



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:
 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

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:
 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)



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	___	___
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.