

**CRIMINAL JUSTICE COORDINATING COUNCIL
BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT PROGRAM
ACCOUNTABILITY MEASURES**

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The following pages outline the program accountability measures for the Bureau of Justice Assistance (BJA) Justice Assistance Grant (JAG) Program. There are two types of accountability measures that subgrantees are required to report on: performance data and narrative data. Performance data are collected on a quarterly basis. Subgrantees will begin by providing data on the use of JAG funds. Subgrantees with award amounts of \$25,000 or more will then continue to provide more detailed data on their JAG-funded programs and activities. Subgrantees are required to select and report on all accountability measures that pertain to JAG-funded activities. Narrative data are collected from subgrantees semiannually in January and July as well as prior to closeout.

If you have questions about your program, please contact Marla Conkin at marla.conkin@noris.org.

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ACTIVITY AREA DEFINITIONS

The revised JAG Accountability Measures tie your use of JAG funds to specific Activity Areas. Please use the following definitions for each activity area throughout the questionnaire.

Law enforcement: Includes all programs (e.g., crime prevention, intervention), activities, or spending conducted by a law enforcement organization. This includes all task force activity but does not include crime/lab forensics activity/programs.

Crime lab/forensics: Includes all programs, activity, or spending focused on the identification, collection, or processing of forensic evidence; for example, a sexual assault nurse examiner or sexual assault response team, or a sexual assault kit testing initiative or DNA backlog reduction program.

Crime prevention (NOT as part of a law enforcement agency): Includes all programs, activities, or spending for crime or juvenile delinquency prevention conducted through engaging communities, institutions (e.g., schools), or individuals. These include such programs as a rape aggression defense class, an alcohol/drug awareness class for students, or a bullying-prevention program.

Prosecution: Includes all programs, activities, or spending related to the prosecution of criminal defendants.

Public defense: Includes all programs, activities, or spending for the defense of individuals.

Courts: Includes all programs, activities, or spending for courts. This includes drug courts and other specialty courts.

Corrections: Includes all programs, activities, or spending by a residential correctional agency such as a jail or prison. This includes corrections programs focused on reentry services for inmates.

Community corrections: Includes all programs, activities, or spending by a community corrections agency. This includes community corrections programs focused on reentry.

Reentry services (NOT as part of a corrections, community corrections, or court program): Includes all programs, activities, or spending for reentry. This includes reentry programs run by private, nonprofit, or other non-correctional government organizations.

Behavioral health (NOT as part of a corrections, community corrections, or court program): Includes all programs, activities, or spending for mental health, substance abuse, or co-occurring treatment that are run by private, nonprofit, or other non-correctional government organizations.

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Assessment and evaluation: Includes all programs, activities, or spending for the assessment or evaluation of programs, policies, practices, or technology. This also includes strategic planning activities. For example, this could be the development of a strategic plan, an evaluation of a drug treatment service, or the cost-benefit analysis of adopting body-worn cameras.

Crime victim/witness services: Includes all programs, activities, or spending focused on assisting crime victims, families, or witnesses. For example, this could be a 24-hour domestic violence hotline, an emergency shelter, or food distribution services for displaced victims.

Other: Includes all uses of JAG funding not captured in any other activity area.

GENERAL INFORMATION MODULE

The General Information Module collects information on your award status and organization in general. It should be completed by all grantees and subgrantees for each reporting period the award is active.

1. Have you completed all project activities and expended all funds during the reporting period?
 - A. ☐ Yes; a final report will be created closing out the PMT reporting requirements after this report is complete.
 - B. ☐ No; please continue.

2. Was there **grant activity** during the reporting period? *There is grant activity when the grantee has obligated, expended, or drawn down grant funds to implement objectives proposed in the CJCC/BJA-approved grant application. If you select "Yes", the program becomes Operational and should remain so until the grant closes out.*
 - A. ☐ Yes
 - B. ☐ No; please select from the following responses:

(Table is on the next page)

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| Reason(s) for no grant activity during the reporting period | | Select all that apply |
|---|--|--------------------------|
| In procurement | | <input type="checkbox"/> |
| Project or budget not approved by agency, county, city, or state governing agency | | <input type="checkbox"/> |
| Seeking subcontractors (Request for Proposal stage only) | | <input type="checkbox"/> |
| Waiting to hire project manager, additional staff, or coordinating staff | | <input type="checkbox"/> |
| Paying for the program using prior federal funds | | <input type="checkbox"/> |
| Administrative hold (e.g., court case pending) | | <input type="checkbox"/> |
| Still seeking budget approval | | <input type="checkbox"/> |
| Waiting for partners or collaborators | | <input type="checkbox"/> |
| Other | | <input type="checkbox"/> |
| If Other, please explain | | |
| | | |

3. What type of agency is this report for? *Please check the response that best matches your organization type.*

- A. ☐ Law enforcement agency/law enforcement task force (sheriff, police department, highway patrol, university police, etc.)
- B. ☐ Crime laboratory/forensics agency
- C. ☐ Correctional agency

- D. ☐ Community corrections agency (probation, parole, or other community supervision agency)
- E. ☐ Prosecutor's office
- F. ☐ Public defender's office
- G. ☐ Court (general or specialty court)
- H. ☐ Local government (mayor's office, city council, etc.)
- I. ☐ State government (SAA or other state agency)
- J. ☐ College or university
- K. ☐ Nonprofit or for-profit organization
- L. ☐ Tribal government
- M. ☐ Other (**please describe**) _____

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4. To the best of your knowledge, which of the following resources has your organization accessed during the reporting period, regardless of JAG funding? *Check all that apply.*
- A. ☐ Crimesolutions.gov provides information on several crime reduction and prevention programs and practices.
 - B. ☐ [BJA NTTAC](http://BJA.NTTAC) (National Training and Technical Assistance Center) serves as BJA's training and technical assistance (TTA) center. You can find resources, tools, webinars, and TTA support on a variety of criminal justice issues and initiatives.
 - C. ☐ NCJP.org contains resources to support strategic planning, program development, and implementations of evidence-based policy and practice.
 - D. ☐ [Evidence-Based Policing Matrix](#) provides information on evidence-based practices for law enforcement.
 - E. ☐ [What Works in Reentry Clearinghouse](#) provides research on the effectiveness of reentry programs and practices.
 - F. ☐ [Research to Practice](#) promotes the dissemination of research on drug courts to practitioners and policymakers.
 - G. ☐ My organization did not access any of the above resources during the reporting period.
 - H. ☐ Other (please specify) _____

Community Activity Questions

The following questions ask about your agency activities in general, regardless of JAG funding.

5. During the reporting period, has your agency conducted or sponsored a systematic survey of citizens on any of the following topics? *Check all that apply.*
- A. ☐ Public satisfaction with police services
 - B. ☐ Public satisfaction with prosecution services
 - C. ☐ Public satisfaction with public defender/indigent defense services
 - D. ☐ Public satisfaction with courts
 - E. ☐ Public perceptions of crime/disorder problems
 - F. ☐ Personal crime experiences of citizens
 - G. ☐ None of the above surveys were conducted/sponsored on these topics
 - H. ☐ Unsure/don't know

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6. How often was your organization involved in the following community activities during the reporting period?

| | Not Applicable | Do Not Know | Daily | Weekly | Monthly | Quarterly |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Hosted community meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attended community meetings, advisory boards, or roundtables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Distributed a newsletter, e-mail, or other bulletin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attended community events (e.g., national night out, block parties, festivals) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conducted social media activities (e.g., Facebook, Twitter) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conducted outreach to minority populations (e.g., racial, ethnic, religious, LGBTQI) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Other, please describe | | | | | | |

Law Enforcement Agencies ONLY-Please complete the following three questions regardless of JAG funding.

7. In the last year, which of the following activities or programs did your agency use to foster community involvement? *Check all that apply.*

- A. ☐ Citizen review board/other review board with citizen representation
- B. ☐ Citizen's police academy
- C. ☐ Internships for university or high school students
- D. ☐ Volunteer programs
- E. ☐ Auxiliary police officer program
- F. ☐ Police cadet program
- G. ☐ K-12 school programs
- H. ☐ Youth programs
- I. ☐ None of the above
- J. ☐ Unsure/don't know
- K. ☐ Other (**please describe**) _____

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The following two questions should be answered during the first reporting period and need only be answered this one time for this award. Once answered, you will not be asked to respond to these questions again for this award.

8. For each of the following training topics, please indicate if the training has been offered or required for officers or recruits in your agency in the past calendar year. If offered/required, please indicate the mode of delivery, frequency, and mode of documentation. *Training documentation should reflect the official record of training attendance. In all cases, please choose the option that best fits.*

| Training topic | Training offered | Mode of delivery | Training frequency | Training documentation |
|---|------------------|------------------|--------------------|------------------------|
| Use of force | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| De-escalation of conflict | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Racial and ethnic bias | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Gender bias | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Bias toward lesbian, gay, bisexual, and/or transgendered (LGBT) individuals | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Community engagement (e.g., community policing and problem solving) | Choose an item. | Choose an item. | Choose an item. | Choose an item. |

9. For each of the following training topics, for the last calendar year, please indicate the number of officers/recruits who attended the training and the length of the course in hours. **Count each officer/recruit only once per training topic**, regardless of how many times he/she attended the training.

| Training topic | Number of officers trained | Length of course (hours) |
|---|----------------------------|--------------------------|
| Use of force | | |
| De-escalation of conflict | | |
| Racial and ethnic bias | | |
| Gender bias | | |
| Bias toward lesbian, gay, bisexual, and/or transgendered (LGBT) individuals | | |
| Community engagement (e.g., community policing and problem solving) | | |

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FUNDING MODULE

All grantees and subgrantees must provide the amount of JAG funds allocated in each of the following categories for the life of the award. **Grantees that subaward JAG funds: Please only report on the funds used by your organization.** Subawarded funds should be reported under the subaward in the PMT.

1. Please enter the dollar amount of JAG funds **allocated** to each category below. All values should be rounded to the nearest dollar. Do not enter decimal points. *Allocations can be updated as needed and should represent the entire life of the award. Please refer to the definitions on page 2 of this questionnaire when completing the allocations table. Funding used for programs or task forces must be split into their constituent parts (personnel, equipment, etc.). It is not sufficient to report all program or task force funds in the "Other" category.*

| Activity area | Personnel ¹ | Equipment, supplies, and technology ² | Consultants and contracts ³ | Training and conferences ⁴ | Other ⁵ |
|--|------------------------|--|--|---------------------------------------|--------------------|
| Law enforcement | | | | | |
| Crime lab/forensics | | | | | |
| Crime prevention | | | | | |
| Prosecution | | | | | |
| Public defense | | | | | |
| Courts | | | | | |
| Corrections | | | | | |
| Community corrections | | | | | |
| Reentry services | | | | | |
| Behavioral health | | | | | |
| Assessment and evaluation | | | | | |
| Crime victim/witness services | | | | | |
| Other | | | | | |
| Administrative set-aside <i>Direct grantees only, up to 10% of award amount</i> | | | | | |
| Total allocations | | | | | |

¹ **Personnel** includes any overtime or salary expenditures paid for with JAG funds.

² **Equipment, supplies, and technology** includes all items that are paid for with JAG funds.

³ **Consultants and contracts** includes all fees associated with a consultant (including travel expenses) as well as any contract for a product or service.

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⁴ **Training and conferences** includes costs associated with hosting, developing, or attending a training or conference, such as travel, lodging, or registration. Personnel salary or pay for individuals attending training should be reported under the Personnel section.

⁵ **Other** includes administrative costs, approved construction costs, and miscellaneous expenses such as indirect costs or investigative/confidential funds.

Personnel

Please report on all costs for overtime or salary expenditures paid for with JAG funds.

2. During the reporting period, did you expend any JAG funds on personnel overtime, salary, or pay?
- A. ☐ Yes
- B. ☐ No; (skip to next section, "Equipment, Supplies, and Technology Enhancements")
3. What has personnel funding been used for during the reporting period? *Check all that apply.*
- A. ☐ Overtime hours (answer Question 4)
- B. ☐ Personnel salary/pay, includes fringe benefits (answer Questions 5 and 6)
4. 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 |
|-------------------------------|--------------------------|
| Law enforcement | |
| Crime lab/forensics | |
| Crime prevention | |
| Prosecution | |
| Public defense | |
| Courts | |
| Corrections | |
| Community corrections | |
| Reentry services | |
| Behavioral health | |
| Assessment and evaluation | |
| Crime victim/witness services | |
| Other | |

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5. How many personnel had salary or pay funded, at least partially, with JAG funds during the reporting period in each of the following activity areas? *Please count each person once, regardless of the amount of JAG funds used toward salary or pay.*

| Activity area | Number of personnel |
|-------------------------------|---------------------|
| Law enforcement | |
| Crime lab/forensics | |
| Crime prevention | |
| Prosecution | |
| Public defense | |
| Courts | |
| Corrections | |
| Community corrections | |
| Reentry services | |
| Behavioral health | |
| Assessment and evaluation | |
| Crime victim/witness services | |
| Other | |

6. How many new **positions** were created with JAG funds during the reporting period? *Please only report each newly created position once during the reporting period, in which the position was classified. If no position was created this reporting period or if the position was reported during a previous reporting period, please enter "0".*

A. Enter number _____

Equipment, Supplies, and Technology Enhancements

Please report on all costs for equipment, supplies, and technology improvements. Include all software, installation, maintenance, service, and warranties included or purchased with the item.

7. During the reporting period, did you expend any JAG funds on equipment, supplies, or technology enhancements?
- A. ☐ Yes
- B. ☐ No **(skip to next section, "Consultants and Contracts")**
8. Please complete the table below indicating the number and total JAG funds spent (in whole dollars) on items purchased in each BJA-defined category. **Individual line-item reports are not needed.** Please aggregate purchases to the BJA-defined categories listed below. If an item is not listed below, please report it in Question 9 (e.g., office supplies). *All amounts should be rounded to the nearest dollar.*

(Table is on the next page)

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| | General category | Specific category | Total quantity purchased | Total JAG funds spent |
|-----|--|-------------------------------|--------------------------|----------------------------|
| | <i>EXAMPLE</i> Vehicles and accessories | <i>EXAMPLE</i> Patrol cars | <i>EXAMPLE</i> 2 | <i>EXAMPLE</i> \$60,000 |
| 1. | Controlled items | | | \$ |
| 2. | Camera/surveillance equipment | | | \$ |
| 3. | Computer equipment | | | \$ |
| 4. | Vehicles and accessories | | | \$ |
| 5. | Weapons | | | \$ |
| 6. | Duty equipment | | | \$ |
| 7. | Technology | | | \$ |
| 8. | Forensics/evidence | | | \$ |
| 9. | Canines and equipment | | | \$ |
| 10. | Medical | | | \$ |
| | | | | Total \$ |

9. Please describe all other equipment, supplies, or technology enhancements purchased during the reporting period. *You may also use this space to share any additional details about your equipment purchase you feel are not adequately captured elsewhere in the PMT.*

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

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

- A. ☐ Yes
B. ☐ No (skip to next section, "Training")

11. 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.

Training

All job-related training should be reported in this section, including training hosted or developed. Educational programs for the general public should NOT be reported in this section (e.g., crime prevention). For grantees and subgrantees with awards of \$25,000 or more, educational programs will be captured in the next sections. **Please fill out these questions for each unique training that occurred during the reporting period.**

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12. During the reporting period, did you expend any JAG funds on attending, hosting, or developing training?

- A. ☐ Yes
- B. ☐ No

13. What type of JAG-funded training activities occurred during the reporting period?

Check all that apply, and complete each applicable sections.

- A. ☐ Individuals **attended** training/conference hosted by an outside organization **(Questions 14-17)**
- B. ☐ Organization **hosted** training/conference (attended by employees from inside and/or outside your organization) **(Questions 18-23)**
- C. ☐ Organization **developed** training course/curriculum **(Questions 24-27)**

Attended Training/Conference

For each training attended by your organization's employees during the reporting period that was paid for in full or in part with JAG funds, please answer the following questions. Repeat these questions as necessary to cover all trainings or conferences attended.

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

- A. ☐ Certification training (training required to obtain a certification)
- B. ☐ In-service/annual training (training required to keep certification active or maintain proficiency)
- C. ☐ Skill building (training that increases the skill or knowledge of employees in a particular area)
- D. ☐ Leadership/management (training for managers or administrators)
- E. ☐ Conference
- F. ☐ Other **(please describe)**

15. Please provide a short description of the training/conference:

16. How many hours did the training course last? *A 1-day course is typically classified as an 8-hour course, and a week-long course is typically classified as a 40-hour course.*

- A. _____ hours

17. How many individuals were paid for with JAG funding to attend this training?

- A. Enter number _____

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Hosted Training/Conference

For each training/conference your organization hosted *during* the reporting period that was paid for in full or in part with JAG funds, please answer the following questions.

18. What type of training/conference was hosted? *Check all that apply.*

- A. ☐ Certification training (training required to obtain a certification)
- B. ☐ In-service/annual training (training required to keep certification active or maintain proficiency)
- C. ☐ Skill building (training that increases the skill or knowledge of employees in a particular area)
- D. ☐ Leadership/management (training for managers or administrators)
- E. ☐ Conference
- F. ☐ Other (**please describe**) _____

19. Please provide a short description of the training/conference:

20. How many employees from within your organization attended this training/conference?

A. Enter number _____

21. How many individuals from outside your organization attended this training/conference?

A. Enter number _____

22. How many hours did the training/conference last? *A 1-day course is typically classified as an 8-hour course, and a week-long course is typically classified as a 40-hour course.*

A. _____ Hours

23. Do 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>.*

- A. ☐ Yes
- B. ☐ No

Other

Please report on all costs related to "Other", including administrative costs, approved construction costs, and miscellaneous expenses such as indirect costs or investigative/confidential funds.

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24. During the reporting period, did you expend any JAG funds for other reasons not explained elsewhere in this section?

- A. ☐ Yes
B. ☐ No (if No, skip next question)

25. Please describe any other use of JAG funds during the reporting period.

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APPENDIX: EQUIPMENT AND SUPPLIES LIST

Please use the list below when selecting categories for equipment and supply purchases. Numbered categories represent the General category, and the lettered categories represent the Specific category. For example, a purchase of a police patrol car would be entered as General category: Vehicles and accessories, and Specific category: Patrol cars.

This list contains three types of equipment and supplies. **Controlled** items, identified in General category 1, are controlled under Executive Order 13688 and require a specific waiver before purchase. Items marked **Waiver required** in other sections are not controlled by the federal government but still require a waiver under the JAG program provisions. All other listed items can be purchased without requesting a waiver.

Note: Some items are prohibited from purchase with federal funds by Executive Order 13688. This includes tracked armored vehicles; weaponized aircraft, vessels, or vehicles; any firearms or ammunition of .50 caliber or higher; grenade launchers; bayonets; and camouflage uniforms. If you have any questions about whether your equipment is prohibited, controlled, or requires a waiver, please contact your State Administering Agency or State Policy Advisor at BJA.

1. Controlled Items

- A. Manned aircraft, fixed wing (*airplanes*) (Controlled)
- B. Manned aircraft, rotary wing (*helicopters*) (Controlled)
- C. Unmanned aerial vehicles (*drones*) (Controlled)
- D. Armored vehicles, wheeled (*Lenco Bearcat or similar*) (Controlled)
- E. Tactical vehicles, wheeled (*humvee, transport, or similar vehicles*) (Controlled)
- F. Command and control vehicles (*incident response vehicles, mobile headquarters, etc.*) (Controlled)
- G. Nonservice-issued firearms (*any specialized firearm, including launchers for less-lethal projectiles*) (Controlled)
- H. Nonservice-issued ammunition (*any ammunition for the above*) (Controlled)
- I. Explosives and pyrotechnics (*flash bangs, explosive breaching tools*) (Controlled)
- J. Breaching apparatus (*includes mechanical [battering ram connected to vehicle or propellant], ballistic [slug], and propellant devices*) (Controlled)
- K. Riot/crowd control batons and shields (Controlled)

2. Camera/Surveillance Equipment

- A. In-car cameras
- B. On-person/body-worn cameras
- C. Surveillance equipment
- D. Undercover surveillance equipment

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3. Computer Equipment

- A. Mobile data terminal
- B. Other computers (*desktop, laptop, server, etc.*)
- C. Tablet/portable device/smart phone
- D. Wireless access equipment (*aircards*)
- E. Records management/database software

4. Vehicles and Accessories

- A. Patrol cars
- B. Personal transport vehicles (*Segway[®], golf cart*) **(Waiver required¹)**
- C. Nonpatrol vehicles **(Waiver required)**
- D. License-plate readers
- E. Automatic vehicle locator
- F. Bicycles and related equipment
- G. Patrol boats
- H. Nonpatrol boats/vessels **(Waiver required)**

5. Weapons

- A. Less-lethal weapons (*batons, oleoresin capsicum sprays, conductive energy devices, CS gas, and all other weapons designed to control individuals through less than lethal means*)
- B. Patrol handguns (*must be under .50 caliber*)
- C. Patrol long guns (rifles and shotguns) (*must be under .50 caliber*)
- D. Duty-use ammunition: enter number of boxes purchased, not number of rounds purchased (*must be under .50 caliber*)
- E. Training/simulated weapons

6. Duty Equipment (not including weapons)

- A. Soft body armor²
- B. Clothing/uniforms (*can be woodland patterned, desert patterned, or a solid color*)
- C. Duty belts and non-weapon duty equipment (*flashlights, handcuffs, etc.*)
- D. Portable radio equipment and accessories

¹ Personal transport vehicles only require a waiver if they are licensed or registered in your jurisdiction.

² Only includes body armor issued for daily use as part of an officer's service gear. Typically a soft Kevlar armor is rated as type II or IIIA by NIJ. Other types of body armor (SWAT, hard armors) are federally controlled and must be reported as such.

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7. Technology

- A. Breath-testing equipment
- B. Dispatch equipment (*consoles, 911 phone systems*)
- C. Electronic ticketing equipment
- D. Offender tracking systems (*GPS, electronic monitoring*)
- E. Speed detection equipment (*radar/LIDAR units*)
- F. Training simulators (*firearms, driving*)
- G. Cell site simulators/IMSI catchers (*StingRay®, HailStorm®, etc.*)
- H. Acoustic gunshot detection system (*ShotSpotter®*)

8. Forensics/Evidence

- A. Forensic lab equipment (*cyanoacrylate fuming chamber, mass spectrometer, etc.*): **DOES NOT INCLUDE FORENSIC SUPPLIES**
- B. Forensic supplies (*includes all consumable forensic supplies such as bags, brushes, powders, etc.*)
- C. Sexual assault kits/physical evidence recovery kits
- D. Digital recreation and measurement systems (*3D-modeling software, point cloud mapping systems, etc.*)

9. Canines and Equipment

- A. Canines
- B. Canine equipment and supplies

10. Medical

- A. Emergency medical services supplies
- B. Pharmaceuticals for treating overdose or addiction (*naloxone, Narcan®, naltrexone, buprenorphine, methadone, etc.*)
- C. Medical (*first-aid kits, defibrillators*)

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PROGRAM SELECTION MODULE

All subgrantees: Please answer the following questions for each JAG-funded program or task force.

1. Please enter the program name. *The name is simply an identifier to help you distinguish between programs in the PMT.*

A. Name _____

2. Please enter the project period. *The project period includes the program's start and end dates. If it is an ongoing program with no defined start or end date, please check "This is an ongoing program".*

A. Start date _____

B. End date _____

C. ☐ This is an ongoing program

3. Please enter the amount of funding allocated to this program. *The allocated amount must be less than or equal to your grant amount. If you are unsure of the exact amount, please estimate the funding amount.*

A. Allocated amount \$ _____

4. Please select the program area below that best fits this program. *Please refer to the definitions on page 2 of the JAG General Information questionnaire for a detailed description of each area.*

- A. ☐ Law enforcement
- B. ☐ Crime lab/forensics
- C. ☐ Crime prevention
- D. ☐ Prosecution
- E. ☐ Public defense
- F. ☐ Courts
- G. ☐ Corrections
- H. ☐ Community corrections
- I. ☐ Reentry
- J. ☐ Behavioral health
- K. ☐ Assessment and evaluation
- L. ☐ Crime victim/witness services

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VICTIM/WITNESS SERVICES MODULE

This module asks questions of subgrantees that use JAG funding to provide services to crime victims and/or witnesses. This includes any programs by law enforcement, legal, medical, counseling, advocacy, or educational organizations that serve the victims of or witnesses to crime.

1. Please complete the following table with the percentage of your program's funding that comes from each funding source. Estimate the percentages, rounded to the nearest whole number, based on your program's budget for the fiscal year. *"This JAG award" refers to the award you are currently reporting on. If your program is fully funded by this JAG award, please enter "100" for "This JAG award." You must enter a value between 0 and 100 for each cell and both must total 100. This information will be used to automatically prorate your JAG-funded program output data. Please note: a separate report is also required for other JAG awards funding this program.*

Calculation: To calculate the amount for "This JAG award," take the amount of this JAG award's funding going toward the program and divide it by the total amount of funding for the program. For example, if your program has a budget of \$50,000 for the year and \$15,000 of that comes from this JAG award, "This JAG award" equals 15,000/50,000, or 30 percent.

To calculate the amount for "All other sources," divide the remaining funds by the total budget. In the above example, this would be 35,000/50,000, or 70 percent.

| Funding source | Percent of overall program funding |
|-------------------|------------------------------------|
| This JAG award | 75% |
| All other sources | 25% |
| Total | 100% |

2. What is the name of this program/service?

A. Name: _____

3. What was the initiation year of this program/service, regardless of when it received JAG funding?

A. Year: _____

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4. Are you or a partner conducting an evaluation of this program/service?

- A. ☐ Yes. If Yes, please summarize the following for the reporting period: purpose of the evaluation, status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable.

- B. ☐ No

5. Did the program/service receive any assistance from a BJA-funded training and technical assistance (TTA) provider during the reporting period? A list of TTA providers can be found at <https://www.bjatrain.org>. Report additional TTA contacts in the "Project Progress" module.

- A. ☐ Yes. If Yes, please provide the name of the TTA provider Jeanne Geiger Crisis Center

If yes, how satisfied were you with the services provided?

Choices: ☐ Very satisfied, ☐ Satisfied, ☐ Neutral, ☐ Dissatisfied, ☐ Very dissatisfied

- B. ☐ No

6. How many employees did your office have on staff as of the last day of the reporting period? *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*

- A. Total staff _____

- B. Of total, number of JAG-funded staff _____

7. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?

- A. ☐ Yes

- B. ☐ No (if No, skip next question)

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8. How would you rate the following partners based on this statement: "This partner is actively involved in the program." Please rate your partners on a scale of 1-5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.

[illegible]

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9. Please describe the group of victims/witnesses the program serves, regardless of JAG funding (e.g., juveniles, adults, domestic violence, victims of violent crime, and all victims).

10. Does your office focus on providing services to any of the following undeserved groups, regardless of JAG funding? *Select all that apply.*

- A. ☐ Non-English or limited English-proficient victims/witnesses
- B. ☐ Ethnic/religious minority victims/witnesses
- C. ☐ Youth exposed to violence victims/witnesses
- D. ☐ LGBTQI victims/witnesses
- E. ☐ Victims/witnesses with mobility or cognitive disabilities
- F. ☐ Deaf and hard-of-hearing victims/witnesses
- G. ☐ Homeless victims/witnesses
- H. ☐ Runaway youth victims/witnesses
- I. ☐ Victims/witnesses of financial fraud/identity theft
- J. ☐ Victims/witnesses of hate crimes
- K. ☐ Victims/witnesses of tribal lands
- L. ☐ Victims/witnesses of human trafficking
- M. ☐ Victims/witnesses of mass violence or disasters
- N. ☐ Victims/witnesses of cybercrime (e.g., bullying, stalking, but excluding financial fraud/identity theft)
- O. ☐ Victims/witnesses in remote or not easily accessible geographic locations
- P. ☐ None of the above
- Q. ☐ Other (**please describe**)

11. How often did you provide each of the following services during the reporting period, regardless of JAG funding?

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| | Not applicable | Do Not Know | Daily | Weekly | Monthly | Quarterly |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Assistance in obtaining restitution | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Counseling (either group or one-on-one) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trauma-informed care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crisis intervention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency shelter/food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional/moral support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial/in-kind support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employment services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housing/shelter advocacy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance claim assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Legal assistance/case support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Witness protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Victim-offender dialogue meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Administration of a victim-assessment tool | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Public outreach (e.g., billboards, newsletters, social media, brochures) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Other, please explain | | | | | | |

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12. How often did your program/service conduct the following activities during the reporting period?

| | Not applicable | Do Not Know | Daily | Weekly | Monthly | Quarterly |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Tracked activity, progress, or performance using a database or spreadsheet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conducted analysis to better understand a problem or program progress or to inform decision-making in regard to your program/service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If other, please explain | | | | | | |

13. For the following metrics tracked at least quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "N/A / Not tracked quarterly."*

| | N/A / Not tracked quarterly | Decreased | Stayed the same | Increased |
|---|-----------------------------|--------------------------|--------------------------|--------------------------|
| Violent crime | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Targeted Crime (e.g., drug crime, prostitution, violent crimes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recurring victimization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Number of participants who received direct services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Client satisfaction with services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other metric | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Other, please explain | | | | |

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14. Do you use JAG funds to pay for a forensic examiner? (e.g., sexual assault nurse examiner)

- A. ☐ Yes. If yes, how many people received a forensic examination as part of your program during the reporting period? _____
- B. ☐ No

15. Please fill out the following table with the number of people who requested and/or received victim/witness services during the reporting period, regardless of JAG funding.

| Item | Number | Prorate total |
|---|--------|---------------|
| Number of people who requested services from your office during the reporting period | | 0 |
| Number of people who were provided services by your office during the reporting period | | 0 |
| Number of people who received referrals to other programs/organizations for additional services during the reporting period | | 0 |

Program Note:

**If you have another victim/witness service/program,
please repeat these measures for that service/program.**

THIS COMPLETES THE VICTIM/WITNESS SERVICES MODULE

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PROJECT PROGRESS MODULE

This module should be completed in January and July and at grant closeout by all subgrantees based on the previous or next 6 months. For subgrantees using funds for equipment purchases only, goals can generally describe the funding use; for example, "Purchase 50 body-worn cameras for officers." For subgrantees funding a program, goals should include your program's desired outcomes; for example, "Provide services to more than 100 program participants."

Please answer the following four questions for each program goal or funding use related to your JAG award.

1. Please identify the program goals or planned funding use for your JAG award. If you have multiple program goals or funding uses, please report on each separately (one at a time) by repeating questions 1-4 for each goal/funding use.
2. What is the current status of this goal/funding use?
 - A. ☐ Not yet started
 - B. ☐ In progress
 - C. ☐ Delayed
 - D. ☐ Completed
 - E. ☐ No longer applicable
3. During the past 6 months, please describe any progress you made or barriers you encountered related to this goal/funding use.
4. In the next 6 months, what major activities are planned for this goal/funding use?

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1a. Please identify the program goals or planned funding use for your JAG award. If you have multiple program goals or funding uses, please report on each separately (one at a time) by repeating questions 1-4 for each goal/funding use.

2a. What is the current status of this goal/funding use?

- F. ☐ Not yet started
- G. ☐ In progress
- H. ☐ Delayed
- I. ☐ Completed
- J. ☐ No longer applicable

3a. During the past 6 months, please describe any progress you made or barriers you encountered related to this goal/funding use.

4a. In the next 6 months, what major activities are planned for this goal/funding use?

Please answer the following two questions based on your overall activity during the previous 6 months.

5. Did you receive or do you desire any assistance from BJA or a BJA-funded technical assistance provider? *A list of technical assistance providers can be found at <https://www.bjatrainig.org/>. Select all that apply.*

- A. ☐ Yes, we received assistance **(please describe)**
- B. ☐ Yes, we would like assistance or additional assistance **(please describe)**
- C. ☐ No

6. BJA likes to showcase grantees that are working on successful, innovative, and/or evidence-based programs. Do you have any noteworthy accomplishments, success stories, or program results from this reporting period that you would like to showcase?

- A. ☐ Yes (please share your story at: <https://www.bja.gov/SuccessStoryList.aspx>)
- B. ☐ No

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THIS COMPLETES THE PROJECT PROGRESS MODULE