PMT GRANTEE DATA COLLECTION FORM

Reporting Period: _____

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)

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.)

2. 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	___Hamilton Fish Institute
___CASEL (Collaborative for Academic, Social, & Emotional Learning)	___NIDA Preventing Drug Abuse
	___National Academies/Health and Medicine Division
___Centers for Disease Control and Prevention	___OJJDP Model Programs Guide
___CrimeSolutions.gov	___SAMSHA Model Programs
___Drug Strategies	___Other (e.g., state model program resources)
___Making the Grade/Center for American Progress	

2. c. If Other, please specify: _____

3. 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.	