



PMT DATA COLLECTION FORM

Reporting Period: _____

This document is intended to assist you with gathering information that should be reported into the PMT system. This form is for your information and does not need to be submitted to OJJDP.

Award Information

Organization Name: (Prepopulated) _____

Solicitation: (Prepopulated) _____

Federal Award Number: (Prepopulated) _____

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

Award 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) where services are provided: _____
Scroll boxes will appear in the system, where you will select your state/territory and Federal Congressional District(s).
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: _____

4. Please enter the Project Description: _____

5. Please enter the implementing organization name: _____

6. Please select the implementing organization type:

<input type="checkbox"/> Coalition	<input type="checkbox"/> Police/other law enforcement
<input type="checkbox"/> Juvenile justice	<input type="checkbox"/> School/other education
<input type="checkbox"/> Non-profit community-based organization	<input type="checkbox"/> Tribal government
<input type="checkbox"/> Other community-based organization	<input type="checkbox"/> Unit of local government
<input type="checkbox"/> Other government agency	

7. Is this award used to implement evidence-based programs? _____ Yes _____ No

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

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



9. If other, please specify: _____

10. At what point does your SCA program provide services for offenders?

- ☐ 1. Pre-release
- ☐ 2. Post-release
- ☐ 3. Combination of pre-release and post-release

PLEASE NOTE: The following baseline measures (questions 10, 11, and 12) were established by OJJDP so that each grantee can report on the level of activity prior to the start of the OJJDP Second Chance Act grant. You will only be asked to answer these questions during your first reporting period, regardless of whether you have award activity to report.

11. Please enter the number of program youth who have been adjudicated on **more than one** occasion:

12. Please enter the number of youth who **qualify** for the SCA Program at the beginning of the grant:

13. Please enter the enrollment at the beginning of your program (beginning of the grant period):



Target Population

Please check the appropriate boxes to indicate for this award/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., sex specific, culturally based, developmentally appropriate services).

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



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” on the PMT sign-in page under the grant program name. You may print out the performance measures grid document so that it completes this section of the data collection form.