PMT SUBGRANTEE 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)_____

1. Subaward Number: (Prepopulated)_____

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

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

4. Award Amount (federal funds only): (Prepopulated) $_____

5. 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.

6. 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).

7. Please enter the Project Title: _____

8. Please enter the Project Description: _____

   _____

9. Please enter the implementing organization name: _____

10. 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	

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

12. 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
___ CrimeSolutions.gov	___ OJJDP Model Programs Guide
___Department of Education Safe, Disciplined, & Drug-free Schools	___ Promising Practices Network
___ Drug Strategies, Inc.	___ SAMSHA Model Programs
___ Making the Grade	___ Surgeon General's Youth Violence Report
	___ Other (e.g., State model program resources)

13. If other, please specify: _____

14. At what point does your reentry 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 15, 16, and 17) 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.

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

    _____

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

    _____

17. 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	___ ___ ___ ___ ___ ___ ___ ___ ___	___ ___ ___ ___ ___ ___ ___ ___ ___
JUSTICE	At-Risk Population (no prior offense) First Time Offenders Repeat Offenders Sex Offenders Status Offenders Violent Offenders Youth population not served directly	___ ___ ___ ___ ___ ___ ___	___ ___ ___ ___ ___ ___ ___
SEX	Male Female Youth population not served directly	___ ___ ___	___ ___ ___
AGE	0–10 11–18 Over 18 Youth population not served directly	___ ___ ___ ___	___ ___ ___ ___
GEO	Rural Suburban Tribal Urban Youth population not served directly	___ ___ ___ ___ ___	___ ___ ___ ___ ___
OTHER	Mental Health Substance Abuse Truant/Dropout	___ ___ ___	___ ___ ___

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.