# 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

\_\_\_ Juvenile Justice

\_\_\_ Non-profit community-based organization

\_\_\_ Other community-based organization

\_\_\_ Other government agency

\_\_\_ Police/other law enforcement

\_\_\_ School/Other Education

\_\_\_ Tribal Government

\_\_\_ Unit of local government

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

\_\_\_ CASEL (Collaborative for Academic, Social, & Emotional learning)

\_\_\_ Centers for Disease Control and Prevention

\_\_\_ Community Guide to Helping America’s Youth

\_\_\_ Department of Education Safe, Disciplined, & Drug-free Schools

\_\_\_ Drug Strategies, Inc.

\_\_\_ Making the Grade

\_\_\_ Hamilton Fish Institute

\_\_\_ Institute for Medicine

\_\_\_ NIDA Preventing Drug Abuse

\_\_\_ National Institute of Justice What Works Report

\_\_\_ OJJDP Model Programs Guide

\_\_\_ Promising Practices Network

\_\_\_ 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 NativeAsianBlack/African AmericanHispanic or Latino (of any race)Native Hawaiian and Other Pacific IslanderOther RaceWhite/CaucasianYouth population not directly served | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **JUSTICE** | At-Risk Population (no prior offense)First Time OffendersRepeat OffendersSex OffendersStatus OffendersViolent OffendersYouth population not directly served | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **GENDER** | MaleFemaleYouth population not directly served  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
| **AGE** | 0-1011-18Over 18Youth population not served directly | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| **GEO** | RuralSuburbanTribalUrbanYouth population not directly served | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **OTHER** | Mental HealthSubstance AbuseTruant/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**.**