



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

Please enter the federal fiscal year: _____

1. Please enter the state award number: _____

2. Please enter the project start date: _____
(mm/dd/yyyy)

3. Please enter the project end date: _____
(mm/dd/yyyy)

4. Please enter the total amount of subaward (federal funds only): \$ _____

*Any funds reported only represent an estimate of dollars allocated or used for activities covered by this grant award.

5. Please enter the Federal Congressional District(s) of where services are provided: _____

Checkboxes 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).

6. Please enter the Subaward Project Title: _____

a. Please enter the Subaward Project Description: _____

7. Please enter the implementing organization name: _____

8. Please select the implementing organization type:

- | | |
|--|---|
| <input type="checkbox"/> Coalition | <input type="checkbox"/> Police/other law enforcement |
| <input type="checkbox"/> Juvenile justice | <input type="checkbox"/> School/other education |
| <input type="checkbox"/> Non-profit community-based organization | <input type="checkbox"/> Tribal government |
| <input type="checkbox"/> Other community-based organization | <input type="checkbox"/> Unit of local government |
| <input type="checkbox"/> Other government agency | |

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

10. If yes, select one source from which the program model was cited:

- | | |
|---|--|
| <input type="checkbox"/> Blueprints for Violence Prevention | <input type="checkbox"/> Hamilton Fish Institute |
| <input type="checkbox"/> CASEL (Collaborative for Academic, Social, & Emotional learning) | <input type="checkbox"/> Institute for Medicine |
| <input type="checkbox"/> Centers for Disease Control and Prevention | <input type="checkbox"/> NIDA Preventing Drug Abuse |
| <input type="checkbox"/> Community Guide to Helping America's Youth | <input type="checkbox"/> National Institute of Justice What Works Report |
| <input type="checkbox"/> Department of Education Safe, Disciplined, & Drug-free Schools | <input type="checkbox"/> OJJDP Model Programs Guide |
| <input type="checkbox"/> Drug Strategies, Inc. | <input type="checkbox"/> Promising Practices Network |
| <input type="checkbox"/> Making the Grade | <input type="checkbox"/> SAMSHA Model Programs |
| | <input type="checkbox"/> Surgeon General's Youth Violence Report |
| | <input type="checkbox"/> Other (e.g., State model program resources) |

11. If other, please specify: _____

12. Please indicate the name of the evidence-based program implemented: _____



Target Population for this Subaward

Please check the appropriate boxes to indicate for this subaward:

1. The population actually served during the project period.
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 subaward provide targeted services for any of the following groups?
RACE/ETHNICITY	American Indian/Alaskan Native	___	___
	Asian	___	___
	Black/African American	___	___
	Hispanic or Latino (of any race)	___	___
	Native Hawaiian and Other Pacific Islander	___	___
	Other Race	___	___
	White/Caucasian	___	___
	Youth population not directly served	___	___
JUSTICE	At-Risk Population (no prior offense)	___	___
	First Time Offenders	___	___
	Repeat Offenders	___	___
	Sex Offenders	___	___
	Status Offenders	___	___
	Violent Offenders	___	___
	Youth population not directly served	___	___
GENDER	Male	___	___
	Female	___	___
	Youth population not directly served	___	___
AGE	0–10	___	___
	11–18	___	___
	Over 18	___	___
	Youth population not served directly	___	___
GEO	Rural	___	___
	Suburban	___	___
	Tribal	___	___
	Urban	___	___
	Youth population not directly served	___	___
OTHER	Mental Health	___	___
	Substance Abuse	___	___
	Truant/Dropout	___	___



Specify Program Category

Select one or more primary program area for grant-funded activities. Once data for a program area has been saved, you will not be able to deselect it in future reporting periods. For Program designation, you are asked to identify activities in this category as **prevention** or **intervention**. The PMT will then provide you with questions that relate to that designation.

Primary	Secondary	Program Category	Program Designation	Allocated Amount
		1. Aftercare/Reentry		\$
		2. Alternative to Detention		\$
		3. Child Abuse and Neglect		\$
		4. Children of Incarcerated Parents		\$
		5. Community Assessment Centers (CAC)		\$
		7. Court Services		\$
		8. Deinstitutionalization of Status Offenders		\$
		9. Delinquency Prevention		\$
		10. Disproportionate Minority Contact		\$
		11. Diversion		\$
		12. Gangs		\$
		13. Gender-Specific Services		\$
		14. Graduated Sanctions		\$
		15. Gun Programs		\$
		16. Hate Crimes		\$
		17. Jail Removal		\$
		18. Job Training		\$
		19. Juvenile Justice System Improvement		\$
		20. Mental Health Services		\$
		21. Mentoring		\$
		22. Native American Programs		\$
		24. Probation		\$
		25. Restitution/Community Service		\$
		26. Rural Area Juvenile Programs		\$
		27. School Programs		\$
		28. Separation of Juveniles from Adult Inmates		\$
		29. Serious Crime		\$
		30. Sex Offender Programs		\$
		32. Substance Abuse		\$
		33. Youth Advocacy		\$
		34. Youth Courts		\$
		35. Strategic Community Action Planning (SCAP)		\$
		No Secondary Program Area		



Performance Measures

For this section, please find the "performance measure grid by category" on the PMT sign-in page under the grant program name. Please print out the selected program category grids to add to this document. Record the collected data in the "Record Data Here" column for each performance measure.

Narrative Questions

Please respond to each question below. Your response should reflect activity that occurred during the previous 6-month period.

#	Question	Information Grantee Provides
1	What were your accomplishments within this reporting period?	
2	What goals were accomplished, as they relate to your grant application?	
3	What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your goals or milestones?	
4	Is there any assistance that OJJDP can offer you to address any problems/barriers identified in question #3 above?	
5	Are you on track to fiscally and programmatically complete your program as outlined in your grant application?	
6	What major activities are planned for the next six months?	
7	Based on your knowledge of the juvenile justice field, are there any innovative programs/ accomplishments that you would like to share with OJJDP?	