County: Click here to enter text. Quarter: Click here to enter text.

The **Prevention and Education Program Purpose Area** includes prevention or educational programs, activities, services, strategies or events such as those that speak to reduce the risk of crime prevention or other potentially harmful behaviors. Please check the sections in which you have information to report. Please check only the categories in which you have information to report. The information reported below should apply only to this Program Purpose Area and should not be duplicative of information reported for another Program Purpose Area.

***Our county has information to report in the following categories (check all that apply):***

**Programs:** Includes activities where individuals are served, directly or indirectly. Programs may include one-time events, services, or events and services that occur on a continuous basis.

**Personnel:** Includes activities where individuals are hired, maintained, or paid overtime.

**Equipment Purchases and/or Technology Investments:** Includes activities where equipment purchases and/or technology investments were made that improve efficiency and/or cost savings.

**Training:** Includes activities where training (transferring of skills and knowledge) occurs. This may include training by the Organization of its own staff, training by the organization of individuals from other organizations, or training of the Organization’s staff by other individuals**.**

1. **BUDGET**

Are grant funds being expended in accordance with the Grant Award Agreement?

YES  NO If no, please explain: Click here to enter text.

1. Total Grant Funds Awarded: Click here to enter text.
2. Total Grant Funds Expended to Date: Click here to enter text.
3. Total Grant Funds Encumbered to Date: Click here to enter text.
4. Total Remaining Balance on Grant Funds: Click here to enter text.
5. **FUNDING MODEL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity Area** | **Personnel** | **Equipment Supplies, and Technology** | **Consultants and Contracts** | **Training and Conferences** | **Other** |
| Law Enforcement | $ | $ | $ | $ | $ |
| Crime Lab/Forensics | $ | $ | $ | $ | $ |
| Prosecution | $ | $ | $ | $ | $ |
| Indigent Defense | $ | $ | $ | $ | $ |
| Courts | $ | $ | $ | $ | $ |
| Corrections | $ | $ | $ | $ | $ |
| Community Corrections | $ | $ | $ | $ | $ |
| Reentry Services | $ | $ | $ | $ | $ |
| Behavioral Health | $ | $ | $ | $ | $ |
| Assessment and Evaluation | $ | $ | $ | $ | $ |
| Crime Victim/Witness Services | $ | $ | $ | $ | $ |
| Other | $ | $ | $ | $ | $ |
| **Total Allocations (Total of all Allocations must equal the specific funding amount)** | $ | $ | $ | $ | $ |

1. **PROGRAMS**
2. Please indicate the number of **NEW** programs you have implemented, expanded, or sustained during the reporting period. A program is a set of actions to accomplish a specific purpose. Click here to enter text.
3. What **types of prevention or education programs** did you implement, expand or sustain during the reporting period? *Check all that apply.*

General Educational Development (GED)  Drug Prevention  Crime Prevention

Cognitive  Anti-Drug  Anti-Gang

Mentoring  Substance Abuse  Gang Resistance

Juvenile Delinquency  Housing  Mental Health

Truancy  Vocational  Educational

School Violence  Job Skills  Pro-Social

Other. Please explain: Click here to enter text.

1. What **types of events** have been held during the reporting period with JAG funding? Examples include Town Hall meetings, ceasefire call-ins, crime publicity campaigns, community outreach meetings, etc. *Check all that apply.*

Community Outreach Events

Educational Events

Media Campaign (television, radio, billboards, pamphlets, posters)

Other. Please specify: Click here to enter text.

1. Using the table below, please briefly **describe** the **prevention and education programs** that your county has implemented, expanded or sustained during the reporting period with JAG funding. Include a brief explanation of what each program’s purpose(s) and goal(s) are, the target population, how the program is being implemented and by whom.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Program** | **Purpose and Goals** | **Target Population** | **Implementing Agency** | **Progress Update (how it is being implemented)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. Of the prevention or education programs implemented, how many are **substance abuse prevention or education** programs? Click here to enter text.
2. Of the prevention or education programs implemented, how many are **gang prevention or education** programs? Click here to enter text.
3. Of the prevention or education programs implemented, how many are **juvenile delinquency prevention or education** programs? Click here to enter text.
4. Of the prevention or education programs implemented, how many addressed **school violence?** Click here to enter text.
5. How many **participants** did the county serve during the reporting period? *Please report the number of participants for on-going programs and not one-time events*. Click here to enter text.
6. Of those participants served, how many were **NEW participants**? Click here to enter text.
7. Of those participants served, please provide a participant breakdown by project:

|  |  |
| --- | --- |
| **Name of Program** | **Number of Participants served during the Reporting Period** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

1. How many **types of prevention or education program materials** have been **developed** during the reporting period? *Please report the number of distinct types of materials developed.*
2. Brochures, Pamphlets, and Posters Click here to enter text.
3. Presentations Click here to enter text.
4. E-mails Click here to enter text.
5. Webinars Click here to enter text.
6. Websites Click here to enter text.
7. Web-based presentations Click here to enter text.
8. Other. Please specify: Click here to enter text.
9. Of the **prevention or education program materials developed**, how many types were related to **substance abuse**? *Please report the number of distinct types of materials developed.*
10. Brochures, Pamphlets, and Posters: Click here to enter text.
11. Presentations: Click here to enter text.
12. E-mails: Click here to enter text.
13. Webinars: Click here to enter text.
14. Websites: Click here to enter text.
15. Web-based presentations: Click here to enter text.
16. Other. Please specify: Click here to enter text.
17. How many **educational activities and materials** were **disseminated** during the reporting period? *Please report the total number of materials distributed (not the number of copies) during the reporting period, such as brochures, pamphlets, and posters.* Click here to enter text.
18. Where were the materials disseminated during the reporting period? *Check all that apply.*

Events Targeting Youth and Teens

Government Agencies

Schools

Youth Groups

Other. Please specify: Click here to enter text.

1. What other **prevention-related** or **educational media** were used to disseminate prevention and education information during the reporting period? *Check all that apply.*

Listserv  Radio (Advertisements or Program Specials)

Social Media (e.g., Facebook, Twitter)  Webinars

Television Advertisement (Commercial, Public Service Announcement [PSA], or Special)

Other. Please specify: Click here to enter text.

1. Please provide the following data as it relates to **Case Management Services**:
2. How many Case Management Assessments were completed during the reporting period? Click here to enter text.
3. How many Case Management Services Plans were created during the reporting period? Click here to enter text.
4. How many Case Management Referral to Services were made during the reporting period? Click here to enter text.
5. How many Service Coordination Activities (meetings, contacts, etc.) took place during the reporting period?Click here to enter text.
6. How many services were completed during the reporting period? Click here to enter text.
7. **PERSONNEL**
8. How many personnel did your county **maintain** with JAG funds during the reporting period? Click here to enter text.

*Maintained personnel means any staff members who were already working with the applicant agency, but who are now being paid partially or fully with BJA JAG grant funds.* ***Only report each individual once for the life of the award.***

For each individual maintained by JAG funds this quarter, please provide a Name, Title, and % Grant Funded using the table below.Insert additional lines if needed. **Include only those positions authorized in the Grant Award Agreement or authorized by BSCC Personnel.**

|  |  |  |
| --- | --- | --- |
| **Name of the Individual *Maintained*** | **Title** | **% Grant Funded** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. How many **new personnel** did your county **hire** with JAG funds during the reporting period? Click here to enter text.

*Hired personnel means any new individuals who did not work for the applicant agency, but who were selected for employment during the reporting period.* ***Only report each new hire once for the life of the award*.**

For each individual hired with JAG funds this quarter, please provide a Name, Title, and % Grant Funded using the table below.Insert additional lines if needed. **Include only those positions authorized in the Grant Award Agreement or authorized by BSCC Personnel.**

| **Name of the Individual *Hired*** | **Title** | **% Grant Funded** |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. Have all grant-funded positions been filled?  YES  NO If No, please explain. Click here to enter text.
2. Have any of the job duties, as detailed in the Grant Award Agreement, changed?

YES  NO If Yes, please explain. Click here to enter text.

1. Are there any personnel issues which may affect the project objectives and activities?

YES  NO If Yes, please explain. Click here to enter text.

1. How many Overtime **hours** were funded by JAG during the reporting period in each of the following activity areas? Overtime hours are those that nonexempt employees work beyond normal working hours (usually 40) during a work week.

|  |  |  |
| --- | --- | --- |
|  | **Activity Area** | **Number of Overtime Hours** |
| A. | Law Enforcement |  |
| B. | Crime Lab/Forensics |  |
| C. | Crime Prevention |  |
| D. | Prosecution |  |
| E. | Indigent Defense |  |
| F. | Courts |  |
| G. | Corrections |  |
| H. | Community Corrections |  |
| I. | Reentry Services |  |
| J. | Behavioral Health |  |
| K. | Assessment and Evaluation |  |
| L. | Crime Victim/Witness Services |  |
| M. | Other |  |

1. What has personnel funding been used for during the reporting period?

Overtime hours  Personnel salary/pay, includes fringe benefits

1. **EQUIPMENT PURCHASES AND/OR TECHNOLOGY INVESTMENTS**
2. During the reporting period, did you expend any JAG funds on equipment, supplies, or technology enhancements?  YES  NO If No, skip this section.
3. What types of equipment purchases and/or technology investments were made with JAG funds during the reporting period? *Check all that apply.*

Computer-Aided Dispatch (CAD) Equipment

Undercover Surveillance Equipment (microphones, video)

Computers/Mobile Data Terminal

Tactical Vests/Body Armor/Helmets

Computer Software

Equipment for Police Cruisers

In-Car/On-Person Camera Systems

Emergency Medical Services (EMS) Equipment

Lethal Weapons (firearms)

Mobile Access Equipment (air cards for Verizon etc.)

Video Observation (station, community, pole cams)

Security Systems (station or evidence room)

Mobile Access Equipment (air cards for Verizon etc.)

Less-than-Lethal Weapons, Impact Weapons (batons, bean bag shotgun rounds, etc.), Chemical Weapons (CN gas, pepper Spray), Energy Devices (Tasers)

Vehicles (Note: pickup trucks and vans need prior approval from BSCC and BJA)

Other. Please specify: Click here to enter text.

1. Complete the table below. Specify the Equipment/Technology ‘type’ (i.e. *Laptops, Binoculars, Software Licenses, etc*.) as authorized in the Grant Award Agreement. *If more than one of the* ***same item*** *is ordered, place the number of items ordered in parentheses next to the equipment/technology item.* For example: Laptops (5).

|  |  |  |
| --- | --- | --- |
| ***Equipment / Technology (# of items)*** | ***Cost (per item)*** | ***Date Ordered/Received*** |
| Click here to enter text. | $Click here to enter text. | Click here to enter text. |
| Click here to enter text. | $Click here to enter text. | Click here to enter text. |
| Click here to enter text. | $Click here to enter text. | Click here to enter text. |
| Click here to enter text. | $Click here to enter text. | Click here to enter text. |
| Click here to enter text. | $Click here to enter text. | Click here to enter text. |

1. Describe any efficiencies or cost savings achieved as a result of any equipment purchases and/or technology investments during the reporting period. Click here to enter text.
2. Please complete the table below indicating the number and cost of items purchased in each BJA-defined category. **Individual line-item reports are not needed.** Please aggregate purchases to the BJA-defined categories outlined on page 14 of the attached Appendix. (i.e. General Categories - Controlled Items, Camera/Surveillance Equipment, Computer Equipment, Vehicles and Accessories, Weapons, Duty Equipment (not including weapons), Technology, Forensic/Evidence, Animals and Animal Equipment, Medical – Specific Category information can be found below each General Category)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | General Category  (Select Category) | Specific Category  (Select Category) | Total Quantity  Purchased | Total JAG Funds Spent |
| 1. |  |  |  | $ |
| 2. |  |  |  | $ |
| 3. |  |  |  | $ |
| 4. |  |  |  | $ |
| 5. |  |  |  | $ |
| Total: |  |  |  | $ |

1. Please describe all of their equipment, supplies, or technology enhancements purchased during the reporting period. You may also use this space to shred any additional details about your equipment purchase you feel are not adequately captured elsewhere in the PMT. Click here to enter text.
2. **Consultants and Contracts**

Please report on all costs associated with a consultant (including travel expenses) as well as any contract for a product or service. This includes cell phone or data service.

1. During the reporting period, did you expend any JAG funds on consultants or contracts?

YES  NO

2. Please describe what consultants and/or contracts were paid for with JAG funds during the reporting period. Please include names, titles, and areas of expertise where applicable. Click here to enter text.

1. **TRAINING**
2. During the reporting period, did you expend any JAG funds on attending, hosting, or developing training?  YES  NO
3. What type of JAG-funded training activities occurred during the reporting period?

Individuals **attended** training/conference hosted by an outside organization. (If checked, complete questions 3-5 below)

Organization **hosted** training/conference (attended by employees from inside and/or outside your organization.

Organization **developed** training course/curriculum.

**Attended Training/Conference:**

1. What type of training was attended? *Check all that apply*

Certification training (training required to obtain a certification)

In-service/annual training (training required to keep certification active or maintain proficiency)

Skill building (training that increases the skill or knowledge of employees in a particular area)

Leadership/management (training for managers or administrators)

Conference

Other (please describe)Click here to enter text.

1. How many hours did the training/conference last? A 1-day course it typically classified as an 8-hour course, and a week-long course is typically classified as a 40-hour course. Click here to enter text.
2. Did you use a standardized evaluation instrument to evaluate your training/conference? A Sample standardized evaluation instrument can be found at

<http://portal.hud.gov/hudportal/documents/huddoc?id=50945.doc>.

YES  NO

**Hosted Training/Conference:**

1. What type of training was hosted? *Check all that apply*

Certification training (training required to obtain a certification)

In-service/annual training (training required to keep certification active or maintain proficiency)

Skill building (training that increases the skill or knowledge of employees in a particular area)

Leadership/management (training for managers or administrators)

Conference

Other (please describe)Click here to enter text.

1. Please provide a short description of the training conference: Click here to enter text.
2. How many hours did the training/conference last? A 1-day course it typically classified as an 8-hour course, and a week-long course is typically classified as a 40-hour course. Click here to enter text.

**Developed and Training Course Curriculum:**

1. What type of training was Developed? *Check all that apply*

Certification training (training required to obtain a certification)

In-service/annual training (training required to keep certification active or maintain proficiency)

Skill building (training that increases the skill or knowledge of employees in a particular area)

Leadership/management (training for managers or administrators)

Conference

Other (please describe) Click here to enter text.

1. Please describe the developing training course/curriculum. Please include the targeted audience, primary sources used in the development of your curriculum, and a brief overview. Click here to enter text.
2. How many hours did the training/conference last? A 1-day course it typically classified as an 8-hour course, and a week-long course is typically classified as a 40-hour course. Click here to enter text.
3. What is the intended mode of delivery for your training course/curriculum? *Check all that apply*

Classroom based (e.g., in-person, face to face)

Web based (e.g., webinar)

Pre-recorded (e.g., training videos)

Self-study (e.g., in-person, face to face)

Other (Please describe) Click here to enter text.

1. Number of individuals that your county **trained** during the reporting period (where grant funding or grant-funded positions were involved)? *This includes training received by individuals within your organization and/or provided by your organization during the reporting period. Trainings could have been held within or outside of your organization. Report the total number of individuals trained, not the number of trainings he or she attended. Only report each individual once for the reporting period.* Click here to enter text.
2. Of those trained how many individuals were from **within** your organization? Click here to enter text.
3. Of those trained how many individuals were from **outside** of your organization? Click here to enter text.
4. Were participants asked to complete an **evaluation** of training during the reporting period?  YES  NO
   1. If yes, how many individuals completed an evaluation? Click here to enter text.
   2. f yes, how many individuals rated training as being satisfactory or better? Click here to enter text.
5. Did you provide a **pre-test and post-test** for training during the reporting period?

YES  NO

1. If yes, how many individuals completed a pre-test and post-test for training? Click here to enter text.
2. If yes, how many individuals completed a post-test with an improved score over the pre-test? Click here to enter text.
3. How many grant-funded **training hours** have been **completed** during the reporting period?

*This includes training completed by individuals within your organization and provided to individuals outside the organization.* Click here to enter text.

1. Of the training hours, how many hours have been completed by individuals **within** your organization? Click here to enter text.
2. Of the training hours, how many hours have been provided to individuals **outside** of the organization? Click here to enter text.
3. **ACCOMPLISHMENTS**

For the **Prevention and Education** Program Purpose Area, please briefly describe any of your program’s accomplishments during the reporting period. *Please include any benefits or changes observed as a result of JAG-funded activities, such as program completion, or changes in attitudes, skills, knowledge, or conditions.* [500-character limit]

Click here to enter text.