

**American Recovery and Reinvestment Act: Justice Assistance Grant (ARRA: JAG)  
B01: Prevention & Education Programs**

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

Agency/Organization:		Subgrant #:						
Project Title:		Quarterly Report Period:						
Contact Name:		Contact E-Mail:						
<b>Failure to submit this required ARRA: JAG report by the 5<sup>th</sup> day following each quarter end WILL result in termination of the grant.</b>								
Questions	Baseline Number	Jun 1 2009 – June 30, 2009	Jul 1, 2009– Sept 30, 2009	Oct, 1, 2009 – Dec. 31 2009	Jan 1, 2010 – Mar 31, 2010	Apr 1, 2010 – June 30, 2010	Jul 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 <b>counted</b> 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.							
<i>Please indicate actual quarter a position was able to be retained as a result of the funding. Each position should be <b>counted</b> 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>								
4b.	Number of hours charged to ARRA: JAG for the job retention positions listed in 4a.							
<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>								
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.							
<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 be calculated realistically, please enter the number "0".</i>								
6a.	Number of program slots available at the start of the reporting period.							

6b.	Number of NEW program slots created during the reporting period.								
<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 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>		

10. Is project on target to successfully meet or exceed performance objectives within the time frame of the grant period?  
 Yes  No

11. Indicate whether your project hired all staff for which you applied.  Yes  No  Not Applicable

If yes, describe the type and number of staff hired.	Number of Staff Hired	Type of Staff Hired

If no, please explain.

12. Please provide the following information on project staff effectiveness.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the department experience increased efficiency resulting from the personnel supported by ARRA: JAG (including overtime hours)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the department realize the desired program quality from the personnel supported by ARRA: JAG (including overtime hours)?

13. Please list project activities supporting the implementation of your ARRA: JAG grant that have occurred during this quarterly report period.

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?

Please answer all relevant questions on the following pages.

**TRAINING AND COMMUNITY AWARENESS**

If your project involved conducting training opportunities, workshops, and/or increasing community awareness for adults regarding criminal justice issues, please answer all applicable questions that follow.

1. Indicate the topic(s) included in trainings/workshops provided by your project during the reporting period. Check all that apply.

- Domestic violence or sexual assault issues
- Mental illness
- Homeland security or local preparedness
- Drug awareness, prevention, intervention, treatment
- Gang awareness, prevention, intervention
- Identity theft
- Elder crimes
- Cultural awareness/sensitivity
- Other (specify) \_\_\_\_\_

2. Indicate the number of trainings/workshops your project offered to the groups identified below during the reporting period.

Group	Number of Trainings Offered	Total Number of People Trained
Law enforcement		
Victim service providers		
School personnel		
First responders (excluding law enforcement & victim services)		
Court and probation personnel		
Business owners		
Community members (excluding juveniles)		
Other (specify):		

3. Indicate all methods your project used to generate community awareness regarding criminal justice issues.

- Television/newspaper/billboard media campaigns
- Brochures
- Speaking engagements at local meetings or events
- Other (specify) \_\_\_\_\_

## SERVICES FOR VICTIMS

**If your project involved providing services or referrals to victims (adult and juvenile), please answer all applicable questions that follow.**

1. Indicate the number of victims who received services from your project during the reporting period.

- \_\_\_\_\_ Existing clients at the beginning of the period
- \_\_\_\_\_ New clients during the period
- \_\_\_\_\_ Number of cases closed for any reason during the period

2. Provide the number of clients served by your project during the reporting period by the following demographic characteristics:

Race	Male			Female		
	0-17 Years	18 + Years	Age Unknown	0-17 Years	18 + Years	Age Unknown
African-American						
Caucasian						
Hispanic						
Other Race/ Ethnicity						
Unknown						

3. Specify, by special need, the total number of clients served during the reporting period. Because the categories are not mutually exclusive, indicate the number of clients served for each category, even if it results in clients being counted more than once.

- |                                       |   |
|---------------------------------------|---|
| _____ Mentally/emotionally challenged | _____ Older women and men               |
| _____ Physically/medically challenged | _____ Juveniles, female and male        |
| _____ English as a second language    | _____ Appalachians                      |
| _____ Migrant farm workers            | _____ Lesbian/Gay/Bi-Sexual/Transgender |

4. Indicate the number of persons served during the reporting period who were victims of the following types of crimes. For each person, indicate the most serious offense only.

_____ Attempted murder	_____ Domestic violence
_____ Assault or attempted assault	_____ Other violent offenses
_____ Rape or other sexual assault	_____ Property offenses
_____ Elder abuse/neglect	_____ Other (specify) _____
_____ Child abuse/neglect	_____

5. Check all the services your project provided directly to victims or that you referred to victims during the reporting period.

<b>Service</b>	<b>Provided Directly</b>	<b>Referred</b>
Crisis intervention	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>
Court advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Life skills or job readiness	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Medical services	<input type="checkbox"/>	<input type="checkbox"/>
Shelter	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

## SERVICES FOR JUVENILES AND SCHOOLS

If your project involved providing **non-victim** services or referrals to juveniles and schools (including school resource officers), please answer all applicable questions that follow.

1. Indicate the category below that best describes your project.

Prevention: Focus on at-risk youth

Prevention: Focus on environmental change (e.g. a culture of bullying in a school)

Prevention: Focus on at-risk youth and environmental change

Intervention/treatment

Awareness/education

2. Indicate all types of youth programming offered by your project during the reporting period.

Preschool/Head Start program

After school program

In school program

Mentoring program

School resource officer (SRO)

Other (specify) \_\_\_\_\_

3. Indicate all programs/services offered to juveniles by your project during the reporting period. Check all that apply.

Substance abuse awareness, prevention, treatment

Gang awareness, education, prevention, intervention

Cultural awareness, sensitivity

Domestic violence, dating violence

Youth/family centered counseling services

Bullying awareness, prevention

Homework assistance, tutoring

Mentoring

Law enforcement duties

Law counseling/education

Referrals to other agencies

Other (specify) \_\_\_\_\_

4. Provide the number of youth served in the aforementioned programs/workshops during the reporting period by the following demographic characteristics:

Race	Male	Female
African-American		
Caucasian		
Hispanic		
Other Race/Ethnicity		
Unknown		

5. If your program offered a school-based gang education program, answer the following questions:

\_\_\_\_\_ Number of students who participated in the program.

\_\_\_\_\_ Number of trainers who were trained.

**SERVICES FOR OFFENDERS AND EX-OFFENDERS**

**If your project involved providing services or referrals to adult and/or juvenile offenders/ex-offenders, please answer all applicable questions that follow.**

1. Indicate the target population for your project.

Offenders

Ex-offenders

Both

2. Indicate the number of offenders/ex-offenders who received services from your project during the reporting period.

\_\_\_\_\_ Existing offenders/ex-offenders at the beginning of the period

\_\_\_\_\_ New offenders/ex-offenders during the period

\_\_\_\_\_ Number of cases closed for any reason during the period

3. Provide the number of offenders/ex-offenders served by your project during the reporting period by the following demographic characteristics:

Race	Male			Female		
	0-17 Years	18 + Years	Age Unknown	0-17 Years	18 + Years	Age Unknown
African-American						
Caucasian						
Hispanic						
Other Race/ Ethnicity						
Unknown						

4. Check the services your project provided directly to offenders/ex-offenders or that you referred to offenders/ex-offenders during the reporting period.

Service	Provided Directly	Referred
Education	<input type="checkbox"/>	<input type="checkbox"/>
Life skills or job readiness	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Medical services	<input type="checkbox"/>	<input type="checkbox"/>
Shelter	<input type="checkbox"/>	<input type="checkbox"/>
Financial assistance	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>
Employment placement	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

## **ALL B01 PROJECTS**

1. 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.