

OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION  
TRIBAL JUVENILE ACCOUNTABILITY DISCRETIONARY GRANT (TJADG) PROGRAM

**PMT DATA COLLECTION FORM**

Reporting Period: \_\_\_\_\_

This document is for your use to assist with gathering information that should be reported into the PMT tool. It is not necessary to submit this form to OJJDP. It is only for your information.

**Award Information**

Federal Award Number: (Prepopulated) \_\_\_\_\_

Award Start Date: (Prepopulated) \_\_\_\_\_  
(mm/dd/yyyy)

Award End Date: (Prepopulated) \_\_\_\_\_  
(mm/dd/yyyy)

Total amount of award: (Prepopulated) \$ \_\_\_\_\_

1. Please enter the amount of set-aside to administer award activities: \$ \_\_\_\_\_
2. 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).

3. Please enter the Subaward Project Title: \_\_\_\_\_

a. Please enter the Subaward Project Description: \_\_\_\_\_  
\_\_\_\_\_

4. Please enter the Implementing Organization Name: \_\_\_\_\_

5. 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                 |   |

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

7. 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)     |

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8. If other, please specify: \_\_\_\_\_

9. Please indicate the name of the evidence-based program implemented: \_\_\_\_\_

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**Target Population**

Please check the appropriate boxes to indicate for this award:

1. The population actually served during the project period; and
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 reporting period?	2. Did this award provide targeted services for any of the following groups?
<b>RACE/ETHNICITY</b>	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	___ ___ ___ ___ ___ ___ ___ ___	___ ___ ___ ___ ___ ___ ___ ___
<b>JUSTICE</b>	At-Risk Population (no prior offense) First Time Offenders Repeat Offenders Sex Offenders Status Offenders Violent Offenders Youth population not directly served	___ ___ ___ ___ ___ ___ ___	___ ___ ___ ___ ___ ___ ___
<b>GENDER</b>	Male Female Youth population not directly served	___ ___ ___	___ ___ ___
<b>AGE</b>	0-10 11-18 Over 18 Youth population not directly served	___ ___ ___ ___	___ ___ ___ ___
<b>GEO</b>	Rural Suburban Tribal Urban Youth population not directly served	___ ___ ___ ___ ___	___ ___ ___ ___ ___
<b>OTHER</b>	Mental Health Substance Abuse Truant/Dropout	___ ___ ___	___ ___ ___

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**Specify Purpose Area**

Select one or more primary purpose area for grant-funded activities. Any funds reported only represent an estimate of dollars allocated or used for activities covered by this grant award.

Purpose Area	Allocated Amount
___ Planning Year*	
___ 1. Graduated Sanctions	\$
___ 2. Facilities	\$
___ 3. Hiring Court Staff/Pretrial Services	\$
___ 4. Hiring Prosecutors	\$
___ 5. Funding for Prosecutors	\$
___ 6. Training Law Enforcement/Court Personnel	\$
___ 7. Gun Courts	\$
___ 8. Drug Courts	\$
___ 9. Juvenile Records	\$
___ 10. Information Sharing	\$
___ 11. Accountability-Based Programs	\$
___ 12. Risk/Needs Assessments	\$
___ 13. School Safety	\$
___ 14. Restorative Justice	\$
___ 15. Court/Probation Programming	\$
___ 16. Hiring Detention/Corrections staff	\$
___ 17. Reentry	\$

\*The program category *Planning Year* refers to the 12-month period following the start date of the award. Grantees who are entering data for a reporting period that is within the Planning Year period will be asked to answer performance measures about the planning activities conducted. Please refer to the TJADG Performance Measures Grid for more information.

Select Indicators for the Program Categories selected

**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.