# DCTAT Data Collection Form

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

This document is for your use to assist with gathering information that should be reported into the DCTAT 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 (Federal Funds Only): (Prepopulated) $

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, to use the zip code(s) of the area(s) served by the project to determine the Federal Congressional District(s).

2. Please enter the Project Title:

a. Please enter the Project Description:

3. Please enter the Implementing Organization Name:

4. Please select the implementing organization type:

\_\_\_ Coalition

\_\_\_ Juvenile Justice

\_\_\_ Non-profit community-based organization

\_\_\_ Other community-based organization

\_\_\_ Other government agency

\_\_\_ Police/other law enforcement

\_\_\_ School/Other Education

\_\_\_ Tribal Government

\_\_\_ Unit of local government

5. Is this award used to implement evidence-based programs? \_\_\_ Yes \_\_\_ No

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

\_\_\_ Blueprints for Violence Prevention

\_\_\_ CASEL (Collaborative for Academic, Social, & Emotional learning)

\_\_\_ Centers for Disease Control and Prevention

\_\_\_ Community Guide to Helping America’s Youth

\_\_\_ Department of Education Safe, Disciplined, & Drug-free Schools

\_\_\_ Drug Strategies, Inc.

\_\_\_ Making the Grade

\_\_\_ Hamilton Fish Institute

\_\_\_ Institute for Medicine

\_\_\_ NIDA Preventing Drug Abuse

\_\_\_ National Institute of Justice What Works Report

\_\_\_ OJJDP Model Programs Guide

\_\_\_ Promising Practices Network

\_\_\_ SAMSHA Model Programs

\_\_\_ Surgeon General’s Youth Violence Report

\_\_\_ Other (e.g., State model program resources)

7. If other, please specify:

## Target Population for this Award

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).

**Table 1: Target Population Information**

|  | Population | 1. Did you serve this group during the reporting period? | 2. Did this award 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 directly served | \_\_\_  \_\_\_  \_\_\_  \_\_\_ | \_\_\_  \_\_\_  \_\_\_  \_\_\_ |
| **GEO** | Rural  Suburban  Tribal  Urban  Youth population not directly served | \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_ | \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_ |
| **OTHER** | Mental Health  Substance Abuse  Truant/Dropout | \_\_\_  \_\_\_  \_\_\_ | \_\_\_  \_\_\_  \_\_\_ |

## Program Category Selection

Select one or more primary program category for grant-funded activities.

|  | **Program Category** |
| --- | --- |
|  | Planning Period\* |
|  | 1. Prevention Services |
|  | 2. Interventions for Court-Involved Tribal Youth |
|  | 3. Tribal Juvenile Justice System |
|  | 4. Alcohol and Drug Abuse Prevention Programs |
|  | 5. Mental Health Program Services |
|  | 6. Indigent Defense |

\*The program category *Planning Period* 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 Period time frame will be asked to answer performance measures about the planning activities conducted. Please refer to the TYP Performance Measures Grid for more information.

## Performance Measures

For this section, please find the "performance measure grid by category" on the DCTAT 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.