OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION

DISCRETIONARY AND CONGRESSIONAL EARMARK PROGRAMS

DCTAT SUBGRANTEE DATA COLLECTION FORM

Reporting Period: _____

This document is for your use to assist with gathering information that should be reported into the DCTAT tool. It is not necessary to submit this form to OJJDP. It is only for your information.

Award Information

Solicitation: (Prepopulated)_____

Federal award number: (Prepopulated)_____

Award Period Start Date: (Prepopulated)_____
(mm/dd/yyyy)

Award Period End Date: (Prepopulated)_____
(mm/dd/yyyy)

Total Amount of Grant (Federal Funds Only): (Prepopulated) $_____

1. Was there grant activity during the reporting period?   ___ Yes   ___ No
   Grant activity is defined as proposed activities in the OJJDP-approved grant application that are implemented or executed with the OJJDP grant.

2. Please enter the Federal Congressional District(s) of where services are provided: _____

   Click http://www.house.gov, to use the zip code(s) of the area(s) served by the project to determine the Federal Congressional District(s).

3. Please enter the Project Title: _____

   a. Please enter the Project description: _____

   _____

4. Please enter the Implementing Organization Name: _____

5. Please select the implementing organization type:

___ Coalition	___ Police/other law enforcement
___ Juvenile Justice	___ School/Other Education
___ Non-profit community-based organization	___ Tribal Government
___ Other community-based organization	___ Unit of local government
___ Other government agency	

6. Is this award used to implement evidence-based programs?   ___ Yes   ___ No

7. If yes, select one source from which the program model was cited:

___ Blueprints for Violence Prevention	___ Hamilton Fish Institute
___ CASEL (Collaborative for Academic, Social, & Emotional learning)	___ Institute for Medicine
___ Centers for Disease Control and Prevention	___ NIDA Preventing Drug Abuse
___ Community Guide to Helping America's Youth	___ National Institute of Justice What Works Report
___ Department of Education Safe, Disciplined, & Drug-free Schools	___ OJJDP Model Programs Guide
___ Drug Strategies, Inc.	___ Promising Practices Network
___ Making the Grade	___ SAMSHA Model Programs
	___ Surgeon General's Youth Violence Report
	___ Other (e.g., State model program resources)

8. If other, please specify: _____

Target Population for this Subgrant

Please check the appropriate boxes to indicate for this subaward:

1. The population actually served during the project period; and

2. The populations, if any, to which the program offers targeted services.

Targeted services include any services or approaches specifically designed to meet the needs of the population (e.g., gender specific, culturally based, developmentally appropriate services).

	Population	1. Did you serve this group during the project period?	2. Did this subgrant provide targeted services for any of the following groups?
RACE/ETHNICITY	American Indian/Alaskan Native	___	___
	Asian	___	___
	Black/African American	___	___
	Hispanic or Latino (of any race)	___	___
	Native Hawaiian and Other Pacific Islander	___	___
	Other Race	___	___
	White/Caucasian	___	___
	Youth population not directly served	___	___
JUSTICE	At-Risk Population (no prior offense)	___	___
	First Time Offenders	___	___
	Repeat Offenders	___	___
	Sex Offenders	___	___
	Status Offenders	___	___
	Violent Offenders	___	___
	Youth population not directly served	___	___
GENDER	Male	___	___
	Female	___	___
	Youth population not directly served	___	___
AGE	0-10	___	___
	11-18	___	___
	Over 18	___	___
	Youth population not served directly	___	___
GEO	Rural	___	___
	Suburban	___	___
	Tribal	___	___
	Urban	___	___
	Youth population not directly served	___	___
OTHER	Mental Health	___	___
	Substance Abuse	___	___
	Truant/Dropout	___	___

Specify Program Category

Select each program category applicable to your award and indicate the amount of funds budgeted for that activity.

Program Category	Allocated Amount
___ 1. Direct Service Prevention	$
___ 2. Direct Service Intervention	$
___ 3. System Improvement	$
___ 4. Research and Development	$

Performance Measures

You may use this section to record the collected data for the "data grantee provides" indicated for each performance measure. Please find the "performance measures grid by category" on the DCTAT sign-in page under the grant program name. You may print out the selected program category documents so that it completes this section of the data collection form**.**