# Award Information

**PMT SUBGRANTEE DATA COLLECTION FORM**

Reporting Period:

Organization Name: (Prepopulated)

Solicitation: (Prepopulated)

1. Enter the state-assigned Subaward Number (if applicable):
2. Enter the Subaward Start Date:

(mm/dd/yyyy)

1. Enter the Subaward End Date:

(mm/dd/yyyy)

1. Please select the implementing organization type:

Coalition Police/other law enforcement

Juvenile justice School/other education

Nonprofit community-based organization Tribal government

Other community-based organization Unit of local government

Other government agency

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. Enter the total amount of the subaward (federal funds only): $

\*Any funds reported represent an estimate of dollars allocated for activities implemented by this subaward.

1. Enter the Federal Congressional District(s) where this subaward provides services:

The system will display checkboxes so you can select your state/territory and Federal Congressional District(s).

Visit the U.S. House of Representatives website [http://www.house.gov](http://www.house.gov/) and enter the zip code(s) of the area(s) the project serves to determine the Federal Congressional District(s).

1. Enter the subaward project title:
2. Describe your subaward project:
3. a. Is this subaward used to implement evidence-based programs or practices? Yes No

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

Blueprints for Violence Prevention Hamilton Fish Institute

CASEL (Collaborative for Academic, Social, & NIDA Preventing Drug Abuse

Emotional Learning) National Academies/Health and Medicine Division

Centers for Disease Control and Prevention

CrimeSolutions.gov

Drug Strategies

Making the Grade/Center for American Progress

OJJDP Model Programs Guide SAMSHA Model Programs

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

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

# Target Population for this Subaward

Please check the appropriate boxes for this subaward:

* 1. The target populations the program serves.
  2. The population actually served during the project period.

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. Which target population(s) did you plan to serve during the project period?** | **2. Which population(s) did you actually serve**  **during the project period?** |
| **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 Area

Select the program area that best fits the subaward-funded activities. The program area you select is for the life of the award, but it can be modified during the grant period with OJJDP approval. The PMT will supply questions related to the program area designation.

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

# Narrative Questions

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

|  |  |  |
| --- | --- | --- |
| **#** | **Question** | **Information Grantee Provides** |
| 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 in 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. |  |