ☐ Other **(please describe)**

12. What population(s) does your program focus on? *Select all that apply.*

- A. ☐ Adults
- B. ☐ Elderly
- C. ☐ Gangs
- D. ☐ Juvenile delinquents
- E. ☐ Children of incarcerated/justice-involved parents
- F. ☐ Drug-endangered children
- G. ☐ Persons with mental illness
- H. ☐ All victims
- I. ☐ Other **(please describe)**

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13. What is the primary target area of the program? *Select the area that best fits.*
- A. ____ Specific landmark, neighborhood, or place (e.g., shopping mall, school, neighborhood)
 - B. ____ Hot spots (a number of blocks or street segments that have been identified as experiencing a disproportionate share of the jurisdiction's problem)
 - C. ____ Entire jurisdiction
 - D. ____ Multijurisdictional/cross jurisdictional

14. For the following metrics tracked at least quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "N/A/Not tracked quarterly."*

	N/A/Not tracked quarterly	Decreased	Stayed same	Increased
General/all crime	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific crime(s) (identified in Question 11)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time for investigation and/or preparation for cases	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of alternatives to incarceration	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of diversion from prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time to bring cases to disposition	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caseload	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of early screening of cases	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of risk assessments	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim notification	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metrics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

15. Does your program focus your efforts on any of the following? *Select all that apply.*
- A. ____ Prioritizing violent/serious/dangerous offenders
 - B. ____ Vertical prosecution
 - C. ____ Problem-solving courts (drug, family, or other specialty courts)
 - D. ____ Geographical zone prosecution
 - E. ____ Community prosecution
 - F. ____ Improving witness cooperation
 - G. ____ Other **(please describe)**

**BUREAU OF JUSTICE ASSISTANCE
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16. How often did your program conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Conducted analysis to better understand a problem or program progress or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administered victim/community satisfaction survey(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Held offender call-in/notification meetings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performed public outreach (e.g., contact potential victims, focused media outreach)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participated in community engagement activities (e.g., roundtables, community advisory boards)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performed community problem solving (e.g., partnerships with businesses, faith-based institutions, community groups)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided or referred to community services, assistance, or counseling (e.g., mental health assistance, victim services)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referred for federal prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diverted from prosecution (pre- or post-charge)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used victim/witness advocate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used alternatives to incarceration	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Held victim-offender dialogue meetings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided mediation/restorative justice	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

17. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?
- A. Yes/No (if No, skip next question)

**BUREAU OF JUSTICE ASSISTANCE
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18. How would you rate the following partners based on this statement: "This partner is actively involved in the program." *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
	N/A	1	2	3	4	5
<i>This partner is actively involved in the program</i>						
State leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal leadership	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorder treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lived experience mentors ¹	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹ Lived experience mentors include those people who share real-life experiences with program participants; for example, a graduate of a drug court program who speaks to participants.

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Please fill out the following table with the number of criminal cases handled as part of your prosecution program during the reporting period, regardless of JAG funding.

	Measure	Number of cases	Prorated total
A.	Total NEW cases <i>A case is considered one client with any number of charges that stem from the same incident. Include all new cases assigned to your program during the reporting period.</i>		autocalc
B.	Total cases disposed <i>A disposition is defined as one client seeing one judge deciding any number of charges on the same day. Include all cases disposed of during the reporting period.</i>		autocalc
C.	Of the total cases disposed, what was the total number of cases where the prosecutor recommended alternatives to incarceration, either following a plea bargain or at sentencing?		autocalc

If you have another prosecution program, please repeat these measures for that program.

THIS COMPLETES THE PROSECUTION MODULE

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

PUBLIC DEFENSE MODULE

This module asks questions of grantees and subgrantees that use JAG funding for public defense-related **services** or **programs**. This includes any expenditure of funds for public defense activities including salaries, equipment, or programs.

General Office Information—All Public Defense Grantees and Subgrantees Must Answer

1. How many employees did your office have on staff as of the last day of the reporting period? *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*

	Total personnel	Of total, those who are JAG funded
Public defenders		
Support staff		
	Autosum total	Autosum total

2. What is your office's standard operating procedure for the use of vertical defense? *Vertical defense is the practice of having one attorney represent the client from the beginning to the completion of the case.*
- A. ____ We use vertical defense in all cases except when a specialist is necessary
B. ____ We use vertical defense as time and manpower permit
C. ____ We do not commonly use vertical defense
D. ____ Other **(please describe)**
3. During the reporting period, did you have a specific public defense program that was partially or fully funded by JAG? *Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives.*
- A. Yes; please continue
B. No **(if No, this ends this module)**

Programs—Grantees and Subgrantees Funding a Program Must Answer

4. Was this program operational during the reporting period? *A program is considered operational when the grantee has obligated, expended, or drawn down grant funds to implement or execute the program's objectives.*
- A. Yes/No
B. If No, please explain _____

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

5. Please complete the following table with the percentage of your program's funding that comes from each funding source. Estimate the percentages, rounded to the nearest whole number, based on your program's budget for the fiscal year. *"This JAG award" refers to the award you are currently reporting on. If your program is fully funded by this JAG award, please enter "100" for "This JAG award." You must enter a value between 0 and 100 for each cell and both must total 100. This information will be used to automatically prorate your JAG-funded program output data. Please note: a separate report is also required for other JAG awards funding this program.*

Calculation: To calculate the amount for "This JAG award," take the amount of this JAG award's funding going toward the program and divide it by the total amount of funding for the program. For example, if your program has a budget of \$50,000 for the year and \$15,000 of that comes from this JAG award, "This JAG award" equals $15,000/50,000$, or 30 percent.

To calculate the amount for "All other sources," divide the remaining funds by the total budget. In the above example, this would be $35,000/50,000$, or 70 percent.

Funding source	Percent of overall program funding
This JAG award	
All other sources	
Total	100%

6. What is the name of this program?
A. Name _____
7. What was the initiation year of this program, regardless of when it received JAG funding?
A. Year _____
8. Please describe your program, including its focus, target population, and target location if applicable.
- _____
- _____
9. Are you or a partner conducting an evaluation of this program?
A. Yes/No
B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

10. Did the program receive any assistance from a BJA-funded training and technical assistance (TTA) provider during the reporting period? *A list of TTA providers can be found at <https://www.bjatrainig.org>. Report additional TTA contacts in the "Project Progress" module.*
- A. Yes/No
 - B. If Yes, please provide the name of the TTA provider _____
 - C. If Yes, how satisfied were you with the services provided?
Choices: Very satisfied, Satisfied, Neutral, Dissatisfied, Very dissatisfied
11. Does your public defense program focus efforts around any of the following models?
Check all that apply.
- A. _____ Holistic defense
 - B. _____ Family-integrated defense/fatherhood program
 - C. _____ Mediation/restorative justice
 - D. _____ Guardianship
 - E. _____ Reentry
 - F. _____ We do not follow a specific model
 - G. _____ Other **(please describe)**
12. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?
- A. Yes/No **(if No, skip next question)**

**BUREAU OF JUSTICE ASSISTANCE
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13. How would you rate the following partners based on this statement: "This partner is actively involved in the program." Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>This partner is actively involved in the program</i>	N/A	1	2	3	4	5
State leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal leadership	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorder treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lived experience mentors ¹	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹ Lived experience mentors include those people who share real-life experiences with program participants; for example, a graduate of a drug court program who speaks to participants.

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How often did your program conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted analysis to better understand a problem or program progress or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administered client/community satisfaction survey(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

15. For the following metrics tracked at least quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "N/A/Not tracked quarterly."*

	N/A/Not tracked quarterly	Decreased	Stayed same	Increased
Reliance on outside counsel	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caseload	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time to appointment of counsel	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time to first contact with client	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cases diverted	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
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Pretrial motions	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time spent on case preparation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time spent on case investigations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metrics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

16. Please fill out the following table with the number of criminal cases handled as part of your public defense program during the reporting period, regardless of JAG funding.

	Measure	Number of Cases	Prorate
A.	Total NEW cases <i>A case is considered one client with any number of charges that stem from the same incident. Include all new cases assigned to your program during the reporting period.</i>		autocalc
B.	Total cases disposed <i>A disposition is defined as one client seeing one judge deciding any number of charges on the same day. Include all cases disposed of during the reporting period.</i>		autocalc

If you have another public defense program, please repeat these measures for that program.

THIS COMPLETES THE PUBLIC DEFENSE MODULE

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

COURT MODULE

This module asks questions of grantees and subgrantees that use JAG funding for court-related **services** or **programs**. This includes any expenditure of funds for court activities including salaries, equipment, or programs.

General Court Activity—All Court Grantees and Subgrantees Must Answer

1. What is the court's jurisdiction(s)? *This can be a city, town, county, parish, township, state, tribe, or other politically defined area; for example, New York City or Washington County.*
 - A. Jurisdiction(s) name _____
2. What is the population for the jurisdiction(s) the court serves? *For most jurisdictions, population data can be found by entering its name at <http://factfinder2.census.gov>. Please report population data from the most recent census (2010).*
 - A. Population _____
3. How many judges serve the criminal courts in this jurisdiction? *Judges are public officials who make rulings or decide issues of law in criminal cases. Please include all full- and part-time judges who are employed primarily in the jurisdiction. Do not include judges from other jurisdictions who fill in on a temporary basis.*
 - A. Judges _____
4. During the reporting period, did you have a problem-solving court or specific court program that was partially or fully funded by JAG? *Problem-solving courts address the specific, chronic, and underlying problems of defendants. Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives.*
 - A. Yes **(please continue)**
 - B. No **(If No, this completes this module)**

Court/Programs—Grantees and Subgrantees Funding a Problem-Solving Court or Court Program Must Answer

5. Was this problem-solving court/program operational during the reporting period? *A program is considered operational when the grantee has obligated, expended, or drawn down grant funds to implement or execute the program's objectives.*
 - A. Yes/No
 - B. If No, please explain _____

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

6. Please complete the following table with the percentage of your court/program's funding that comes from each funding source. Estimate the percentages, rounded to the nearest whole number, based on your court/program's budget for the fiscal year. *"This JAG award" refers to the award you are currently reporting on. If your court/program is fully funded by this JAG award, please enter "100" for "This JAG award." You must enter a value between 0 and 100 for each cell and both must total 100. This information will be used to automatically prorate your JAG-funded court/program output data. Please note: a separate report is also required for other JAG awards funding this court/program.*

Calculation: To calculate the amount for "This JAG award," take the amount of this JAG award's funding going toward the court/program and divide it by the total amount of funding for the court/program. For example, if your court/program has a budget of \$50,000 for the year and \$15,000 of that comes from this JAG award, "This JAG award" equals $15,000/50,000$, or 30 percent.

To calculate the amount for "All other sources," divide the remaining funds by the total budget. In the above example, this would be $35,000/50,000$, or 70 percent.

Funding source	Percent of overall court/program funding
This JAG award	
All other sources	
Total	100%

7. What is the name of this court/program?
A. Name _____
8. What was the initiation year of this court/program, regardless of when it received JAG funding?
A. Year _____
9. Please describe your court/program, including its focus, target population, and target location if applicable.
- _____
- _____
10. Is this a problem-solving court? *Problem-solving courts address the specific, chronic, and underlying problems of defendants.*
A. Yes/No (if No, skip next question)
11. What type of problem-solving court are you reporting on? *Select all that apply.*
- A. ____ Family court
- B. ____ Community court
- C. ____ Drug court
- D. ____ DUI/DWI court

**BUREAU OF JUSTICE ASSISTANCE
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- E. ☐ Mental health court
- F. ☐ Veterans treatment court
- G. ☐ Domestic violence court
- H. ☐ Teen/youth court
- I. ☐ Tribal court (e.g., Healing to wellness)
- J. ☐ Other **(please describe)**

12. What is the population that your court/program serves? *Please check the response that best fits.*

- A. ☐ Adults
- B. ☐ Juvenile/youth
- C. ☐ Both

13. How many employees did your court/program have on staff as of the last day of the reporting period? *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*

	Total personnel	Of total, number who are JAG funded
Judges		
Other staff		
	Autosum	Autosum

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

14. Which of the following services did your court/program provide or refer participants to during the reporting period? *Check all that apply.*
- A. ☐ Cognitive based. *These include therapeutic programs used to change criminal thinking and behavior. Examples include moral reconation therapy, Think for a Change, and aggression-replacement training.*
 - B. ☐ Educational. *These services foster knowledge by helping participants develop daily life skills that can enhance their opportunities.*
 - C. ☐ Employment. *These services are designed to help individuals find and obtain suitable job opportunities.*
 - D. ☐ Health care/Medicaid eligibility. *These services are designed to help individuals or families find, obtain, or retain health care.*
 - E. ☐ Housing. *These services are designed to help individuals or families find, obtain, or retain suitable housing. Transitional housing can also be included in these services.*
 - F. ☐ Mental health. *These services are provided in correctional facilities or in the community for those people under supervision. Services may include counseling programs or group self-help programs.*
 - G. ☐ Mentoring. *These services can be provided on a one-to-one basis or in a group setting and seek to support individuals in developing a positive sense of self, learning teamwork and social skills, and becoming productive members of society.*
 - H. ☐ Court-appointed advocate/guardian ad litem. *This person has the legal authority to care for the personal and property interests of another person and can be a lawyer, family member, volunteer, or other authorized person.*
 - I. ☐ Pro-social. *These services utilize directed skill building to help people interact in a positive way with others.*
 - J. ☐ Substance use disorder. *These services include substance use disorder education, treatment, or aftercare.*
 - K. ☐ Transportation. *These services include assistance with public transportation costs or help in finding other reliable transportation.*
 - L. ☐ Vocational. *These services help participants learn a trade and enhance their job opportunities.*
 - M. ☐ Individualized case planning. *These services include helping participants set goals, objectives, and conditions for reentering into society.*
 - N. ☐ Family engagement. *These services focus on involving family members in the treatment process to help provide support and encouragement.*
 - O. ☐ Other **(please describe)**

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

15. How often did your court/program conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted analysis to better understand a problem or program progress or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administered client satisfaction survey(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tailored responses/case planning based on the risk, needs, and responsivity principles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encouraged the use of positive reinforcement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaged community and family support for participants	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a validated screening and assessment tool to determine offender's risk of reoffending	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a validated screening and assessment tool to determine offender needs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided treatment to address "criminal thinking," such as Thinking for a Change, moral reconation therapy, or Reasoning and Rehabilitation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used graduated sanctions and incentives	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Held victim/offender dialogue meetings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performed drug and alcohol testing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided or referred to other community services/partners assistance/counseling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

16. Are you or a partner conducting an evaluation of the court/program?
- Yes/No
 - If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____
17. Did the court/program receive any assistance from a BJA-funded training and technical assistance (TTA) provider during the reporting period? *A list of TTA providers can be found at <https://www.bjatrain.org>. Report additional TTA contacts in the "Project Progress" module.*
- Yes/No
 - If Yes, please provide the name of the TTA provider _____
 - If Yes, how satisfied were you with the services provided?
Choices: Very satisfied, Satisfied, Neutral, Dissatisfied, Very dissatisfied

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
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18. During the reporting period, did your court/program have any partnerships with outside entities, groups, organizations, or programs?

A. Yes/No (if No, skip next question)

19. How would you rate the following partners based on this statement: "This partner is actively involved in the court/program." Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>This partner is actively involved in the court/program</i>	N/A	1	2	3	4	5
State leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal leadership	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorder treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Lived experience mentors ¹	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. For the following metrics tracked at least quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this court/program. If a measure is not tracked, please select "N/A/Not tracked quarterly."*

	N/A/Not tracked quarterly	Decreased	Stayed same	Increased
Recidivism	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical violations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing prescribed services (e.g., education/GED, drug treatment services, job training)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of people who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graduation rate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Targeted crime (e.g., DUI, prostitution, domestic/family violence)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive (i.e., failed) drug/alcohol tests	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metric	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

¹ Lived experience mentors include those people who share real-life experiences with program participants; for example, a graduate of a drug court program who speaks to participants.

**BUREAU OF JUSTICE ASSISTANCE
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21. Please complete the following table with the number of people involved in your court/program during the reporting period, regardless of JAG funding.

Item	Number	Prorated table
Candidates screened for eligibility during the reporting period <i>Candidates are those identified at the time of arrest or referred by criminal justice professionals (prosecutor, defense attorney, probation officer, judge, etc.) but who may not necessarily be deemed eligible for participation.</i>		autocalc
NEW admitted people entering court/program this reporting period <i>New participants are unique people who were not enrolled in the court/program in previous reporting periods. People who exit the court/program without completion and are readmitted or who have graduated and reentered may be counted twice.</i>		autocalc
TOTAL number of participants enrolled in the court/program as of the last day of the reporting period <i>Enrolled participants include new admissions (i.e., newly admitted) and those previously admitted in a reporting period and who continue to participate.</i>		autocalc
Participants successfully completing all court/program requirements <i>The number entered should represent only those participants who successfully completed all the requirements of the court/program during the reporting period.</i>		autocalc
Participants who did not complete the court/program (unsuccessfully exited) for any reason <i>Unsuccessful exits include, but are not limited to, participant's death or serious injury, termination for new charge(s), relocation, case transfer, absconding, voluntary drop out, and technical violation(s)/failure to complete requirements.</i>		autocalc

If you have another problem-solving court or court program, please repeat these measures for that program.

THIS COMPLETES THE COURT MODULE

**BUREAU OF JUSTICE ASSISTANCE
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CORRECTIONS MODULE

This module asks questions of grantees and subgrantees that use JAG funding for corrections-related **services** or **programs**. This includes any expenditure of funds for corrections activities, including salaries, equipment, or programs.

NOTE: You must answer the following questions for **each** JAG-funded corrections program that was operational during the reporting period.

General Agency Information—All Corrections Grantees and Subgrantees Must Answer

1. How would you best describe your facility? *Check all that apply.*
 - A. ☐ Adult jail
 - B. ☐ Adult prison
 - C. ☐ Juvenile detention center
 - D. ☐ Other **(please describe)**

2. Who does your facility house? *Check all that apply.*
 - A. ☐ Adult males
 - B. ☐ Adult females
 - C. ☐ Juvenile males
 - D. ☐ Juvenile females
 - E. ☐ Other **(please describe)**

3. How many employees did your office/facility have on staff *as of the last day of the reporting period*? If the award benefits more than one facility, please report the combined number of staff. *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*

	Total personnel	Of total, number who are JAG funded
Supervision employees (correctional officers)		
Nonsupervision employees		
	Autosum	Autosum

4. What is the operational (or rated) capacity of your correctional facility(ies)? *If the award benefits more than one facility, please report the combined capacity.*
 - A. Enter number

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5. How many people were housed at your facility as of the last day of the reporting period, regardless of JAG funding? *If the award benefits more than one facility, please report the combined inmate/resident population.*
A. Enter number _____
6. Are you using JAG funds to support Prison Rape Elimination Act compliance?
A. Yes/No
7. Which of the following assessments or screenings does your agency typically conduct? *Select all that apply.*
A. _____ Risk/needs assessment
B. _____ Mental health screening
C. _____ Substance abuse screening
D. _____ Trauma screening
E. _____ Physical health assessment
F. _____ Intellectual disabilities assessment
G. _____ Other (please describe)
H. _____ We do not typically conduct any assessments/screenings (skip next question)
8. When are candidates typically assessed/screened for the above? *Select all that apply.*
A. _____ Upon arrest/preadjudication
B. _____ Within the first 6 weeks of sentencing
C. _____ Within the first 6 months of sentence/time served
D. _____ Post-release
E. _____ Other (please describe)
9. During the reporting period, did you have a specific corrections program that was partially or fully funded by JAG? *Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives.*
A. Yes (please continue)
B. No (if No, this ends this module)

Corrections Programs—Grantees and Subgrantees Funding a Corrections Program Must Answer

10. Was this program operational during the reporting period? *A program is considered operational when the grantee has obligated, expended, or drawn down grant funds to implement or execute the program's objectives.*
A. Yes/No
B. If No, please explain _____

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11. Please complete the following table with the percentage of your program's funding that comes from each funding source. Estimate the percentages, rounded to the nearest whole number, based on your program's budget for the fiscal year. *"This JAG award" refers to the award you are currently reporting on. If your program is fully funded by this JAG award, please enter "100" for "This JAG award." You must enter a value between 0 and 100 for each cell and both must total 100. This information will be used to automatically prorate your JAG-funded program output data. Please note: a separate report is also required for other JAG awards funding this program.*

Calculation: To calculate the amount for "This JAG award," take the amount of this JAG award's funding going toward the program and divide it by the total amount of funding for the program. For example, if your program has a budget of \$50,000 for the year and \$15,000 of that comes from this JAG award, "This JAG award" equals $15,000/50,000$, or 30 percent.

To calculate the amount for "All other sources," divide the remaining funds by the total budget. In the above example, this would be $35,000/50,000$, or 70 percent.

Funding source	Percent of overall program funding
This JAG award	
All other sources	
Total	100%

12. What is the name of the facility(ies) where the program is operating? *If this is a state-wide initiative, please write "state wide."*

A. Name _____

13. What is the name of this program?

A. Name _____

14. What was the initiation year of this program, regardless of when it received JAG funding?

A. Year _____

15. Please describe the population this program serves (e.g., violent offenders, sex offenders, drug offenders).

16. Are you or a partner conducting an evaluation of the program?

A. Yes/No

B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____

**BUREAU OF JUSTICE ASSISTANCE
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17. Did the program receive any assistance from a BJA-funded training and technical assistance (TTA) provider during the reporting period? *A list of TTA providers can be found at <https://www.bjatrainig.org>. Report additional TTA contacts in the "Project Progress" module.*

A. Yes/No

B. If Yes, please provide the name of the TTA provider _____

C. If Yes, how satisfied were you with the services provided?

Choices: Very satisfied, Satisfied, Neutral, Dissatisfied, Very dissatisfied

18. How often did your program conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Utilized an assessment tool that measures the risks and needs of participants	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tailored responses/case planning based on the risk, needs, and responsivity principles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encouraged the use of positive reinforcement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaged community and family support for inmates/detainees	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided reentry planning services for inmates nearing release	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offered alternatives to segregation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided group instruction	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided treatment to address criminal thinking	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided behavioral health treatment	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted analysis to better understand a problem or program progress or to inform decisionmaking	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

19. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?

A. Yes/No **(If No, skip next question)**

**BUREAU OF JUSTICE ASSISTANCE
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20. How would you rate the following partners based on this statement: "This partner is actively involved in the program." *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>This partner is actively involved in the program</i>	N/A	1	2	3	4	5
State leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal leadership	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorder treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lived experience mentors ¹	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹ Lived experience mentors include those people who share real-life experiences with program participants; for example, a graduate of a drug court program who speaks to participants.

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Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. What is the capacity of your program? *This is the maximum number of participants your program can accommodate at any given time.*

A. Enter number _____

22. What is the policy, practice, or standard operating procedure covering how people get off the waiting list and enter into the program?

23. What corrections and/or reentry services did your program provide or refer participants to during the reporting period? *Select all that apply.*

- A. ☐ Cognitive based. *These include therapeutic programs used to change criminal thinking and behavior. Examples include moral reconation therapy, Think for a Change, or aggression-replacement training.*
- B. ☐ Educational. *These services foster knowledge by helping participants develop daily life skills that can enhance their opportunities.*
- C. ☐ Employment. *These services are designed to help participants find and obtain suitable job opportunities.*
- D. ☐ Health care/Medicaid eligibility. *These services are designed to help individuals or families find, obtain, or retain health care.*
- E. ☐ Housing. *These services are designed to help individuals or families find, obtain, or retain suitable housing, including transitional housing.*
- F. ☐ Mental health. *These services are provided in correctional facilities or in the community for those participants under supervision and may include counseling programs or group self-help programs.*
- G. ☐ Pro-social. *These services utilize directed skill building to help participants interact in a positive way with others.*
- H. ☐ Substance use disorder. *These services include substance use disorder education, treatment, or aftercare.*

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- I. ____ Transportation. *These services include assistance with public transportation costs or help in finding other reliable transportation.*
- J. ____ Vocational. *These services help participants learn a trade and enhance their job opportunities.*
- K. ____ Individualized case planning. *These services include helping participants set goals, objectives, and conditions for reentering into society.*
- L. ____ Family engagement. *These services focus on involving family members in the treatment process to help provide support and encouragement.*
- M. ____ Other **(please describe)**

24. How many staff members are involved in the program?

- A. Total staff ____
- B. Of total, number of JAG-funded staff ____

25. For the following metrics tracked at least quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "N/A/Not tracked quarterly."*

	N/A/Not tracked quarterly	Decreased	Stayed same	Increased
Recidivism	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Institutional violations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing services (e.g., education/GED, drug services, job training)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of people who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client satisfaction with services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of inmate grievances filed regarding officer use of force	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of inmate grievances filed regarding treatment by other inmates	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of inmate grievances filed regarding health care	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of reported cases of sexual abuse (e.g., inmate on inmate, staff on inmate, inmate on staff)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of substantiated cases of sexual abuse (e.g., inmate on inmate, staff on inmate, inmate on staff)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Number of reported cases of correctional officer use of force	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metrics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

26. Please fill out the following table with the number of people who received correctional services during the reporting period, regardless of JAG funding.

Item	Number	Prorated total
As of the last day of the reporting period, TOTAL number of participants enrolled in the program <i>Enrolled participants include new admissions (i.e., newly admitted) and those previously admitted in a reporting period and who continue to participate.</i>		autocalc
Participants screened for eligibility for entry into the program <i>A screening determines the appropriateness for participation in a program.</i>		autocalc
NEW participants who received services for the first time <i>New participants are unique individuals who were not enrolled in the program in previous reporting periods. Individuals who exit the program without completion and are readmitted or who have graduated and reentered may be counted again.</i>		autocalc
Participants who successfully completed all program requirements <i>The number entered should represent only those participants who successfully completed all the requirements of the program during the reporting period.</i>		autocalc
Participants who did not complete the program (unsuccessfully exited) for any reason <i>Unsuccessful exits include, but are not limited to, participant's death or serious injury, termination for new charge(s), relocation, voluntary drop out, and technical violation(s)/failure to complete requirements.</i>		autocalc

If you have another corrections program, please repeat these measures for that program.

THIS COMPLETES THE CORRECTIONS MODULE

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COMMUNITY CORRECTIONS MODULE

This module asks questions of grantees and subgrantees that use JAG funding for a program related to community corrections. This includes probation, parole, and other community-based correctional programs.

NOTE: You must answer the following questions for each JAG-funded community corrections program that was operational during the reporting period.

General Agency Information—All Community Corrections Grantees and Subgrantees Must Answer

1. What is your community corrections agency's jurisdiction(s)? *This can be a city, town, county, parish, township, state, tribe, other politically defined area, or a number of politically defined areas. For example, New York City, Washington County, or Montgomery and Prince George's Counties.*
A. Jurisdiction(s) name _____
2. How many supervisees did your agency have under supervision as of the last day of the reporting period, regardless of JAG funding?
A. Enter number _____

3. How many employees did your office have on staff as of the last day of the reporting period? *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*

	Total personnel	Of total, number who are JAG funded
Supervision employees (probation/parole officers)		
Nonsupervision employees		
	Autosum	Autosum

4. During the reporting period, did you have a specific community corrections program that was partially or fully funded by JAG? *Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives.*
A. Yes **(please continue)**
B. No **(if No, this ends this module)**

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Programs—Grantees and Subgrantees Funding a Program Must Answer

5. Was this program operational during the reporting period? *A program is considered operational when the grantee has obligated, expended, or drawn down grant funds to implement or execute the program's objectives.*

A. Yes/No

B. If No, please explain _____

6. Please complete the following table with the percentage of your program's funding that comes from each funding source. Estimate the percentages, rounded to the nearest whole number, based on your program's budget for the fiscal year. *"This JAG award" refers to the award you are currently reporting on. If your program is fully funded by this JAG award, please enter "100" for "This JAG award." You must enter a value between 0 and 100 for each cell and both must total 100. This information will be used to automatically prorate your JAG-funded program output data. Please note: a separate report is also required for other JAG awards funding this program.*

Calculation: To calculate the amount for "This JAG award," take the amount of this JAG award's funding going toward the program and divide it by the total amount of funding for the program. For example, if your program has a budget of \$50,000 for the year and \$15,000 of that comes from this JAG award, "This JAG award" equals $15,000/50,000$, or 30 percent.

To calculate the amount for "All other sources," divide the remaining funds by the total budget. In the above example, this would be $35,000/50,000$, or 70 percent.

Funding source	Percent of overall program funding
This JAG award	
All other sources	
Total	100%

7. What is the name of this program?

A. Name _____

8. What was the initiation year of this program, regardless of when it received JAG funding?

A. Year _____

9. Are you or a partner conducting an evaluation of this program?

A. Yes/No

B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____

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10. Did the program receive any assistance from a BJA-funded training and technical assistance (TTA) provider during the reporting period? A list of TTA providers can be found at <https://www.bjatraining.org>. Report additional TTA contacts in the "Project Progress" module.

A. Yes/No

B. If Yes, please provide the name of the TTA provider _____

C. If Yes, how satisfied were you with the services provided?

Choices: Very satisfied, Satisfied, Neutral, Dissatisfied, Very dissatisfied

11. Who is the target population for your program? *Check all that apply.*

A. _____ All adult community supervisees

B. _____ All juvenile community supervisees

C. _____ Subset of adult community supervisees (e.g., high-rate offenders, gang members)

D. _____ Subset of juvenile community supervisees (e.g., high-rate offenders, gang members)

E. _____ Other **(please describe)**

12. How often did your program conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted analysis to better understand a problem or program progress or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tailored responses/case planning based on the risk, needs, and responsivity principles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaged community and family support for participants	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a validated screening and assessment tool to determine a participant's risk of reoffending	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a validated screening and assessment tool to determine participant needs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used graduated sanctions and incentives	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Held victim/offender dialogue meetings (restorative justice)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided drug and alcohol testing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

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13. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?

A. Yes/No (if No, skip next question)

14. How would you rate the following partners based on this statement: "This partner is actively involved in the program." Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>This partner is actively involved in the program</i>	N/A	1	2	3	4	5
State leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal leadership	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorder treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Lived experience mentors ¹	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. What community corrections services did your program provide or refer participants to during the reporting period? *Check all that apply.*
- A. ☐ Cognitive based. *These include therapeutic programs used to change criminal thinking and behavior, such as moral reconation therapy, Think for a Change, or aggression-replacement training.*
 - B. ☐ Educational. *These services foster knowledge by helping participants develop daily life skills that can enhance their opportunities.*
 - C. ☐ Employment. *These services are designed to help people find and obtain suitable job opportunities.*
 - D. ☐ Health care/Medicaid eligibility. *These services are designed to help individuals or families find, obtain, or retain health care.*
 - E. ☐ Housing. *These services are designed to help individuals or families find, obtain, or retain suitable housing, including transitional housing.*
 - F. ☐ Mental health. *These services are provided in correctional facilities or in the community for those participants under supervision and may include counseling programs or group self-help programs.*
 - G. ☐ Pro-social. *These services utilize directed skill building to help participants interact in a positive way with others.*
 - H. ☐ Substance use disorder. *These services include substance use disorder education, treatment, or aftercare.*
 - I. ☐ Transportation. *These services include assistance with public transportation costs or help in finding other reliable transportation.*
 - J. ☐ Vocational. *These services help participants learn a trade and enhance their job opportunities.*

¹ Lived experience mentors include those people who share real-life experiences with program participants; for example, a graduate of a drug court program who speaks to participants.

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- K. ____ Individualized case planning. *These services help participants set goals, objectives, and conditions for reentering into society.*
- L. ____ Family engagement. *These services focus on involving family members in the treatment process to help provide support and encouragement.*
- M. ____ Other **(please describe)**

16. How many staff members are involved in this program? *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*

- A. Total staff ____
- A. Of total, number of JAG-funded staff ____

17. For the following metrics tracked at least quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "N/A/Not tracked quarterly."*

	N/A/Not tracked quarterly	Decreased	Stayed same	Increased
Recidivism	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical violations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing services (e.g., education/GED, drug services, job training)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of people who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client satisfaction with services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive (i.e., failed) drug/alcohol tests	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metrics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

18. When are candidates typically screened for eligibility for services, regardless of JAG funding? *Check all that apply.*

- A. ____ Upon arrest/preadjudication
- B. ____ Within the first 6 weeks of sentencing
- C. ____ Within the last 6 months of sentence/time served
- D. ____ Post-release
- E. ____ Other **(please specify)**
- F. ____ Unknown (e.g., candidates screened before becoming involved with this agency)

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19. Please fill out the following table with the number of people who were screened or received community corrections services during the reporting period regardless of JAG funding.

Item	Number	Prorated total
Participants screened for eligibility for entry into the program during the reporting period <i>A screening determines the appropriateness for participation in a program.</i>		autocalc
NEW participants who received services for the first time <i>New participants are unique individuals who were not enrolled in the program in previous reporting periods. Individuals who exit the program without completion and are readmitted or who have graduated and reentered may be counted again.</i>		autocalc
As of the last day of the reporting period, TOTAL number of participants enrolled in the program <i>Enrolled participants include new admissions (i.e., newly admitted) and those previously admitted in a reporting period and who continue to participate.</i>		autocalc
Participants successfully completing all program requirements <i>The number entered should represent only those participants who successfully completed all the requirements of the program during the reporting period.</i>		autocalc
Participants who did not complete the program (unsuccessfully exited) for any reason <i>Unsuccessful exits include, but are not limited to, participant's death or serious injury, termination for new charge(s), relocation, case transfer, absconding, voluntary drop out, and technical violation(s)/failure to complete requirements.</i>		autocalc

If you have another community corrections program, please repeat these measures for that program.

THIS COMPLETES THE COMMUNITY CORRECTIONS MODULE

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REENTRY MODULE

This module asks questions of grantees and subgrantees that use JAG funding for reentry **services or programs** that are post release and **not operated by a correctional agency**. This includes any expenditure of funds for reentry activities, including salaries, equipment, or programming.

NOTE: You must answer the following questions for **each** JAG-funded reentry service or program that was operational during the reporting period.

1. How many employees did your office have on staff as of the last day of the reporting period? *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*
 - A. Total staff _____
 - B. Of total, number of JAG-funded staff _____
2. Please complete the following table with the percentage of your program's funding that comes from each funding source. Estimate the percentages, rounded to the nearest whole number, based on your program's budget for the fiscal year. *"This JAG award" refers to the award you are currently reporting on. If your program is fully funded by this JAG award, please enter "100" for "This JAG award." You must enter a value between 0 and 100 for each cell and both must total 100. This information will be used to automatically prorate your JAG-funded program output data. Please note: a separate report is also required for other JAG awards funding this program.*

Calculation: To calculate the amount for "This JAG award," take the amount of this JAG award's funding going toward the program and divide it by the total amount of funding for the program. For example, if your program has a budget of \$50,000 for the year and \$15,000 of that comes from this JAG award, "This JAG award" equals $15,000/50,000$, or 30 percent.

To calculate the amount for "All other sources," divide the remaining funds by the total budget. In the above example, this would be $35,000/50,000$, or 70 percent.

Funding source	Percent of overall program funding
This JAG award	
All other sources	
Total	100%

3. What is the name of this program/service?
 - A. Name _____
4. What was the initiation year of this program/service, regardless of when it received JAG funding?
 - A. Year _____

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5. Are you or a partner conducting an evaluation of this program/service?
 A. Yes/No
 B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____
6. Did the program/service receive any assistance from a BJA-funded training and technical assistance (TTA) provider during the reporting period? A list of TTA providers can be found at <https://www.bjatraining.org>. Report additional TTA contacts in the "Project Progress" module.
 A. Yes/No
 B. If Yes, please provide the name of the TTA provider _____
 C. If Yes, how satisfied were you with the services provided?
 Choices: Very satisfied, Satisfied, Neutral, Dissatisfied, Very dissatisfied
7. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?
 A. Yes/No (if No, skip next question)
8. How would you rate the following partners based on this statement: "This partner is actively involved in the program." *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>This partner is actively involved in the program</i>	N/A	1	2	3	4	5
State leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal leadership	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Public defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorder treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lived experience mentors ¹	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How often did your program/service conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted analysis to better understand a problem or program progress or to inform decision making in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

¹ Lived experience mentors include those people who share real-life experiences with program participants; for example, a graduate of a drug court program who speaks to participants.

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10. What reentry services did your program provide or refer participants to during the reporting period? *Select all that apply.*

- A. ☐ Cognitive based. *These services include therapeutic programs used to change criminal thinking and behavior, such as moral reconation therapy, Think for a Change, or aggression-replacement training.*
- B. ☐ Educational. *These services foster knowledge by helping participants develop daily life skills that can enhance their opportunities.*
- C. ☐ Employment. *These services are designed to help people find and obtain suitable job opportunities.*
- D. ☐ Health care/Medicaid eligibility. *These services are designed to help individuals or families find, obtain, or retain health care.*
- E. ☐ Housing. *These services are designed to help individuals or families find, obtain, or retain suitable housing, including transitional housing.*
- F. ☐ Mental health. *These services are provided in correctional facilities or in the community for those participants under supervision and may include counseling programs or group self-help programs.*
- G. ☐ Pro-social. *These services use directed skill building to help participants interact in a positive way with others.*
- H. ☐ Substance use disorder. *These services include substance use disorder education, treatment, or aftercare.*
- I. ☐ Transportation. *These services include assistance with public transportation costs or help in finding other reliable transportation.*
- J. ☐ Vocational. *These services help participants learn a trade and enhance their job opportunities.*
- K. ☐ Individualized case planning. *These services help participants set goals, objectives, and conditions for reentering society.*
- L. ☐ Family engagement. *These services focus on involving family members in the treatment process to help provide support and encouragement.*
- M. ☐ Other **(please describe)**

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11. For the following metrics tracked at least quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program/service. If a measure is not tracked, please select "N/A/Not tracked quarterly."*

	N/A/Not tracked quarterly	Decreased	Stayed same	Increased
Recidivism	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical violations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing services (e.g., education/GED, drug treatment, job training)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of people who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client satisfaction with services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive (i.e., failed) drug/alcohol tests	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metric	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

12. When are candidates for your program typically screened for eligibility for reentry services? *Check all that apply.*
- A. ☐ Upon arrest/preadjudication
 - B. ☐ Within first 6 weeks of sentencing
 - C. ☐ Within the last 6 months of sentence/time served
 - D. ☐ Post-release
 - E. ☐ Other **(please specify)**
 - F. ☐ Unknown (e.g., candidates screened before becoming involved with this agency)

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13. Please fill out the following table with the number of people who were screened or received reentry services during the reporting period, regardless of JAG funding.

Item	Number	Prorated total
Participants screened for eligibility for entry into the program during the reporting period <i>A screening determines the appropriateness for participation in a program.</i>		autocalc
NEW participants who received services for the first time <i>New participants are unique individuals who were not enrolled in the program in previous reporting periods. Individuals who exit the program without completion and are readmitted may be counted again.</i>		autocalc
As of the last day of the reporting period, TOTAL number of participants enrolled in the program <i>Enrolled participants include new admissions (i.e., newly admitted) and those previously admitted in a reporting period and who continue to participate.</i>		autocalc
Participants successfully completing all program requirements <i>The number entered should represent only those participants who successfully completed all requirements of the program during the reporting period.</i>		autocalc
Participants who did not complete the program (unsuccessfully exited) for any reason <i>Unsuccessful exits include, but are not limited to, participant's death or serious injury, termination for new charge(s), relocation, case transfer, absconding, voluntary drop out, and technical violation(s)/failure to complete requirements.</i>		autocalc

If you have another reentry program, please repeat these measures for that program.

THIS COMPLETES THE REENTRY MODULE

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BEHAVIORAL HEALTH MODULE

This module is required for any grantee or subgrantee that uses JAG funding to provide behavioral health services such as substance use disorder treatment, mental health treatment, or co-occurring treatment as a standalone program.

NOTE: You must answer the following questions for **each** JAG-funded program that was operational during the reporting period.

1. Please complete the following table with the percentage of your program's funding that comes from each funding source. Estimate the percentages, rounded to the nearest whole number, based on your program's budget for the fiscal year. *"This JAG award" refers to the award you are currently reporting on. If your program is fully funded by this JAG award, please enter "100" for "This JAG award." You must enter a value between 0 and 100 for each cell and both must total 100. This information will be used to automatically prorate your JAG-funded program output data. Please note: a separate report is also required for other JAG awards funding this program.*

Calculation: To calculate the amount for "This JAG award," take the amount of this JAG award's funding going toward the program and divide it by the total amount of funding for the program. For example, if your program has a budget of \$50,000 for the year and \$15,000 of that comes from this JAG award, "This JAG award" equals $15,000/50,000$, or 30 percent.

To calculate the amount for "All other sources," divide the remaining funds by the total budget. In the above example, this would be $35,000/50,000$, or 70 percent.

Funding source	Percent of overall program funding
This JAG award	
All other sources	
Total	100%

2. Which of the following services does your program provide, regardless of JAG funding?
Check all that apply.
 - A. ☐ Substance use disorder treatment
 - B. ☐ Mental health treatment
 - C. ☐ Co-occurring treatment (includes both substance abuse and mental health treatment)
3. What is the name of this program?
 - A. Name _____
4. What was the initiation year of this program, regardless of when it received JAG funding?
 - A. Year _____

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5. Are you or a partner conducting an evaluation of this program, regardless of JAG funding?
- A. Yes/No
 - B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____
6. Did the program receive any assistance from a BJA-funded training and technical assistance (TTA) provider during the reporting period? A list of TTA providers can be found at <https://www.bjatrain.org>. Report additional TTA in the "Project Progress" module.
- A. Yes/No
 - B. If Yes, please provide the name of the TTA provider _____
 - C. If Yes, how satisfied were you with the services provided?
Choices: Very satisfied, Satisfied, Neutral, Dissatisfied, Very dissatisfied
7. How many treatment staff are involved in this program? *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*
- A. Total treatment staff _____
 - B. Of total, number of JAG-funded treatment staff _____
8. Of the total treatment staff entered above, how many treatment staff were licensed and/or certified in the following areas?
- A. Substance use disorder treatment _____
 - B. Mental health treatment _____
 - C. Co-occurring treatment _____
9. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?
- A. Yes/No (if No, skip next question)

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10. How would you rate the following partners based on this statement: "This partner is actively involved in the program." *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>This partner is actively involved in the program</i>	N/A	1	2	3	4	5
State leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal leadership	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorder treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lived experience mentors ¹	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹ Lived experience mentors include those people who share real-life experiences with program participants; for example, a graduate of a drug court program who speaks to participants.

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Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Please fill out the following table with the number of participants who received services as part of your program **during the reporting period**. Please report the entire participant population of your program. The JAG-funded portion will be prorated for you based on the information you previously provided.

Service type	NEW participants added during reporting period	Prorated total	TOTAL participants enrolled as of last day of reporting period	Prorated total
Substance use disorder treatment only		Autocalc		Autocalc
Mental health treatment only		Autocalc		Autocalc
Co-occurring treatment		Autocalc		Autocalc
TOTAL	Autosum	Autocalc	Autosum	Autocalc

12. If your treatment program includes medication-assisted treatment (MAT), which of the following medications are you utilizing, regardless of JAG funding? *Check all that apply.*
- A. ☐ We do not provide MAT **(skip next question)**
 - B. ☐ Naltrexone (Vivitrol®, depot naltrexone)
 - C. ☐ Buprenorphine (Suboxone®, naloxone, Bup/Nx)
 - D. ☐ Methadone
13. Of the total participants enrolled in your program, how many were deemed eligible for or received MAT during the reporting period?
- A. Participants eligible for MAT
 - B. Participants receiving at least one MAT session

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14. How often did your program conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted analysis to better understand a problem or program progress or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screened participants for co-occurring disorders at intake	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screened participants for trauma at intake	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screened participants using a validated risk-needs assessment instrument	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screened participants for suitability for group interventions and offered individual treatment as an alternative if appropriate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

15. Which of the following treatment strategies does your program employ, regardless of JAG funding? *Check all that apply.*

- A. ☐ Mental health assessments
- B. ☐ Substance use disorder assessments
- C. ☐ Family/couples counseling
- D. ☐ Individual therapy
- E. ☐ Group therapy
- F. ☐ Cognitive behavioral group therapy
- G. ☐ Relapse prevention groups
- H. ☐ Aftercare counseling
- I. ☐ Drug/alcohol testing
- J. ☐ Transitional housing assistance
- K. ☐ Transitional employment services
- L. ☐ Domestic violence/intimate partner services
- M. ☐ Case management
- N. ☐ Programs for the dually diagnosed
- O. ☐ Inpatient substance use disorder treatment
- P. ☐ Outpatient substance use disorder treatment
- Q. ☐ Ambulatory detoxification

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- R. _____ Psychiatric services/psychotropic medication
 S. _____ Medication management services
 T. _____ Peer recovery support services
 U. _____ Trauma therapy
 V. _____ Assertive community treatment
 W. _____ Illness management and recovery
 X. _____ Psychiatric emergency walk-in services
 Y. _____ Supported housing
 Z. _____ Vocational rehabilitation services
 AA. _____ Other **(please describe)** _____

16. For the following metrics tracked at least quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "N/A/Not tracked quarterly."*

	N/A/Not tracked quarterly	Decreased	Stayed same	Increased
Participants completing prescribed services (e.g., mental health services, substance use disorder treatment services, co-occurring services)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants engaged in services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participant satisfaction with services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other measure(s) of success	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

17. Does your program utilize group treatment, regardless of JAG funding?
 A. Yes/No **(if No, skip next question)**
18. What is the average group size for the program's group treatment?
 A. Enter number _____

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19. As of the last day of the reporting period, how many participants were retained (still active in treatment) after the following time periods? Please report the entire participant population of your program. The JAG-funded portion will be prorated for you based on the information you provided in Question 1.

Time period	Number retained	Prorated total
3 months		Autocalc
6 months		Autocalc
9 months		Autocalc
12 months or more		Autocalc

20. Does your agency/organization provide substance use disorder treatment, regardless of JAG funding?
- A. Yes/No (if No, this completes this module)
21. Does your treatment agency offer a continuum of care for substance use disorder treatment, including detoxification, residential treatment, sober living, day treatment, intensive outpatient treatment, and outpatient treatment services?
- A. Yes/No
22. Of those enrolled in a **substance use disorder treatment program for at least 90 days**, please enter the number of participants who were tested and the number who tested positive for the presence of alcohol or illegal substances during the reporting period. Only count each participant once, regardless of the number of tests.
- A. Number of participants **who were tested** for the presence of alcohol or illegal substances during the reporting period, regardless of number of times tested
- _____
- B. Number of participants **who tested positive** for the presence of alcohol or illegal substances during the reporting period, regardless of number of positive results
- _____
23. Does your agency/organization provide co-occurring services, regardless of JAG funding?
- A. Yes/No (if No, skip next question)
24. Which of the following co-occurring treatment models do you follow, regardless of JAG funding?
- A. ____ Sequential: providing services for one disorder and then another
- B. ____ Parallel: concurrent treatment for mental health and substance use disorder
- C. ____ Integrated: treating both in the same setting

THIS COMPLETES THE BEHAVIORAL HEALTH MODULE

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ASSESSMENT AND EVALUATION MODULE

This module asks questions of grantees and subgrantees that use JAG funding to assess or evaluate a program, practice, or policy.

NOTE: You must answer the following questions for **each** JAG-funded assessment/evaluation that was operational during the reporting period.

1. Please complete the following table with the percentage of your program's funding that comes from each funding source. Estimate the percentages, rounded to the nearest whole number, based on your program's budget for the fiscal year. *"This JAG award" refers to the award you are currently reporting on. If your program is fully funded by this JAG award, please enter "100" for "This JAG award." You must enter a value between 0 and 100 for each cell and both must total 100. This information will be used to automatically prorate your JAG-funded program output data. Please note: a separate report is also required for other JAG awards funding this program.*

Calculation: To calculate the amount for "This JAG award," take the amount of this JAG award's funding going toward the program and divide it by the total amount of funding for the program. For example, if your program has a budget of \$50,000 for the year and \$15,000 of that comes from this JAG award, "This JAG award" equals $15,000/50,000$, or 30 percent.

To calculate the amount for "All other sources," divide the remaining funds by the total budget. In the above example, this would be $35,000/50,000$, or 70 percent.

Funding source	Percent of overall program funding
This JAG award	
All other sources	
Total	100%

2. Did the assessment or evaluation project receive any assistance from a BJA-funded training and technical assistance (TTA) provider during the reporting period? *A list of TTA providers can be found at <https://www.bjatrainng.org>. Report additional TTA contacts in the "Project Progress" module.*
 - A. Yes/No
 - B. If Yes, please provide the name of the TTA provider _____
 - C. If Yes, how satisfied were you with the services provided?
Choices: Very satisfied, Satisfied, Neutral, Dissatisfied, Very dissatisfied
3. Please provide a brief description of the program, practice, or policy being assessed or evaluated.

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4. Please provide a brief description of your assessment/evaluation objectives (e.g., research question, outcome measures, goals).
-
-

5. What type of assessment(s)/evaluation(s) are you conducting? *Select all that apply.*

- A. ☐ **Evaluability assessment:** describes the objectives, logic, and activities of a program to determine the ability to conduct an evaluation.
- B. ☐ **Needs assessment:** evaluates the need for a program, policy, or practice by examining local conditions.
- C. ☐ **Process (formative) evaluation:** evaluates the implementation or service delivery of a program, policy, or practice.
- D. ☐ **Outcome (impact) evaluation:** evaluates the outcomes or impacts of a program, policy, or procedure.
- E. ☐ **Efficiency evaluation:** evaluates the costs/benefits of a program, policy, or practice to determine if the outcomes justify the cost.
- F. ☐ **Other (please describe)**

6. Are you using any of the following methodologies in the assessment/evaluation? *Select all that apply.*

- A. ☐ Case study
- B. ☐ Longitudinal/pre-/post-no comparison group (nonexperiment)
- C. ☐ Longitudinal/pre-/post with comparison group (quasiexperiment)
- D. ☐ Propensity score matching (quasiexperiment)
- E. ☐ Randomized controlled trial (experiment)
- F. ☐ Other (please describe)

7. Who is performing the assessment/evaluation? *Select all that apply.*

- A. ☐ External partner
- B. ☐ Internal staff
- C. ☐ Other (please describe)

8. How do you plan to use the results of this assessment/evaluation? *Select all that apply.*

- A. ☐ To improve agency programs, policies, or practices
- B. ☐ To argue for the benefits or cost effectiveness of the program, policy, or practice
- C. ☐ To argue for program or funding sustainability
- D. ☐ To publish papers in academic journals (e.g., *Criminology*, *Justice Quarterly*)
- E. ☐ For presentations at regional/national conferences or meetings

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- F. ____ For publication in a practitioner journal (e.g., *The Police Chief*, *Correctional News*)
- G. ____ To share with outside stakeholders, the public, or media
- H. ____ Other **(please describe)**

9. Please indicate the status of the following assessment/evaluation activities as of the last day of the reporting period. *If an item does not apply, check "N/A."*

Activity	N/A	Not started	In progress	Complete
Planning, strategizing, or gathering resources	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collecting data for preintervention period	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collecting data for intervention period	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collecting data for postintervention period	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data cleaning and analyzing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining conclusions/final results	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Producing report, presentation, or other document	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating final report	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Have you reached any conclusions or final results for your assessment/evaluation?
- A. Yes/No
- B. If Yes, please briefly describe your findings

**If you have another program evaluation/assessment,
please repeat these measures for that evaluation/assessment.**

THIS COMPLETES THE ASSESSMENT AND EVALUATION MODULE

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

VICTIM/WITNESS SERVICES MODULE

This module asks questions of grantees and subgrantees that use JAG funding to provide services to crime victims and/or witnesses. This includes any programs by law enforcement, legal, medical, counseling, advocacy, or educational organizations that serve the victims of or witnesses to crime.

1. Please complete the following table with the percentage of your program's funding that comes from each funding source. Estimate the percentages, rounded to the nearest whole number, based on your program's budget for the fiscal year. *"This JAG award" refers to the award you are currently reporting on. If your program is fully funded by this JAG award, please enter "100" for "This JAG award." You must enter a value between 0 and 100 for each cell and both must total 100. This information will be used to automatically prorate your JAG-funded program output data. Please note: a separate report is also required for other JAG awards funding this program.*

Calculation: To calculate the amount for "This JAG award," take the amount of this JAG award's funding going toward the program and divide it by the total amount of funding for the program. For example, if your program has a budget of \$50,000 for the year and \$15,000 of that comes from this JAG award, "This JAG award" equals 15,000/50,000, or 30 percent.

To calculate the amount for "All other sources," divide the remaining funds by the total budget. In the above example, this would be 35,000/50,000, or 70 percent.

Funding source	Percent of overall program funding
This JAG award	
All other sources	
Total	100%

2. What is the name of this program/service?
A. Name _____
3. What was the initiation year of this program/service, regardless of when it received JAG funding?
A. Year _____
4. Are you or a partner conducting an evaluation of this program/service?
A. Yes/No
B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

5. Did the program/service receive any assistance from a BJA-funded training and technical assistance (TTA) provider during the reporting period? A list of TTA providers can be found at <https://www.bjatrain.org>. Report additional TTA contacts in the "Project Progress" module.
- A. Yes/No
- B. If Yes, please provide the name of the TTA provider _____
- C. If Yes, how satisfied were you with the services provided?
- Choices: Very satisfied, Satisfied, Neutral, Dissatisfied, Very dissatisfied
6. How many employees did your office have on staff as of the last day of the reporting period? *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*
- A. Total staff _____
- B. Of total, number of JAG-funded staff _____
7. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?
- A. Yes/No (if No, skip next question)
8. How would you rate the following partners based on this statement: "This partner is actively involved in the program." *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>This partner is actively involved in the program</i>	N/A	1	2	3	4	5
State leadership (e.g., governor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal leadership	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor's office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney's Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorder treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lived experience mentors ¹	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Businesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Please describe the group of victims/witnesses the program serves, regardless of JAG funding (e.g., juveniles, adults, domestic violence, victims of violent crime, all victims).

10. Does your office focus on providing services to any of the following underserved groups, regardless of JAG funding? *Select all that apply.*

- A. ☐ Non-English or limited English-proficient victims/witnesses
- B. ☐ Ethnic/religious minority victims/witnesses
- C. ☐ Youth exposed to violence victims/witnesses
- D. ☐ LGBTQI victims/witnesses
- E. ☐ Victims/witnesses with mobility or cognitive disabilities
- F. ☐ Deaf and hard-of-hearing victims/witnesses
- G. ☐ Homeless victims/witnesses
- H. ☐ Runaway youth victims/witnesses

¹ Lived experience mentors include those people who share real-life experiences with program participants; for example, a graduate of a drug court program who speaks to participants.

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

- I. _____ Victims/witnesses of financial fraud/identity theft
 J. _____ Victims/witnesses of hate crimes
 K. _____ Victims/witnesses on tribal lands
 L. _____ Victims/witnesses of human trafficking
 M. _____ Victims/witnesses of mass violence or disasters
 N. _____ Victims/witnesses of cybercrime (e.g., bullying, stalking, but excluding financial fraud/identity theft)
 O. _____ Victims/witnesses in remote or not easily accessible geographic locations
 P. _____ None of the above
 Q. _____ Other (please describe) _____

11. How often did you provide each of the following services during the reporting period, regardless of JAG funding?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Assistance in obtaining restitution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling (either group or one-on-one)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma-informed care	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis intervention	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency shelter/food	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional/moral support	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial/in-kind support	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing/shelter advocacy	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance claim assistance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal assistance/case support	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical assistance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety planning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness protection	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim-offender dialogue meetings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration of a victim-assessment tool	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public outreach (e.g., billboards, newsletters, social media, brochures)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

12. How often did your program/service conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted analysis to better understand a problem or program progress or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain						

13. For the following metrics tracked at least quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "N/A/Not tracked quarterly."*

	N/A/Not tracked quarterly	Decreased	Stayed same	Increased
Violent crime	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Targeted crime (e.g., drug crime, prostitution, violent crimes)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recurring victimization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of participants who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client satisfaction with services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metric	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

14. Do you use JAG funds to pay for a forensic examiner? (e.g., sexual assault nurse examiner)
- A. Yes/No
- B. If Yes, how many people received a forensic examination as part of your program during the reporting period? _____

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

15. Please fill out the following table with the number of people who requested and/or received victim/witness services during the reporting period, regardless of JAG funding.

Item	Number	Prorated total
Number of people who requested services from your office during the reporting period		autocalc
Number of people who were provided services by your office during the reporting period		autocalc
Number of people who received referrals to other programs/organizations for additional services during the reporting period		autocalc

**If you have another Victim/Witness Service/Program,
please repeat these measures for that service/program.**

THIS COMPLETES THE VICTIM/WITNESS SERVICES MODULE

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

PROJECT PROGRESS MODULE

This module should be completed in January and July and at grant closeout by all grantees and subgrantees based on the previous or next 6 months. For grantees using funds for equipment purchases only, goals can generally describe the funding use; for example, "Purchase 50 body-worn cameras for officers." For grantees funding a program, goals should include your program's desired outcomes; for example, "Provide services to more than 100 program participants."

Please answer the following four questions for each program goal or funding use related to your JAG award.

1. Please identify the program goals or planned funding use for your JAG award. If you have multiple program goals or funding uses, please report on each separately (one at a time) by repeating questions 1–4 for each goal/funding use. For grantees funding a program, please provide your program's desired outcomes. For grantees not using JAG funds for a program, please generally describe the use of your funds.

2. What is the current status of this goal/funding use?

- A. ☐ Not yet started
B. ☐ In progress
C. ☐ Delayed
D. ☐ Completed
E. ☐ No longer applicable

3. During the past 6 months, please describe any progress you made or barriers you encountered related to this goal/funding use.

4. In the next 6 months, what major activities are planned for this goal/funding use?

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

Please answer the following two questions based on your overall activity during the previous 6 months.

5. Did you receive or do you desire any assistance from BJA or a BJA-funded technical assistance provider? *A list of technical assistance providers can be found at <https://www.bjatrainng.org/>. Select all that apply.*
- A. Yes, we received assistance **(please describe)**
 - B. Yes, we would like assistance or additional assistance **(please describe)**
 - C. No
-
-

6. BJA likes to showcase grantees that are working on successful, innovative, and/or evidence-based programs. Do you have any noteworthy accomplishments, success stories, or program results from this reporting period that you would like to showcase?
- A. Yes (please share your story at: <https://www.bja.gov/SuccessStoryList.aspx>)
 - B. No

THIS COMPLETES THE PROJECT PROGRESS MODULE

APPENDIX C
BUDGET DETAIL WORKSHEET & NARRATIVE

Base Funds Budget Detail Worksheet and Budget Summary
FY 2017 Byrne Justice Assistance Grant Program

A. Personnel--List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

<u>Position</u>	<u>Computation</u>	<u>Unit</u>	<u>Cost</u>
TOTAL PERSONNEL			\$0.00

Budget Narrative (Justification for use of funds):

B. Fringe Benefits--Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman's Compensation, and Unemployment Compensation.

<u>Position</u>	<u>Computation</u>	<u>Unit</u>	<u>Cost</u>
TOTAL FRINGE BENEFITS			\$0.00

Budget Narrative (Justification for use of funds):

C. Travel-- Itemize travel expenses of project personnel by purpose (e.g., staff to training, field interviews, advisory group meetings, etc. Show the basis of computation (e.g., six people 3-day training at \$X airfare, \$X lodging, \$X subsistence). In training projects travel and meals for trainees should be listed separately. Show the number of trainees and unit cost involved. Identify the location of travel, if known. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

<u>Purpose of Travel</u>	<u>Item</u>	<u>Computation</u>	<u>Cost</u>
TOTAL TRAVEL			\$0.00

Budget Narrative (Justification for use of funds):

D. Equipment-- List non-expendable items that are to be purchased. Non-expendable equipment is tangible property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000). Expendable items should be included either in the "supplies" category or in the "Other" category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

<u>Item</u>	<u>Computation</u>	<u>Unit</u>	<u>Cost</u>
TOTAL EQUIPMENT			\$0.00

Budget Narrative (Justification for use of funds):

E.-Supplies--List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

<u>Supply Items</u>	<u>Computation</u>	<u>Unit</u>	<u>Cost</u>
TOTAL OFFICE SUPPLIES			\$0.00

Budget Narrative (Justification for use of funds):

F. Construction-- As a rule, construction costs are not allowable. In some cases, minor repairs or renovations may be allowable. Consult with the program office before budgeting funds in this category.

<u>Purpose</u>	<u>Description of Work</u>	<u>Cost</u>
Not Applicable (N/A)		
TOTAL CONSTRUCTION		\$0.00

G. Consultants/Contracts-- Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisition			
Consultant Fee: For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in excess of \$450 per day require additional justification and prior approval from OJP.			
<u>Name of Consultant</u>	<u>Service Provided</u>	<u>Computation</u>	<u>Cost</u>
Sub Total Consultant Fee			\$0.00
Consultant Expenses			
<u>Item</u>	<u>Location</u>	<u>Computation</u>	<u>Cost</u>
Sub Total Consultant Expenses			\$0.00
Budget Narrative (Justification for use of funds):			
Contracts			
<u>Item</u>	<u>Computation</u>	<u>Unit</u>	<u>Cost</u>
Sub Total Contracts			\$0.00
Budget Narrative (Justification for use of funds):			
TOTAL CONSULTANTS/CONTRACTS			\$0.00

H. Other Costs-- List items (e.g., rent, reproduction, telephone, janitorial or security services, and investigative or confidential funds) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot rent, and provide a monthly rental cost and how many months to rent.			
<u>Description</u>	<u>Computation</u>	<u>Unit</u>	<u>Cost</u>
TOTAL OTHER COSTS			\$0.00
Budget Narrative (Justification for use of funds):			

I. Indirect Cost--Indirect costs are allowed only if the applicant has Federally approved indirect cost rate. A copy of the rate approval, (a fully executed, negotiated agreement), must be attached. If the applicant does not have an approved rate, one can be requested by contacting the applicant's cognizant Federal agency, which will review all documentation and approve a rate for the applicant organization, or if the applicant's accounting system permits, costs may be allocated in the direct costs categories.

<u>Description</u>	<u>Computation</u>	<u>Unit</u>	<u>Cost</u>
<i>Not Applicable (N/A)</i>			
TOTAL INDIRECT COSTS			\$0.00

TOTAL BASE FUNDS	\$0.00
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**FY 2017 Byrne Justice Assistance Grant Program
Summary Budget**

<u>Budget Category</u>	<u>Amount</u>
A. Personnel	\$0.00
B. Fringe Benefits	\$0.00
C. Travel	\$0.00
D. Equipment	\$0.00
E. Supplies	\$0.00
F. Construction	\$0.00
G. Consultants/Contracts	\$0.00
H. Other	\$0.00
I. Indirect Cost	\$0.00
TOTAL	\$0.00

Base Funds Budget Detail Worksheet and Budget Summary
FY 2018 Byrne Justice Assistance Grant Program

A. Personnel--List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

<u>Position</u>	<u>Computation</u>	<u>Unit</u>	<u>Cost</u>
TOTAL PERSONNEL			\$0.00

Budget Narrative (Justification for use of funds):

B. Fringe Benefits--Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman's Compensation, and Unemployment Compensation.

<u>Position</u>	<u>Computation</u>	<u>Unit</u>	<u>Cost</u>
TOTAL FRINGE BENEFITS			\$0.00

Budget Narrative (Justification for use of funds):

C. Travel-- Itemize travel expenses of project personnel by purpose (e.g., staff to training, field interviews, advisory group meetings, etc. Show the basis of computation (e.g., six people 3-day training at \$X airfare, \$X lodging, \$X subsistence). In training projects travel and meals for trainees should be listed separately. Show the number of trainees and unit cost involved. Identify the location of travel, if known. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

<u>Purpose of Travel</u>	<u>Item</u>	<u>Computation</u>	<u>Cost</u>
TOTAL TRAVEL			\$0.00

Budget Narrative (Justification for use of funds):

D. Equipment-- List non-expendable items that are to be purchased. Non-expendable equipment is tangible property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000). Expendable items should be included either in the "supplies" category or in the "Other" category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

<u>Item</u>	<u>Computation</u>	<u>Unit</u>	<u>Cost</u>
TOTAL EQUIPMENT			\$0.00

Budget Narrative (Justification for use of funds):

E.-Supplies--List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

<u>Supply Items</u>	<u>Computation</u>	<u>Unit</u>	<u>Cost</u>
TOTAL OFFICE SUPPLIES			\$0.00

Budget Narrative (Justification for use of funds):

F. Construction-- As a rule, construction costs are not allowable. In some cases, minor repairs or renovations may be allowable. Consult with the program office before budgeting funds in this category.

<u>Purpose</u>	<u>Description of Work</u>	<u>Cost</u>
Not Applicable (N/A)		
TOTAL CONSTRUCTION		\$0.00

G. Consultants/Contracts-- Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisitions			
Consultant Fee: For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in excess of \$450 per day require additional justification and prior approval from OJP.			
<u>Name of Consultant</u>	<u>Service Provided</u>	<u>Computation</u>	<u>Cost</u>
Sub Total Consultant Fee			\$0.00
Consultant Expenses			
<u>Item</u>	<u>Location</u>	<u>Computation</u>	<u>Cost</u>
Sub Total Consultant Expenses			\$0.00
Budget Narrative (Justification for use of funds):			
Contracts			
<u>Item</u>	<u>Computation</u>	<u>Unit</u>	<u>Cost</u>
Sub Total Contracts			\$0.00
Budget Narrative (Justification for use of funds):			
TOTAL CONSULTANTS/CONTRACTS			\$0.00

H. Other Costs-- List items (e.g., rent, reproduction, telephone, janitorial or security services, and investigative or confidential funds) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot rent, and provide a monthly rental cost and how many months to rent.			
<u>Description</u>	<u>Computation</u>	<u>Unit</u>	<u>Cost</u>
TOTAL OTHER COSTS			\$0.00
Budget Narrative (Justification for use of funds):			

**FY 2018 Byrne Justice Assistance Grant Program
Summary Budget**

<u>Budget Category</u>	<u>Amount</u>
A. Personnel	\$0.00
B. Fringe Benefits	\$0.00
C. Travel	\$0.00
D. Equipment	\$0.00
E. Supplies	\$0.00
F. Construction	\$0.00
G. Consultants/Contracts	\$0.00
H. Other	\$0.00
I. Indirect Cost	\$0.00
TOTAL	\$0.00