

American Recovery and Reinvestment Act: Justice Assistance Grant (ARRA: JAG)

C01: Corrections and Community Corrections Programs

Due by the 5th day following quarter end to OHS&JP, 373 S. High Street, 25th floor, Columbus, Ohio 43215

Agency/Organization:		Subgrant #:						
Project Title:		Quarterly Report Period:						
Contact Name:		Contact E-Mail:						
Failure to submit this required ARRA: JAG report by the 5th day following each quarter end WILL result in termination of the grant.								
Questions	Baseline Number	June 1 2009 – June 30, 2009	July 1, 2009 – Sept 30, 2009	Oct 1, 2009 – Dec 31, 2009	Jan 1, 2010 – Mar 31, 2010	Apr 1, 2010 – June 30, 2010	July 1, 2010 – Sept 30, 2010	YTD Total
1. ARRA: JAG funds awarded.								
2. Amount of ARRA: JAG funds expended (not obligated) during quarter.								
3a. Number of jobs created as a result of ARRA: JAG funding.								
<i>Please indicate actual quarter an employee/consultant began employment. Each position should be counted once and should be considered one position created regardless of the part-time or full time status of position. Report only whole numbers. Job created is defined as "those new positions created and filled, or previously existing unfilled positions that are filled, as a result of Recovery Act funding." If it is not a filled position as of the grant award start date, but is filled due to ARRA funding, it is a job or position created.</i>								
3b. Number of hours charged to ARRA: JAG for the job creation positions listed in 3a.								
<i>Please indicate actual hours charged to the ARRA: JAG grant for the position(s) that was able to be created as a result of the funding.</i>								
3c. Number of existing personnel paid from all funding sources.								
<i>Please indicate the number of personnel employed by your agency from all funding sources including ARRA: JAG.</i>								

4a.	Number of jobs retained as a result of ARRA: JAG funding.								
<p><i>Please indicate actual quarter a position was able to be retained as a result of the funding. Each position should be counted once and should be considered one position retained regardless of the part-time or full time status of position. Report only whole numbers. Job retained is defined as "those previously existing filled positions that are retained as a result of Recovery Act funding" Key distinction between retained and created is that a retained position indicates this job was filled at the time of receiving ARRA JAG funding and has been saved as a result.</i></p>									
4b.	Number of hours charged to ARRA: JAG for the job retention positions listed in 4a.								
<p><i>Please indicate actual hours charged to the ARRA: JAG grant for the position(s) that was able to be retained as a result of the funding.</i></p>									
5a.	Number of program participants receiving services carried-over from prior reporting period.								
5b.	Number of NEW participants who received direct services as a result of ARRA: JAG funding.								
<p><i>For projects providing a direct service to recipients, please report the number of participants who have benefited from ARRA: JAG funding. An example of direct service would be a community crime prevention program that works with youth after school. You must be able to show method of measurement. Please do not report estimated numbers served. If project is not a direct service provider and recipients cannot realistically be calculated enter the number "0".</i></p>									
6a.	Number of program slots available at the start of the reporting period.								
6b.	Number of NEW program slots created during the reporting period.								
<p><i>For projects providing a direct service to recipients, please report the number of program slots created by ARRA: JAG funding. You must be able to show method of measurement. Please do not report estimated numbers served. If project is not a direct service provider and recipients</i></p>									

<i>cannot be calculated enter the number "0".</i>								
7a.	Number of program participants who successfully completed during the reporting period.							
7b.	Number of program participants who exited the program (successful or unsuccessful) during the reporting period.							
<i>For projects providing a direct service to recipients, please report the number of program participants who successfully completed and total participants who exited (successful and unsuccessful) the ARRA: JAG funded program. You must be able to show method of measurement. Please do not report estimated numbers served. If project is not a direct service provider and recipients cannot be calculated enter the number "0".</i>								
8a.	Number of overtime hours charged to ARRA: JAG.							
<i>Please indicate actual overtime hours charged to the ARRA: JAG grant during the reporting period.</i>								
8b.	Total number of overtime hours paid by all other (non-ARRA: JAG) sources.							
<i>Please indicate actual overtime hours paid by all other (non ARRA: JAG) sources.</i>								
9.	Please list program objectives as indicated in the application submitted to OHS&JP. Please note these are program objectives and not job creation/recovery objectives as reported above. Please provide status of objectives and source of measurement data. Additional information about the direct services provided with ARRA: JAG funds is requested below.							
	<i>Program Objective</i>	<i>Status</i>				<i>Source of Measurement Data</i>		
	<i>Objective 1</i>							

<i>Objective 2</i>			
<p>10. Is project on target to successfully meet or exceed performance objectives within the time frame of the grant period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>11. Indicate whether your project hired all staff for which you applied. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>			
<p>If yes, describe the type and number of staff hired.</p>	Number of Staff Hired		Type of Staff Hired
<p>If no, please explain.</p>			
<p>12. Please provide the following information on project staff effectiveness.</p>			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<p>Did the department experience increased efficiency resulting from the personnel supported by ARRA: JAG (including overtime hours)?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<p>Did the department realize the desired program quality from the personnel supported by ARRA: JAG (including overtime hours)?</p>	
<p>13. Please list project activities supporting the implementation of your ARRA: JAG grant that have occurred during this quarterly report period.</p>			

14. If applicable, please provide detailed information on any subcontracts or subgrants awarded by your agency utilizing the ARRA: JAG funds.

15. Please list your project's accomplishments during the reporting period.

16. Please list any problems and/or barriers encountered during the reporting period that prevented you from reaching your goals and/or milestones.

17. Are you on track (fiscally and programmatically) to complete your program as outlined in your approved grant application?

Yes

No (please explain if checked):

18. What major activities are planned for the next quarter?

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Please answer all relevant questions on the following pages.

Corrections and Community Corrections

1. Check the category that best describes your project.

- | | |
|---|---|
| <input type="checkbox"/> Drug Court | <input type="checkbox"/> Mental health treatment provider |
| <input type="checkbox"/> Mental Health Court | <input type="checkbox"/> Provider of re-entry services |
| <input type="checkbox"/> Re-entry Court | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Substance abuse treatment provider | |

2. Indicate the number of offenders/alleged offenders referred to your project for the following categories during the reporting period.

_____ Pre-adjudication
_____ Post-adjudication
_____ Re-entry

3. Check all the types of services that are elements of your project either as services you provide directly to clients or as referrals.

- | | |
|---|--|
| <input type="checkbox"/> Substance abuse treatment | <input type="checkbox"/> Vocational training |
| <input type="checkbox"/> Mental health treatment | <input type="checkbox"/> Job placement |
| <input type="checkbox"/> Basic education (GED) | <input type="checkbox"/> Housing assistance |
| <input type="checkbox"/> Post-high school education | <input type="checkbox"/> Other (specify) _____ |

4. Do you assess clients of your program?

- Yes No

5. Indicate the number of clients served by your project during the reporting period for each of the demographic characteristic groupings below.

Race/Ethnicity	Gender		Age			Criminal History		
	Male	Female	Under 18	18+	Unknown	1st Time Offender	Repeat Offender	Criminal History Unknown
African-American								
Hispanic								
Caucasian								
Other								
Unknown								

6. For your clients who abuse substances, describe their primary drug of choice. (Example: marijuana is the drug of choice for 25 percent of clients; alcohol 25 percent; cocaine for 10 percent; poly-substance abusers 40 percent).

7. If your project is a drug court, mental health court, or re-entry court, check all the types of sanctions used during the reporting period for clients in your program.

Community service

Fines

Victim restitution

Work release

Electronic monitoring

Other (specify)_____

8. If your project is a substance abuse, mental health or other type of service, check all the types of sanctions used during the reporting period by the court for clients in your program.

- Community service
- Victim restitution
- Fines

- Work release
- Electronic monitoring
- Other (specify)_____

9. Describe the types of rewards, if any, that your project uses for clients and the types of circumstances where the rewards are given.

10. Indicate the number of clients diverted from incarceration/detention by your program during the reporting period.

11. Indicate your estimate of the number of incarceration bed days saved by clients served by your project.

a. Number of clients _____

b. Average number of days saved _____

Number of incarceration bed days saved (a * b) _____

12. Indicate by type of termination the number of clients terminated during the reporting period.

Termination Type	Number of Clients	Average Number of Days in Program
Successful		
Unsuccessful		
Abscond		
Other		

13. Of the clients unsuccessfully discharged, indicate the number discharged for the following reasons:

- _____ Lack of cooperation, rule-breaking
- _____ Unexcused absences from treatment
- _____ Failed urinalysis
- _____ Other indication of drug use
- _____ Other (specify)_____

14. Does your project provide training to other agencies?

- Yes No

15. Do you follow clients after termination from the program?

- Yes No

If yes, describe how you follow clients and what information is collected. If recidivism data is collected, include your definition of recidivism (arrest, conviction, etc.) and a brief summary of your project's impact on recidivism.

16. Highlight any especially successful activities or programs operated by your project during the reporting period. Discuss how they might serve as a model for "best practices" for similar projects in Ohio. Please attach additional pages if necessary.