# 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)

1. Please enter the project end date:

(mm/dd/yyyy)

1. 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.

1. 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,](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).

1. Please enter the Subaward Project Title:
	1. Please enter the Subaward Project Description:
2. Please enter the implementing organization name:
3. 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

1. Is this award used to implement evidence-based programs? Yes No
2. If yes, select one source from which the program model was cited:

 Blueprints for Violence Prevention Hamilton Fish Institute

 CASEL (Collaborative for Academic, Social, & Institute for Medicine Emotional learning) NIDA Preventing Drug Abuse

 Centers for Disease Control and Prevention National Institute of Justice What Works Report

 Community Guide to Helping America’s Youth OJJDP Model Programs Guide

 Department of Education Safe, Disciplined, & Promising PracticesNetwork

 Drug-free Schools SAMSHA Model Programs

 Drug Strategies, Inc. Surgeon General’s Youth Violence Report

 Making the Grade Other (e.g., State model program resources)

1. If other, please specify:
2. 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 AsianBlack/African American Hispanic or Latino (of any race)Native Hawaiian and Other Pacific Islander Other RaceWhite/CaucasianYouth population not directly served |  |  |
| **JUSTICE** | At-Risk Population (no prior offense) First Time OffendersRepeat Offenders Sex Offenders Status Offenders Violent OffendersYouth population not directly served |  |  |
| **GENDER** | Male FemaleYouth population not directly served |  |  |
| **AGE** | 0–1011–18Over 18Youth population not served directly |  |  |
| **GEO** | Rural Suburban Tribal UrbanYouth 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? |  |