# 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

\_\_\_ 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

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

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

\_\_\_ Centers for Disease Control and Prevention
\_\_\_ Community Guide to Helping America’s Youth
\_\_\_ CrimeSolutions.gov

\_\_\_ 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)

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