

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

The following pages outline the program performance measures for the Bureau of Justice Assistance (BJA) Justice Assistance Grant (JAG) Program. The performance measures are based on the goals and objectives of the program shown by purpose area and activity type.

There are two types of performance measures: quantitative (numeric) and qualitative (narrative). Every 3 months you will enter data online in the Performance Measurement Tool (PMT), to report on your activities for that quarter. This is the quantitative data. Begin by selecting the purpose area that best describes the purpose or program area of your organization. Then select all activity types for that purpose area for which grant funds will be used. For example, let's say your purpose is law enforcement and in your BJA-approved grant application you proposed to create new positions, maintain positions, and purchase equipment. In this case, you would first select the purpose area Law Enforcement, and then the activity types Personnel and Equipment/Supplies.

You are required to select and report on all performance measures that pertain to BJA JAG-funded activities. If you carry out an activity but do not have data to report for the reporting period, zero (0) is an acceptable value to report.

**For BJA GRANTEEES Only:** Every 12 months you will be asked to complete the qualitative (narrative) questions based on your activity over the past four reporting periods (October 1–September 30). During the July–September reporting period of each calendar year, you are responsible for creating the *GMS Report* from the PMT that you upload into the Grants Management System (GMS). During the nonsubmission periods, you are encouraged to create this report for your records. **Subrecipients will not report narrative information in the PMT.**

If you have questions about your program, please contact your State Policy Advisor (SPA) at <https://www.bja.gov/About/Contacts/ProgramsOffice.html>.

If you have any questions about performance measures or the PMT, please call the BJA Performance Tools Help Desk at 1-888-252-6867, or send an e-mail to [BJAPMT@csrincorporated.com](mailto:BJAPMT@csrincorporated.com).

**NOTE: Data collection on these measures will take effect with grant activities that begin April 1–June 30, 2012. Specifically, data entry and reporting in the PMT will begin on July 1, 2012. Subsequent data entry will occur quarterly, with a 30-day submission period following the close of the reporting period.**

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

**GENERAL AWARD INFORMATION**

1. Was there **grant activity** during the reporting period? *Grant activity is defined as proposed activities in the BJA-approved grant application that are implemented or executed.*
  - A. Yes / No
  - B. If no, please explain \_\_\_\_\_
  
2. What is the **implementing organization** type? *Check all that apply.*
  - A. \_\_\_\_ Nonprofit Organization
  - B. \_\_\_\_ Tribal Government
  - C. \_\_\_\_ State Agency
  - D. \_\_\_\_ Unit of Local Government
  - E. \_\_\_\_ Fiscal Agent
  - F. \_\_\_\_ College or University
  
3. Is the implementing organization **community based**? *BJA defines community-based programs as neighborhoods or organizations that are representative of communities or significant segments of communities. A community-based organization can also be faith based.*
  - A. Yes / No
  
4. Please select all relevant purpose areas. *Check all that apply.*
  - A. \_\_\_\_ Law Enforcement
  - B. \_\_\_\_ Prosecution, Court, Defense and Indigent Defense
  - C. \_\_\_\_ Prevention and Education
  - D. \_\_\_\_ Corrections and Community Corrections
  - E. \_\_\_\_ Drug Treatment and Enforcement
  - F. \_\_\_\_ Planning, Evaluation, and Technology Improvement
  - G. \_\_\_\_ Crime Victim and Witness Protection
  
5. Are you a subrecipient of a JAG award from another JAG grantee? *A Grantee can be a primary recipient of a JAG award from BJA and a subrecipient of a JAG award from another JAG award primary recipient.*
  - A. Yes / No
  - B. If yes, enter grantee organization or agency name: \_\_\_\_\_
  
6. Are you using the crimesolutions.gov Website?

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

A. Yes / No

**1. LAW ENFORCEMENT**

The Law Enforcement purpose area includes activities conducted by law enforcement organizations. These activities may include prevention, intervention, apprehension, and detention activities.

Please indicate which of the following areas you have information to report on. *Check all that apply. Grantees and subrecipients are required to report accomplishments during the reporting period.*

- 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.*
- Task Forces: includes targeted or organized law enforcement initiatives and activities conducted by a specially trained unit or group to achieve a specific purpose. This includes activities conducted by any type of task force, targeted or organized law enforcement initiatives such as anti-gang, drug, AMBER alert, or anti-human trafficking.*
- Seizures: includes activities conducted by law enforcement such as confiscation of items related to task force activity. Seizures can include cash, guns, vehicles, gangs and drugs.*
- Accomplishments: includes any accomplishments during the reporting period.*

**A. Programs**

7. How much **JAG funding** has been allocated for implementing **law enforcement programs**? Please report in dollars (\$). \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

8. 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. An example of a program may be when a law enforcement officer gives anti-drug talks to students monthly at community schools.* \_\_\_\_\_
9. Please briefly describe the **law enforcement programs** that you have implemented, expanded or sustained during the reporting period. *Include a brief explanation of what the program's purpose and goal are, how the program is being implemented and by whom.* \_\_\_\_\_
10. What **types of programs** did you implement, expand or sustain during the reporting period? *Examples include enforcement programs. Check all that apply.*
- A. Alcohol/Tobacco Enforcement
  - B. Broken Windows
  - C. Child Abuse Investigation
  - D. Community Policing
  - E. Crime Prevention
  - F. Domestic Violence Enforcement
  - G. Drug Prevention
  - H. Equipment
  - I. Evidence-based Policing
  - J. Gang Abatement
  - K. Gang Enforcement
  - L. Gang Resistance
  - M. Impact Teams
  - N. School Resource Officer and Crisis Intervention Training
  - O. Sexual Offender/Predator Tracking
  - P. Traffic Enforcement
  - Q. Other
  - R. If other, please specify: \_\_\_\_\_
11. Who is the **target population** for the programs you implemented, expanded or sustained during the reporting period? *Example: If this is a general population program, is it focused on teens, or is it a faith-based group?* \_\_\_\_\_
12. What **types of events** have been held during the reporting period? *Check all that apply. Examples include safe street operations, CeaseFire campaign, crime publicity campaigns, bulletins about top-10 criminals, gun buybacks, and call-ins.*
- A. Community Outreach Events
  - B. Educational Events
  - C. Media Campaign (television, radio, billboards, pamphlets, posters)

**BUREAU OF JUSTICE ASSISTANCE  
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM  
PERFORMANCE MEASURES**

D. Other

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

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

**B. Personnel**

13. How much **JAG funding** has been allocated for **personnel**? *Please report in dollars (\$).*  
\_\_\_\_\_
14. How many **personnel** have you **maintained** with JAG funds during the reporting period? *Maintained personnel means any staff members who were already working with the law enforcement organization, but who are now being paid partially or fully with BJA JAG grant funds. Only report each individual as maintained once for the life of the award.* \_\_\_\_\_
15. How many **new personnel** were **hired** with JAG funds during the reporting period? *Hired personnel means any new individuals who did not work for the organization, but who were selected for employment during the reporting period. Only report each new hire once for the life of the award.* \_\_\_\_\_
16. What **types of positions** were filled for **new personnel hired** during the reporting period? *Check all that apply.*
- A. Administrative Staff
  - B. Civilian Personnel
  - C. Correctional Officers and Jailers
  - D. Counselors
  - E. Court Staff
  - F. Crime Analyst
  - G. Evaluator
  - H. Law Enforcement Officers
  - I. Legal Staff (defense attorneys, prosecutors, indigent defense)
  - J. Medical/Clinical Staff
  - K. Non-sworn Law Enforcement Personnel
  - L. Program Managers
  - M. Trainers and Technical Assistance Specialist
  - N. Other
  - O. If other, please specify: \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

17. How many **overtime hours** were paid for with JAG funds during the reporting period? *Overtime hours are those that non-exempt employees work beyond normal working hours (usually 40) during a workweek.* \_\_\_\_\_
18. What **types of positions were** supported with **overtime hours** using JAG funds during the reporting period? *Check all that apply.*
- A. Administrative Staff
  - B. Civilian Personnel
  - C. Correctional Officers and Jailers
  - D. Counselors
  - E. Court Staff
  - F. Crime Analysts
  - G. Evaluators
  - H. Law Enforcement Officers
  - I. Legal Staff (defense attorneys, prosecutors, indigent defense)
  - J. Medical/Clinical Staff
  - K. Non-sworn Law Enforcement Personnel
  - L. Program Managers
  - M. Trainers and Technical Assistance Specialists
  - N. Other
  - O. If other, please specify: \_\_\_\_\_

**C. Equipment Purchases and Technology Investments**

19. How much **JAG funding** has been allocated for **equipment purchases and/or technology investments**? *Please report in dollars (\$).* \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

20. What **types of equipment purchases and/or technology investments** were made with JAG funds during the reporting period? *Check all that apply.*
- A. Computer-aided Dispatch (CAD)
  - B. Computers/Mobile Data Terminals
  - C. Computer Software
  - D. Emergency Medical Services (EMS)
  - E. Equipment for Police Cruisers
  - F. In-car/On-person Camera Systems
  - G. Less-lethal Weapons, Impact Weapons (batons, bean bag shotgun rounds, etc.), Chemical Weapons (CS gas, pepper spray), Energy Devices (tasers)
  - H. Lethal Weapons (firearms)
  - I. License Plate Readers
  - J. Mobile Access Equipment (for example, aircards for Verizon, Sprint, AT&T, etc.)
  - K. Radios
  - L. Security Systems (station or evidence room)
  - M. Tactical Vests/Body Armor
  - N. Undercover Surveillance Equipment (microphones, video)
  - O. Vehicles
  - P. Video Observation (station, community, pole cams)
  - Q. Other
  - R. If other, please specify: \_\_\_\_\_
21. Describe any **efficiencies or cost savings achieved** as a result of any equipment purchases and/or technology investments during the reporting period.
- \_\_\_\_\_

## **D. Training**

22. How much **JAG funding** has been allocated for **training**? *This includes sending staff to training and training sponsored by the JAG-funded agency. Please report in dollars (\$).*
- \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

23. How many **individuals** have you **trained** during the reporting period? *This includes training received by individuals within your organization and 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.* \_\_\_\_\_
- A. Of those trained how many individuals were from **within** your organization?  
\_\_\_\_\_
- B. Of those trained how many individuals were from **outside** of your organization?  
\_\_\_\_\_
24. Were participants asked to complete an **evaluation** of training during the reporting period?
- A. Yes / No
- B. If yes, how many individuals completed an evaluation? \_\_\_\_\_
- C. If yes, how many individuals rated training as being satisfactory or better? \_\_\_\_\_
25. Did you provide a **pre-test and post-test** for training during the reporting period?
- A. Yes / No
- B. If yes, how many individuals completed a pre-test and post-test for training? \_\_\_\_\_
- C. If yes, how many individuals completed a post-test with an improved score over the pre-test? \_\_\_\_\_
26. How many **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.* \_\_\_\_\_
- A. Of the training hours, how many hours have been completed by individuals **within** your organization? \_\_\_\_\_
- B. Of the training hours, how many hours have been provided to individuals **outside** of the organization? \_\_\_\_\_

## **E. Task Forces**

27. How much **JAG funding** has been allocated for **task forces**? *Please report in dollars (\$).* \_\_\_\_\_
- A. Of the JAG funding allocated for task forces, how much was allocated for **Drug Task Forces**? \$ \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE  
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM  
PERFORMANCE MEASURES**

**BUREAU OF JUSTICE ASSISTANCE  
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM  
PERFORMANCE MEASURES**

28. What **types of task forces** did the program provide with JAG funds during the reporting period? *Check all that apply.*

	Yes / No	Is this a Multijurisdictional Task Force?
AMBER Alert Task Force		<input type="checkbox"/>
Anti-Gang Task Force		<input type="checkbox"/>
Anti-Gun Task Force		<input type="checkbox"/>
Anti-Human Trafficking Task Force		<input type="checkbox"/>
Drug Task Force		<input type="checkbox"/>
Fugitive Task Force		<input type="checkbox"/>
Violent Crime Task Force		<input type="checkbox"/>
Other		<input type="checkbox"/>
If other, please explain		

29. How many **hours paid for with JAG funds** were used toward **task force activity** during the reporting period? *Report in hours.* \_\_\_\_\_

A. Of the hours paid for with JAG funds towards task force activity, how many hours were for **drug task forces**? \_\_\_\_\_

30. How many **NEW investigations/cases** were initiated during the reporting period? \_\_\_\_\_

A. Of the **NEW** investigations/cases initiated, how many were **drug-related**? \_\_\_\_\_

31. How many **investigations/cases** were **closed** during the reporting period? \_\_\_\_\_

A. Of the investigations/cases **closed**, how many were **drug-related**? \_\_\_\_\_

32. How many **community meetings** were held during the reporting period? \_\_\_\_\_

A. Of the community meetings held, how many were **drug-related**? \_\_\_\_\_

33. What was the **total number** of individuals (including gang members) **arrested** based on task force activity during the reporting period? *Criminal history information should be based on official arrest information from a local, state, and national law enforcement reporting system or official court records. In the case of multiple offenses this should be determined by the top charge (or highest offense).* \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

34. How many individuals **arrested**, were charged with a **misdemeanor**? \_\_\_\_\_  
A. Of those arrested and charged with a misdemeanor, how many were **drug-related**? \_\_\_\_\_
35. How many individuals **arrested** were charged with a **felony**? \_\_\_\_\_  
A. Of those arrested and charged with a felony, how many were **drug-related**? \_\_\_\_\_
36. What was the **total number of GANG MEMBERS ONLY arrested** based on task force activity during the reporting period? *Report on this only if you have a gang task force. As defined by DOJ, a gang is an association of three or more people who adopt a group identity represented by a common name, sign, or symbol. The gang engages in criminal activity, using violence or intimidation to enhance their power and access to resources. As organizations, gangs may have identifiable structures, rules for joining and behavior, and regular meetings. Gangs may also provide protection for their members and exert control over a particular geographic location or region. For the expanded definition go to: <http://www.nij.gov/topics/crime/gangs-organized/gangs/definitions.htm>. \_\_\_\_\_*
37. What **total drug amounts** were seized during the reporting period? *Report the amount seized for each type of drug. Indicate dosage unit, pills, grams, kilograms, or pounds. Report on this only if you have a drug task force.*
- A. \_\_\_\_\_ Cocaine (crack)
  - B. \_\_\_\_\_ Cocaine (powder)
  - C. \_\_\_\_\_ Ecstasy (MDMA)
  - D. \_\_\_\_\_ Heroin
  - E. \_\_\_\_\_ Marijuana (commercial grade, hydroponic, or synthetic/spice)
  - F. \_\_\_\_\_ Methamphetamine
  - G. \_\_\_\_\_ Methamphetamine (ice)
  - H. \_\_\_\_\_ Pseudoephedrine
  - I. \_\_\_\_\_ Psilocybin
  - J. \_\_\_\_\_ Prescription pills (examples: Xanax, OxyContin [oxycodone], Vicodin or Lortab [acetaminophen and hydrocodone], etc.)
  - K. \_\_\_\_\_ Salvia
  - L. \_\_\_\_\_ Steroids
  - M. \_\_\_\_\_ Other
  - N. If other, please specify: \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

38. What **total drug amounts** were seized from **clandestine drug labs** during the reporting period? *Please report the amount seized for each type of drug. Indicate dosage unit, pills, grams, kilograms, or pounds. Report on this only if you have a drug task force.*
- A. \_\_\_\_\_ Cocaine (crack)
  - B. \_\_\_\_\_ Cocaine (powder)
  - C. \_\_\_\_\_ Ecstasy (MDMA)
  - D. \_\_\_\_\_ Heroin
  - E. \_\_\_\_\_ Marijuana (commercial grade, hydroponic, or synthetic/spice)
  - F. \_\_\_\_\_ Methamphetamine
  - G. \_\_\_\_\_ Methamphetamine (ice)
  - H. \_\_\_\_\_ Pseudoephedrine
  - I. \_\_\_\_\_ Psilocybin
  - J. \_\_\_\_\_ Prescription pills (examples: Xanax, OxyContin [oxycodone], Vicodin or \_\_\_\_\_ Lortab [acetaminophen and hydrocodone], etc.)
  - K. \_\_\_\_\_ Salvia
  - L. \_\_\_\_\_ Steroids
  - M. \_\_\_\_\_ Other
  - N. If other, please specify: \_\_\_\_\_

## **F. Seizures**

39. How many **firearms** were **seized** during the reporting period? \_\_\_\_\_
- A. Of the firearms seized, how many of their serial numbers were put into the National Integrated Ballistic Information Network (NIBIN)? \_\_\_\_\_
  - B. Of the firearms seized, how many were traced through the Bureau of Alcohol, Tobacco, Firearms and Explosives? \_\_\_\_\_
40. How many **individuals** were **charged with firearm crimes** during the reporting period?  
\_\_\_\_\_
41. How many **Federal forfeiture cases** were **filed** during the reporting period? \_\_\_\_\_
42. What was the **value of assets seized** under **Federal** cases during the reporting period? *Assets include property, cash, vehicles, weapons, jewelry, drugs, etc. Please report in dollars (\$).* \_\_\_\_\_
- A. Of the assets seized, what was the value that was **drug related**? (\$) \_\_\_\_\_
43. How many **State forfeiture cases** were **filed** during the reporting period? \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE  
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM  
PERFORMANCE MEASURES**

44. What was the **value of assets seized** under **State** cases during the reporting period? Please report in dollars (\$). \_\_\_\_\_  
A. Of the assets seized, what was the value that was **drug related**? (\$) \_\_\_\_\_
45. How many **gangs** were **disrupted** during the reporting period? *Disrupted means impeding the normal and effective operation of the targeted organization, as indicated by changes in organizational leadership and/or changes in methods of operation, such as trafficking patterns, communications, etc.* \_\_\_\_\_
46. How many **gangs** were **dismantled** during the reporting period? *Dismantled means destroying the organization's leadership, financial base, and supply network so that the organization is incapable of operating and/or reconstituting itself.* \_\_\_\_\_
47. How many **drug-trafficking organizations** and **money-laundering organizations** were **disrupted** during the reporting period? *A drug-trafficking organization is an organization that conducts an illicit trade in an area involving illegal drug production, manufacturing, importation, or distribution. The drug activities conducted by the drug trafficking organization in the area are known to have a harmful impact on other areas of the country.*  
(<https://www.ncjrs.gov/ondcppubs/publications/enforce/hidta2001/overview.html>)  
\_\_\_\_\_
48. How many **drug-trafficking organizations** and **money-laundering organizations** were **dismantled** during the reporting period? *Dismantled means destroying the organization's leadership, financial base, and supply network so that the organization is incapable of operating and/or reconstituting itself.* \_\_\_\_\_

## **G. Accomplishments**

49. For the **Law Enforcement** 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]
- \_\_\_\_\_
- \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE  
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM  
PERFORMANCE MEASURES**

**2. PROSECUTION, COURT, DEFENSE & INDIGENT DEFENSE**

The Prosecution and Court purpose area includes activities conducted in courts. These activities may include prosecution, defense, and technology-related activities. *Drug Court programs should not report here.*

Please indicate which of the following areas you have information to report on. *Check all that apply. If you have additional activities to report under this Purpose Area, you will have the option of reporting on those activities in the PMT (i.e., personnel). Grantees and subrecipients are required to report accomplishments during the reporting period.*

\_\_\_ Courts: *includes all types of courts (except Drug Courts) and overall caseload.*

\_\_\_ Defense: *includes defense activities. Indigent defense activities can be reported here.*

\_\_\_ Prosecution: *includes prosecution activities. Indigent defense activities can be reported here.*

\_\_\_ Equipment Purchases and/or Technology Investments: *includes activities where equipment purchases 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.*

\_\_\_ Accomplishments: *includes any accomplishments during the reporting period.*

**A. Courts**

50. How much **JAG funding** has been allocated for **courts**? *This includes any funding for court programs. Please report in dollars (\$).* \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE  
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM  
PERFORMANCE MEASURES**

51. What **types of court programs** do you have that are funded by BJA JAG funding?

*Check all that apply.*

- A. Adult Courts
- B. Community Courts
- C. Domestic Violence Courts
- D. Family Courts
- E. Federal District Courts
- F. Juvenile Courts
- G. Prostitution Courts
- H. Reentry Courts
- I. Tribal Courts
- J. Veterans Courts
- K. Other
- L. If other, please specify: \_\_\_\_\_

52. How many **NEW cases** were **prepared** during the reporting period? \_\_\_\_\_

A. Of the **NEW cases** prepared, how many were **drug related**? \_\_\_\_\_

53. How many **cases remained open** at the end of the reporting period? *This number may be the number of cases prepared but do not include cases that were closed by the end of the reporting period.* \_\_\_\_\_

A. Of the **open cases**, how many were **drug related**? \_\_\_\_\_

54. How many **cases** were **closed** during the reporting period? \_\_\_\_\_

A. Of the **closed cases**, how many were **drug related**? \_\_\_\_\_

## **B. Defense and Indigent Defense**

55. How much **JAG funding** has been allocated for **defense and indigent defense**?

*Please report in dollars (\$).*

- A. Amount allocated for **defense** \_\_\_\_\_
- B. Amount allocated for **indigent defense** \_\_\_\_\_

56. How many **cases were defended** during the reporting period? \_\_\_\_\_

A. Of the cases defended, how many were **indigent defense** cases? \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE  
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM  
PERFORMANCE MEASURES**

**C. Prosecution**

57. How much **JAG funding** has been allocated for **prosecution**? *Please report in dollars (\$).* \_\_\_\_\_
58. How many **cases** were **prosecuted** during the reporting period? \_\_\_\_\_
- A. Of the cases prosecuted, how many cases involved **indigent defense clients** (e.g. cases represented by the Criminal Justice Act, Public Defenders, or Attorneys providing Pro Bono work)? \_\_\_\_\_

**D. Equipment Purchases and/or Technology Investments**

59. How much **JAG funding** has been allocated for **equipment purchases and/or technology investments**? *Please report in dollars (\$).* \_\_\_\_\_
60. What **types of equipment purchases and/or technology investments** were made with JAG funds during the reporting period? *Types of equipment purchases and/or technology investments can include those intended to improve court procedures, such as case-tracking software.* \_\_\_\_\_
61. Describe any **efficiencies or cost savings achieved** as a result of any equipment purchases and/or technology investments during the reporting period. \_\_\_\_\_

**E. Training**

62. How much **JAG funding** has been allocated for **training**? *This includes sending staff to training and training sponsored by the JAG-funded agency. Please report in dollars (\$).*  
\_\_\_\_\_
63. How many **individuals** have you **trained** during the reporting period? *This includes training received by individuals within your organization and 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.* \_\_\_\_\_
- A. Of those trained how many individuals were from **within** your organization?  
\_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE  
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM  
PERFORMANCE MEASURES**

B. Of those trained how many individuals were from **outside** of your organization?  
\_\_\_\_\_

64. Were participants asked to complete an **evaluation** of training during the reporting period?

A. Yes / No

B. If yes, how many individuals completed an evaluation? \_\_\_\_\_

C. If yes, how many individuals rated training as being satisfactory or better? \_\_\_\_\_

65. Did you provide a **pre-test and post-test** for training during the reporting period?

A. Yes / No

B. If yes, how many individuals completed a pre-test and post-test for training? \_\_\_\_\_

C. If yes, how many individuals completed a post-test with an improved score over the pre-test? \_\_\_\_\_

66. How many **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.* \_\_\_\_\_

A. Of the training hours, how many hours have been completed by individuals **within** your organization? \_\_\_\_\_

B. Of the training hours, how many hours have been provided to individuals **outside** of the organization? \_\_\_\_\_

## **F. Accomplishments**

67. For the **Prosecution and Court** 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]

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**BUREAU OF JUSTICE ASSISTANCE  
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM  
PERFORMANCE MEASURES**

**3. PREVENTION AND EDUCATION**

The Prevention and Education 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 indicate which of the following areas you have information to report on. *Check all that apply. If you have additional activities to report under this Purpose Area, you will have the option of reporting on those activities in the PMT (i.e., personnel, equipment purchases and/or technology improvements, and training). Grantees and subrecipients are required to report accomplishments during the reporting period.*

\_\_\_\_\_ Prevention and Education: *includes activities where individuals are served, directly or indirectly. Activities may include one-time events, services, or events and services that occur on a continual basis.*

\_\_\_\_\_ Accomplishments: *includes any accomplishments during the reporting period.*

**A. Prevention and Education**

68. How much **JAG funding** has been allocated for **Prevention and Education**? *Please report in dollars (\$).* \_\_\_\_\_

69. How many **prevention or education programs** have you **implemented** during the reporting period? \_\_\_\_\_

A. Of the prevention or education programs implemented, how many were **substance abuse prevention or education programs**? \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

70. What **types of prevention or education programs** did you provide during the reporting period? *Check all that apply.*
- A. Anti-gang
  - B. Anti-drug
  - C. Cognitive
  - D. Crime Prevention
  - E. Drug Prevention
  - F. Educational
  - G. Employment
  - H. Gang Resistance
  - I. GED
  - J. Housing
  - K. Job Skills
  - L. Mental Health
  - M. Mentoring
  - N. Pro-social
  - O. Substance Abuse
  - P. Truancy
  - Q. Vocational
  - R. Other
  - S. If other, please specify \_\_\_\_\_
71. How many **participants** did the program serve during the reporting period? *Please report the number of participants for ongoing programs and not one-time events.* \_\_\_\_\_
- A. Of those participants served, how many were **NEW participants**? \_\_\_\_\_
72. 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.*
- A. Brochures, Pamphlets, and Posters \_\_\_\_\_
  - B. Presentations \_\_\_\_\_
  - C. E-mails \_\_\_\_\_
  - D. Webinars \_\_\_\_\_
  - E. Websites \_\_\_\_\_
  - F. Web-based presentations \_\_\_\_\_
  - G. Other
  - H. If other, please specify: \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

73. 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.*

- A. Brochures, Pamphlets, and Posters \_\_\_\_\_
- B. Presentations \_\_\_\_\_
- C. E-mails \_\_\_\_\_
- D. Webinars \_\_\_\_\_
- E. Websites \_\_\_\_\_
- F. Web-based presentations \_\_\_\_\_
- G. Other
- H. If other, please specify: \_\_\_\_\_

74. 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.*

\_\_\_\_\_

75. Where were the materials disseminated during the reporting period? *Check all that apply.*

- A. Events Targeting Youth and Teens
- B. Government Agencies
- C. Schools
- D. Youth Groups
- E. Other
- F. If other, please specify: \_\_\_\_\_

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

- A. Listserv
- B. Radio (Advertisements or Program Specials)
- C. Social Media (e.g., Facebook, Twitter)
- D. Television Advertisement (Commercial, Public Service Announcement [PSA], or Special)
- E. Webinars
- F. Other
- G. If other, please specify: \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE  
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM  
PERFORMANCE MEASURES**

**B. Accomplishments**

77. For the **Prevention and Education** 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]

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**4. CORRECTIONS AND COMMUNITY CORRECTIONS**

The Corrections and Community Corrections purpose area includes activities conducted by corrections agencies in correctional facilities or in the community. These activities may include correctional activities, correctional programs, personnel and training activities, and equipment purchases. *Reentry programs should report here.*

Please indicate which of the following areas you have information to report on. *Check all that apply. Grantees and subrecipients are required to report accomplishments during the reporting period.*

\_\_\_\_\_ Corrections and Community Corrections: *includes community corrections and corrections services provided and the individuals served. This includes reentry programs.*

\_\_\_\_\_ Personnel: *includes activities where individuals are hired, maintained, or paid overtime.*

\_\_\_\_\_ Training: *includes activities where training (transfer 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.*

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

\_\_\_\_\_ Accomplishments: *includes any accomplishments during the reporting period.*

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

**A. Corrections and Community Corrections**

78. How much **JAG funding** has been allocated for **corrections and community corrections services**? Please report in dollars (\$). \_\_\_\_\_
79. What **corrections and community corrections services** did you provide during the reporting period? Check all that apply.
- A. \_\_\_\_\_ Cognitive based  
*Cognitive-Behavioral services include therapeutic programs used to change criminal thinking and behavior. Examples include Moral Reconciliation Therapy (MRT), Think for a Change (T4C), or Aggression Replacement Training (ART).*
- B. \_\_\_\_\_ Educational  
*Educational services foster knowledge by helping participants develop daily life skills that can enhance their opportunities.*
- C. \_\_\_\_\_ Employment  
*Employment services are designed to help individuals find and obtain suitable employment opportunities.*
- D. \_\_\_\_\_ Health Care/Medicaid Eligibility  
*Health Care/Medicaid Eligibility services are designed to help individuals or families find, obtain, or retain health care.*
- E. \_\_\_\_\_ Housing  
*Housing services are designed to help individuals or families find, obtain, or retain suitable housing. Transitional housing can also be included in these services.*
- F. \_\_\_\_\_ Mental Health  
*Mental Health services are provided in correctional facilities or in the community for those individuals under supervision. Services may include counseling programs or group self-help programs, for example.*
- G. \_\_\_\_\_ Pro-social  
*Pro-social services are defined as those services that aim to organize an individual's leisure time through active engagement in structured activities. Pro-social services can include programs such as anger and stress management, faith-based services, family counseling, life skills training, mentoring, or peer support groups; and any type of structured activities such as classes in cooking, literacy and reading, personal finance, art and painting, or exercise.*
- H. \_\_\_\_\_ Substance Abuse  
*Substance abuse services include substance abuse education, treatment, or aftercare services.*
- I. \_\_\_\_\_ Vocational  
*Vocational services help participants learn a trade and enhance their opportunities.*
- J. \_\_\_\_\_ Other
- K. If other, please specify: \_\_\_\_\_
80. How many **TOTAL** corrections and community corrections program **participants** did you serve during the reporting period? \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

A. Of those participants served, how many were **NEW participants**? \_\_\_\_\_

81. Of the individuals served, how many participants **completed** the program during the reporting period? *The number entered should represent only those participants who successfully completed all the requirements of the program during the reporting period.*  
\_\_\_\_\_

82. Does your corrections and community corrections program provide **evidence-based services**? *Evidence-based programs and practices are those demonstrated by the research literature to be effective at reducing substance use among court-involved individuals (generally obtained through one or more outcome evaluations).*

A. Yes / No

82a. If yes, please enter the number of evidence-based services provided by your program based on the following three crimesolutions.gov rating categories:

A. Effective \_\_\_\_\_

B. Promising \_\_\_\_\_

C. No effect \_\_\_\_\_

## **B. Personnel**

83. How much **JAG funding** has been allocated for **personnel**? *Please report in dollars (\$).*  
\_\_\_\_\_

84. How many **personnel** have you **maintained** with JAG funds during the reporting period? *Maintained personnel means any staff members who were already working with the law enforcement organization, but who are now being paid partially or fully with BJA JAG grant funds. Only report each individual as maintained once for the life of the award.* \_\_\_\_\_

85. How many **NEW personnel** were **hired** with JAG funds during the reporting period? *Hired personnel means any new individuals who did not work for the organization, but who were selected for employment during the reporting period. Only report each new hire once for the life of the award.* \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

86. What **types of positions** were filled for **new personnel** during the reporting period?

*Check all that apply.*

- A. Administrative Staff
- B. Civilian Personnel
- C. Correctional Officers and Jailers
- D. Counselors
- E. Court Staff
- F. Crime Analysts
- G. Evaluators
- H. Law Enforcement Officers
- I. Legal Staff (defense attorneys, prosecutors, indigent defense)
- J. Medical/Clinical Staff
- K. Non-sworn Law Enforcement Personnel
- L. Program Managers
- M. Trainers and Technical Assistance Specialists
- N. Other
- O. If other, please specify: \_\_\_\_\_

87. How many **overtime hours** were paid for with JAG funds during the reporting period?  
*Overtime hours are those that non-exempt employees work beyond normal working hours (usually 40) during a workweek.* \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

88. What **types of positions** were supported with **overtime hours** using JAG funds during the reporting period? *Check all that apply.*
- A. Administrative Staff
  - B. Civilian Personnel
  - C. Correctional Officers and Jailers
  - D. Counselors
  - E. Court Staff
  - F. Crime Analysts
  - G. Evaluators
  - H. Law Enforcement Officers
  - I. Legal Staff (defense attorneys, prosecutors, indigent defense)
  - J. Medical/Clinical Staff
  - K. Non-sworn Law Enforcement Personnel
  - L. Program Managers
  - M. Trainers and Technical Assistance Specialists
  - N. Other
  - O. If other, please specify: \_\_\_\_\_

### **C. Training**

89. How much **JAG funding** has been allocated for **training**? *This includes sending staff to training and training sponsored by the JAG-funded agency. Please report in dollars (\$).*
- \_\_\_\_\_
90. How many **individuals** have you **trained** during the reporting period? *This includes training received by individuals within your organization and 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.* \_\_\_\_\_
- A. Of those trained how many individuals were from **within** your organization?  
\_\_\_\_\_
  - B. Of those trained how many individuals were from **outside** of your organization?  
\_\_\_\_\_
91. Were participants asked to complete an **evaluation** of training during the reporting period?
- A. Yes / No
  - B. If yes, how many individuals completed an evaluation? \_\_\_\_\_
  - C. If yes, how many individuals rated training as being satisfactory or better? \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

92. Did you provide a **pre-test and post-test** for training during the reporting period?
- A. Yes / No
  - B. If yes, how many individuals completed a pre-test and post-test for training? \_\_\_\_\_
  - C. If yes, how many individuals completed a post-test with an improved score over the pre-test? \_\_\_\_\_
93. How many **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.* \_\_\_\_\_
- A. Of the training hours, how many hours have been completed by individuals **within** your organization? \_\_\_\_\_
  - B. Of the training hours, how many hours have been provided to individuals **outside** of the organization? \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE  
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM  
PERFORMANCE MEASURES**

**D. Equipment Purchases and/or Technology Investments**

94. How much **JAG funding** has been allocated for **equipment purchases and/or technology investments**? *Please report in dollars (\$).* \_\_\_\_\_
95. What **types of equipment purchases and/or technology investments** were made with JAG funds during the reporting period? \_\_\_\_\_
96. Describe any **efficiencies or cost savings** achieved as a result of any equipment purchases and/or technology investments during the reporting period.  
\_\_\_\_\_

**E. Accomplishments**

97. For the **Corrections and Community Corrections** 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]
- \_\_\_\_\_
- \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

**5. DRUG TREATMENT AND ENFORCEMENT**

The Drug Treatment and Enforcement purpose area includes inpatient and outpatient services delivered. Drug Enforcement includes enforcing laws and regulations governing narcotics and controlled substances. *Drug Court programs should report here.*

Please indicate which of the following areas you have information to report on. *Check all that apply. If you have additional activities to report under this Purpose Area, you will have the option of reporting on those activities in the PMT (i.e., personnel, equipment purchases and/or technology investments, and training). Grantees and subrecipients are required to report accomplishments during the reporting period.*

\_\_\_\_\_ Drug Courts: *Drug courts are judicially supervised court dockets. These courts seek to balance the need for public safety with that of devising effective treatment solutions for nonviolent, drug-addicted individuals in the court system while holding them accountable for their actions. Drug courts continuum of treatment services include but not limited to clinical assessment, day/night treatment with community, outpatient group, outpatient individual, intensive outpatient, outpatient detoxification, addiction receiving facility, substance abuse detoxification (residential), in-home counseling, and aftercare.*

\_\_\_\_\_ Drug Treatment: *includes clinical assessment, residential, day/night treatment with community, outpatient group, outpatient individual, intensive outpatient, outpatient detoxification, addiction receiving facility, substance abuse detoxification (residential), in-home counseling, and aftercare.*

\_\_\_\_\_ Enforcement: *includes activities for enforcing the laws and regulations governing narcotics and controlled substances and seizures.*

\_\_\_\_\_ Accomplishments: *includes any accomplishments during the reporting period.*

**A. Drug Courts**

98. How much **JAG funding** has been allocated for providing **drug court programs**?  
*Please report in dollars (\$).* \_\_\_\_\_

99. Has your program **admitted** any participants to drug court programs during the reporting period?  
A. Yes / No

100. How many **TOTAL participants** were enrolled in drug court programs during the reporting period? \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

A. Of those, how many were **NEW participants**? \_\_\_\_\_

101. Do your drug court programs provide **evidence-based treatment** services? *Evidence-based programs and practices are those demonstrated by the research literature to be effective at reducing substance use among court-involved individuals (generally obtained through one or more outcome evaluations).*

A. Yes / No

101a. If yes, please enter the number of evidence-based treatment services provided by your program based on the following three crimesolutions.gov rating categories:

A. Effective treatment services \_\_\_\_\_

B. Promising treatment services \_\_\_\_\_

C. No effect \_\_\_\_\_

102. Were **JAG funds** used to provide **inpatient services** during the reporting period? *Services received should be based on actual attendance of participants in mandated activities.*

A. Yes / No

B. If yes, please enter the **number of days** of inpatient services drug court program participants received during the reporting period. *To calculate this number, determine the number of inpatient service days that each participant received. Then add the number of days for each participant together to determine the total number of days delivered. Include any participant who has received inpatient services during the reporting period, regardless of whether that person has completed the program, exited without completion, or is currently enrolled.*

\_\_\_\_\_

103. Were **JAG funds** used to provide **outpatient services** during the reporting period? *Services received should be based on actual attendance of participants in mandated activities.*

A. Yes / No

B. If yes, please enter the **number of sessions** for outpatient services drug court program participants received during the reporting period. *To calculate this number, determine the number of outpatient service sessions that each participant received. Then add the number of sessions for each participant together to determine the total number of sessions delivered. Include any participant who has received outpatient services during the reporting period, regardless of whether that person has completed the program, exited without completion, or is currently enrolled.*\_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE  
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM  
PERFORMANCE MEASURES**

104. Of those enrolled in **drug court programs for at least 90 days**, please enter the number of participants who were tested and the number who tested positive for the presence of alcohol or illegal substances during the reporting period.

A. Number of participants who were **tested** for the presence of alcohol or illegal substances during the reporting period \_\_\_\_\_

B. Number of participants who **tested positive** for the presence of alcohol or illegal substances during the reporting period \_\_\_\_\_

105. How many drug court program participants **successfully completed** all program requirements during the reporting period? *The number entered should represent only those participants who successfully completed all the requirements of the program during the reporting period.* \_\_\_\_\_

106. How many participants enrolled in a drug court program **unsuccessfully completed** the program during the reporting period? *The number entered should represent only those who failed to successfully complete the program for voluntary reasons (e.g., arrests, program violation, etc.).* \_\_\_\_\_

107. Were your **JAG program funds** used to **expand** services during the reporting period?

A. Yes / No

107a. If yes, please choose the **type of services** that were **expanded**. *Check all that apply.*

\_\_\_\_\_ Drug treatment services

\_\_\_\_\_ Enhancing of capacity

\_\_\_\_\_ Inpatient services

\_\_\_\_\_ Outpatient services

\_\_\_\_\_ Recovery support

\_\_\_\_\_ Service providers

\_\_\_\_\_ Slots

## **B. Drug Treatment**

108. How much **JAG funding** has been allocated for providing **drug treatment programs**? *Please report in dollars (\$).* \_\_\_\_\_

109. Has your program **admitted** any participants to drug treatment programs during the reporting period?

A. Yes / No

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

110. How many **TOTAL participants** were enrolled in drug treatment programs during the reporting period? \_\_\_\_\_  
A. Of those, how many were **NEW participants**? \_\_\_\_\_
111. Do your drug treatment programs provide **evidence-based treatment** services?  
*Evidence-based programs and practices are those demonstrated by the research literature to be effective at reducing substance use among court-involved individuals (generally obtained through one or more outcome evaluations).*  
A. Yes / No
- 111a. If yes, please enter the number of evidence-based treatment services provided by your program based on the following three crimesolutions.gov rating categories:  
A. Effective treatment services \_\_\_\_\_  
B. Promising treatment services \_\_\_\_\_  
C. No effect \_\_\_\_\_
112. Were **JAG funds** used to provide **inpatient services** during the reporting period?  
*Services received should be based on actual attendance of participants in mandated activities.*  
A. Yes / No  
B. If yes, please enter the **number of days** of inpatient services drug treatment program participants received during the reporting period. *To calculate this number, determine the number of inpatient service days that each participant received. Then add the number of days for each participant together to determine the total number of days delivered. Include any participant who has received inpatient services during the reporting period, regardless of whether that person has completed the program, exited without completion, or is currently enrolled.*  
\_\_\_\_\_
113. Were **JAG funds** used to provide **outpatient services** during the reporting period?  
*Services received should be based on actual attendance of participants in mandated activities.*  
A. Yes / No  
B. If yes, please enter the **number of sessions** for outpatient services drug treatment program participants received during the reporting period. *To calculate this number, determine the number of outpatient service sessions that each participant received. Then add the number of sessions for each participant together to determine the total number of sessions delivered. Include any participant who has received outpatient services during the reporting period, regardless of whether that person has completed the program, exited without completion, or is currently enrolled.* \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

114. Of those enrolled in **drug treatment programs for at least 90 days**, please enter the number of participants who were tested and the number who tested positive for the presence of alcohol or illegal substances during the reporting period.

A. Number of participants who were **tested** for the presence of alcohol or illegal substances during the reporting period \_\_\_\_\_

B. Number of participants who **tested positive** for the presence of alcohol or illegal substances during the reporting period \_\_\_\_\_

115. How many drug treatment program participants **successfully completed** all program requirements during the reporting period? *The number entered should represent only those participants who successfully completed all the requirements of the program during the reporting period.* \_\_\_\_\_

116. How many participants enrolled in a drug treatment program **unsuccessfully completed** the program during the reporting period? *The number entered should represent only those who failed to successfully complete the program for voluntary reasons (e.g., arrests, program violation, etc.).* \_\_\_\_\_

117. Were your **JAG program funds** used to expand services during the reporting period?

A. Yes / No

117a. If yes, please choose the type of services added based on the following. *Check all that apply.*

\_\_\_\_\_ Drug treatment services

\_\_\_\_\_ Enhancing of capacity

\_\_\_\_\_ Inpatient services

\_\_\_\_\_ Outpatient services

\_\_\_\_\_ Recovery support

\_\_\_\_\_ Service providers

\_\_\_\_\_ Slots

### **C. Enforcement**

118. How much **JAG funding** has been allocated for providing **drug enforcement**? *Please report in dollars (\$).* \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE  
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM  
PERFORMANCE MEASURES**

119. What types of **drug enforcement programs** did the program provide with JAG funds during the reporting period? *Check all that apply.*

	Yes/No	Is this a Multijurisdictional Task Force?
Drug Enforcement Program / Task Force		<input type="checkbox"/>
Drug and Violent Crime Enforcement Program /Task Force		<input type="checkbox"/>
Other		<input type="checkbox"/>
If other, please explain		

120. How many **NEW investigations/cases** were **initiated** during the reporting period?

\_\_\_\_\_

A. Of the **NEW investigations/cases** initiated how many were **drug-related**?

\_\_\_\_\_

121. How many **investigations/cases** were **closed** during the reporting period? \_\_\_\_\_

A. Of the **investigations/cases closed** how many were **drug-related**? \_\_\_\_\_

122. What **total drug amounts** were seized during the reporting period? *Please report the amount seized for each type of drug. Indicate dosage unit, pills, grams, kilograms, or pounds. Report on this only if you have a drug task force.*

- A. \_\_\_\_\_ Cocaine (crack)
- B. \_\_\_\_\_ Cocaine (powder)
- C. \_\_\_\_\_ Ecstasy (MDMA)
- D. \_\_\_\_\_ Heroin
- E. \_\_\_\_\_ Marijuana (commercial grade, hydroponic, or synthetic/spice)
- F. \_\_\_\_\_ Methamphetamine
- G. \_\_\_\_\_ Methamphetamine (ice)
- H. \_\_\_\_\_ Pseudoephedrine
- I. \_\_\_\_\_ Psilocybin
- J. \_\_\_\_\_ Prescription pills (examples: Xanax, OxyContin [oxycodone], Vicodin or \_\_\_\_\_ Lortab [acetaminophen and hydrocodone], etc.)
- K. \_\_\_\_\_ Salvia
- L. \_\_\_\_\_ Steroids
- M. \_\_\_\_\_ Other
- N. If other, please specify: \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

123. What **total drug amounts** were seized from **clandestine drug labs** during the reporting period? *Please report the amount seized for each type of drug. Indicate dosage unit, pills, grams, kilograms, or pounds. Report on this only if you have a drug task force.*
- A. \_\_\_\_\_ Cocaine (crack)
  - B. \_\_\_\_\_ Cocaine (powder)
  - C. \_\_\_\_\_ Ecstasy (MDMA)
  - D. \_\_\_\_\_ Heroin
  - E. \_\_\_\_\_ Marijuana (commercial grade, hydroponic, or synthetic/spice)
  - F. \_\_\_\_\_ Methamphetamine
  - G. \_\_\_\_\_ Methamphetamine (ice)
  - H. \_\_\_\_\_ Pseudoephedrine
  - I. \_\_\_\_\_ Psilocybin
  - J. \_\_\_\_\_ Prescription pills (examples: Xanax, OxyContin [oxycodone], Vicodin or Lortab [acetaminophen and hydrocodone], etc.)
  - K. \_\_\_\_\_ Salvia
  - L. \_\_\_\_\_ Steroids
  - M. \_\_\_\_\_ Other
  - N. If other, please specify: \_\_\_\_\_

**C. Accomplishments**

124. For the **Drug Treatment and Enforcement** 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]*

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**BUREAU OF JUSTICE ASSISTANCE  
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM  
PERFORMANCE MEASURES**

**6. PLANNING, EVALUATION, AND TECHNOLOGY**

The Planning, Evaluation, and Technology Improvement purpose area includes any activity conducted to plan a program, conduct an evaluation or improve the technology used in a program. These activities may include various types of evaluation, implementation, or technology improvements.

Please indicate which of the following areas you have information to report on. *Check all that apply. If you have additional activities to report under this Purpose Area, you will have the option of reporting on those activities in the PMT (i.e., personnel and training).*

\_\_\_ Planning and Evaluation: *includes planning or conducting evaluation activities.*

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

\_\_\_ Accomplishments: *includes any accomplishments during the reporting period.*

**A. Planning and Evaluation**

125. How much **JAG funding** has been allocated for **planning and evaluation** activities? *Please report in dollars (\$).* \_\_\_\_\_

126. How many **programs** have been **evaluated** during the reporting period using JAG funds? *Evaluation includes all types of evaluations completed during the reporting period.* \_\_\_\_\_

127. Using **JAG funds**, what kind of **NEW programs** have been **evaluated** during the reporting period? *Check all that apply.*

- A. Corrections and Community Corrections
- B. Crime Victim and Witness Protection
- C. Drug Treatment and Enforcement
- D. Law Enforcement
- E. Planning, Evaluation, and Technology Improvement
- F. Prevention and Education
- G. Prosecution and Court

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

128. Using **JAG funds**, what kind of **NEW programs** have been **developed** during the reporting period? *Check all that apply.*

- A. Corrections and Community Corrections
- B. Crime Victim and Witness Protection
- C. Drug Treatment and Enforcement
- D. Law Enforcement
- E. Planning, Evaluation, and Technology Improvement
- F. Prevention and Education
- G. Prosecution and Court

129. How many **evidence-based programs/practices** are you **implementing**? *Evidence-based programs or practices are those demonstrated by the research literature to be effective at reducing substance use (generally obtained through one or more outcome evaluations).* \_\_\_\_\_

130. How many **evidence-based programs/practices** are being **evaluated**? *Evidence-based programs or practices are those demonstrated by the research literature to be effective at reducing substance use (generally obtained through one or more outcome evaluations).* \_\_\_\_\_

**B. Equipment Purchases and/or Technology Investments**

131. How much **JAG funding** has been allocated for **equipment purchases and/or technology investments**? *Please report in dollars (\$).* \_\_\_\_\_

132. What types of **equipment purchases and/or technology investments** were made with JAG funds during the reporting period? \_\_\_\_\_

133. Describe any **efficiencies or cost savings** achieved as a result of any equipment purchases and/or technology investments during the reporting period.  
\_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE  
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM  
PERFORMANCE MEASURES**

## **C. Accomplishments**

134. For the **Planning, Evaluation, and Technology Improvement** purpose area, 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]

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## **7. CRIME VICTIM AND WITNESS PROTECTION**

The Crime Victim and Witness Protection purpose area includes activities conducted by law enforcement, legal, medical, counseling, advocacy, or educational organizations in serving the victims of and witnesses to crimes. Activities may include prevention, intervention, referral, or support activities.

Please indicate which of the following areas you have information to report on. *Check all that apply. If you have additional activities to report under this Purpose Area, you will have the option of reporting on those activities in the PMT (i.e., personnel, equipment purchases and/or technology improvements). Grantees and subrecipients are required to report accomplishments during the reporting period.*

\_\_\_\_ 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 continual basis.*

\_\_\_\_ 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.*

\_\_\_\_ Accomplishments: *includes any accomplishments during the reporting period.*

## **A. Programs**

135. How much **JAG funding** has been allocated for **crime victim and/or witness protection services**? *Please report in dollars (\$).* \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

136. How many crime victims and/or witnesses were **served** during the reporting period?  
\_\_\_\_\_

137. What **types of services** were **provided** to crime victims and/or witnesses? *Check all that apply.*

- A. Assistance in Obtaining Restitution
- B. Counseling
- C. Crisis Intervention
- D. Emergency Shelter and Food
- E. Employment Services
- F. Insurance Claims Assistance
- G. Legal Assistance Services
- H. Medical Assistance
- I. Safety Planning
- J. Transportation
- K. 24-hour Hotline
- L. Other
- M. If other, please specify:  
\_\_\_\_\_

138. How many crime victims and/or witnesses clients received **referrals** during the reporting period for additional services? \_\_\_\_\_

## **B. Training**

139. How much **JAG funding** has been allocated for **training**? *This includes sending staff to training and training sponsored by the JAG-funded agency. Please report in dollars (\$).*  
\_\_\_\_\_

140. How many **individuals** have you **trained** during the reporting period? *This includes training received by individuals within your organization and 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.* \_\_\_\_\_

- A. Of those trained how many individuals were from **within** your organization?  
\_\_\_\_\_
- B. Of those trained how many individuals were from **outside** of your organization?  
\_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE**  
**JUSTICE ASSISTANCE GRANT (JAG) PROGRAM**  
**PERFORMANCE MEASURES**

141. Were participants asked to complete an **evaluation** of training during the reporting period?
- A. Yes / No
  - B. If yes, how many individuals completed an evaluation? \_\_\_\_\_
  - C. If yes, how many individuals rated training as being satisfactory or better? \_\_\_\_\_
142. Did you provide a **pre-test and post-test** for training during the reporting period?
- A. Yes / No
  - B. If yes, how many individuals completed a pre-test and post-test for training? \_\_\_\_\_
  - C. If yes, how many individuals completed a post-test with an improved score over the pre-test? \_\_\_\_\_
143. How many **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.* \_\_\_\_\_
- A. Of the training hours, how many hours have been completed by individuals **within** your organization? \_\_\_\_\_
  - B. Of the training hours, how many hours have been provided to individuals **outside** of the organization? \_\_\_\_\_
144. Which of the following **audiences** have been reached through training or public awareness presentations during the reporting period? *Check all that apply.*
- A. Code Enforcement
  - B. General Public
  - C. Health
  - D. Law Enforcement
  - E. Legal Staff
  - F. Medical Staff
  - G. Transportation Workers
  - H. Schools
  - I. Social Services
  - J. Other
  - K. If other, please specify \_\_\_\_\_
145. How many training **materials** were **developed** with JAG funds during the reporting period? *Materials might include reports, articles, and Web-based products.* \_\_\_\_\_
146. How many training **materials** were **distributed** using JAG funds during the reporting period? *Please report the total number of materials distributed during the reporting period (such as brochures, pamphlets, and posters).* \_\_\_\_\_

**BUREAU OF JUSTICE ASSISTANCE  
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM  
PERFORMANCE MEASURES**

**C. Accomplishments**

147. For the **Crime Victim and Witness Protection** purpose area, 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]

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**BUREAU OF JUSTICE ASSISTANCE  
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM  
PERFORMANCE MEASURES**

148.

**ANNUAL NARRATIVE QUESTIONS**

You are asked to answer the following questions in October of each calendar year. Please answer the questions based on the last 12-month period. You can use up to 5,000 characters for each response.

1. What were your accomplishments within this reporting period?

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2. What goals were accomplished, as they relate to your grant application?

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3. What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your goals or milestones?

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4. Is there any assistance that BJA can provide to address any problems/barriers identified in question #3?

- A. Yes (Please explain)
- B. No

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**BUREAU OF JUSTICE ASSISTANCE  
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM  
PERFORMANCE MEASURES**

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5. Are you on track to fiscally and programmatically complete your program as outlined in your grant application?

A. Yes

B. No (Please explain)

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6. What major activities are planned for the next 6 months?

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7. Based on your knowledge of the criminal justice field, are there any innovative programs/accomplishments that you would like to share with BJA?

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**THANK YOU FOR PARTICIPATING!**