# Award Information

**PMT GRANTEE DATA COLLECTION FORM**

Reporting Period:

Organization Name: (Prepopulated)

Solicitation: (Prepopulated)

Federal Award Number: (Prepopulated)

Award Start Date: (Prepopulated)

(mm/dd/yyyy)

Award End Date: (Prepopulated)

(mm/dd/yyyy)

1. Was there grant activity during the reporting period? *Grant activity is defined as proposed activities in the OJJDP- approved grant application that are implemented or executed with the OJJDP grant.*

Yes No

1. Please enter the total amount allocated for activities conducted at the state or territory level.

(Amount allocated is for the life of the award and does not include administrative expenses.)

1. a. Is funding allocated for state/territory-level activities to implement evidence-based programs or practices?

Yes No

2. b. If Yes, select one source that cited the program model:

Blueprints for Violence Prevention

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

Centers for Disease Control and Prevention

Hamilton Fish Institute

NIDA Preventing Drug Abuse

National Academies/Health and Medicine Division

OJJDP Model Programs Guide

CrimeSolutions.gov SAMSHA Model Programs

Drug Strategies

Making the Grade/Center for American Progress

Other (e.g., state model program resources)

1. c. If Other, please specify:
2. Please enter the name of the evidence-based program/practice implemented:

# Program Area Selection

Select one or more program areas for the grant-funded activities you conducted at the state or territory level, and only enter a value for those activities. Leave the amount as “$0” if the program area does not apply to your grant-funded activities. The program area(s) you select is for the life of the award, but it can be modified during the grant period with OJJDP approval. Any funds you report only represent an estimate of dollars allocated or that you used for activities covered by this grant award. The PMT will supply questions related to the program areas you select.

|  |  |
| --- | --- |
| **Program Area** | **Allocated Amount** |
| 1. Aftercare/Reentry | $0 |
| 2. After-School Programs | $0 |
| 3. Alternatives to Detention | $0 |
| 4. Child Abuse and Neglect | $0 |
| 5. Community-Based Programs and Services | $0 |
| 6. Delinquency Prevention | $0 |
| 7. Gangs | $0 |
| 8. Graduated and Appropriate Sanctions | $0 |
| 9. Hate Crimes | $0 |
| 10. Job Training | $0 |
| 11. Learning and Other Disabilities | $0 |
| 12. Mental Health Services | $0 |
| 13. Mentoring, Counseling, and Training Programs | $0 |
| 14. Positive Youth Development | $0 |
| 15. Probation | $0 |
| 16. Protecting Juvenile Rights | $0 |
| 17. School Programs | $0 |
| 18. Substance and Alcohol Abuse | $0 |
| 19. Compliance Monitoring | $0 |
| 20. Deinstitutionalization of Status Offenders | $0 |
| 21. Disproportionate Minority Contact | $0 |
| 22. Diversion | $0 |
| 23. Gender-Specific Services | $0 |
| 24. Indian Tribe Programs | $0 |
| 25. Indigent Defense | $0 |
| 26. Jail Removal | $0 |
| 27. Juvenile Justice System Improvement | $0 |
| 28. Planning and Administration | $0 |
| 29. Reducing Probation Officer Caseloads | $0 |
| 30. Rural Area Juvenile Programs | $0 |
| 31. Separation of Juveniles from Adult Inmates | $0 |
| 32. State Advisory Group Allocation | $0 |

# Narrative Questions

Please respond to each question below. Your response should reflect activity that occurred during the reporting period.

|  |  |  |
| --- | --- | --- |
| **#** | **Question** | **Grantee Response** |
| 1 | What were your accomplishments during the reporting period? |  |
| 2 | What goals were accomplished during the reporting period as they relate to the goals you entered on your grant application? |  |
| 3 | What problems/barriers did you encounter, if any, during the reporting period that prevented you from reaching your goals or milestones? |  |
| 4 | Can OJJDP offer assistance to address any problems/barriers you identified in question #3? If so, please describe. |  |