

**American Recovery and Reinvestment Act: Justice Assistance Grant (ARRA: JAG)
D01: Prosecution, Court and Victim Services Programs**

Due by the 5th day following quarter end to the 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.							
<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>								
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 realistically be calculated 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.							

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".

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.								

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".

8a. Number of overtime hours charged to ARRA: JAG.								
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Please indicate actual overtime hours charged to the ARRA: JAG grant during the reporting period.

8b. Total number of overtime hours paid by all other (non-ARRA: JAG) sources.								
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Please indicate actual overtime hours paid by all other (non ARRA: JAG) sources.

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.

PROJECTS THAT SERVE VICTIMS, WITNESSES

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

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

2. Identify the types of clients your project serves. Check all that apply.

- Crime victims generally
- Victims of domestic violence
- Adult rape/sexual abuse victims
- Adult victims of other violent offenses
- Juvenile rape/sexual abuse victims
- Victims of incest
- Juvenile victims of other violent offenses
- Juveniles who witness violence
- Immigrants who are victims
- Non-English speaking victims
- Victims of property crimes
- Children of victims
- Other types of victims, witnesses

Specify _____

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

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

4. Indicate whether you served any of the following groups during the reporting period. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> English as a second language | <input type="checkbox"/> Appalachians |
| <input type="checkbox"/> Migrant farm workers | <input type="checkbox"/> Lesbian/gay/bi-sexual/transgender |
| <input type="checkbox"/> Senior women/men | |

5. Indicate the number of clients served during the reporting period who were victims of the following types of crimes.

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

6. Indicate the types of justice system-related services your project **provided directly or referred** to clients during the reporting period. Check all that apply.

Service	Provided Directly	Referred
Court advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Legal advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Legal representation	<input type="checkbox"/>	<input type="checkbox"/>
Court information	<input type="checkbox"/>	<input type="checkbox"/>
Court accompaniment	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with protection orders	<input type="checkbox"/>	<input type="checkbox"/>
Monitor restitution payments	<input type="checkbox"/>	<input type="checkbox"/>
Assist with restitution disbursement	<input type="checkbox"/>	<input type="checkbox"/>

Other (specify):

7. Indicate the types of social services your project **directly provided or referred** to clients during the reporting period. Check all that apply.

Service	Provided Directly	Referred
Hotline	<input type="checkbox"/>	<input type="checkbox"/>
Crisis intervention	<input type="checkbox"/>	<input type="checkbox"/>
Shelter care	<input type="checkbox"/>	<input type="checkbox"/>
Community advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Individual counseling	<input type="checkbox"/>	<input type="checkbox"/>
Group counseling	<input type="checkbox"/>	<input type="checkbox"/>
Support groups for victims	<input type="checkbox"/>	<input type="checkbox"/>
Support groups for non-offending family members	<input type="checkbox"/>	<input type="checkbox"/>
Other psychological intervention	<input type="checkbox"/>	<input type="checkbox"/>
Mental health treatment	<input type="checkbox"/>	<input type="checkbox"/>
Medical treatment for injuries	<input type="checkbox"/>	<input type="checkbox"/>
Medical treatment for stress-related illnesses	<input type="checkbox"/>	<input type="checkbox"/>
Culturally sensitive services	<input type="checkbox"/>	<input type="checkbox"/>
Language translation (written)	<input type="checkbox"/>	<input type="checkbox"/>
Language interpretation (verbal)	<input type="checkbox"/>	<input type="checkbox"/>
Safety planning	<input type="checkbox"/>	<input type="checkbox"/>
Supervised visitation and exchange	<input type="checkbox"/>	<input type="checkbox"/>
Transportation assistance	<input type="checkbox"/>	<input type="checkbox"/>
Clothing assistance	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with other basic living needs	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>

8. Indicate the types of outreach provided by your project during the reporting period. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> General public | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Victims of domestic violence | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Victims of rape/sexual assault | <input type="checkbox"/> Culturally sensitive |

9. Indicate the types of groups for whom your project provided training during the reporting period. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Courts | <input type="checkbox"/> Service providers |
| <input type="checkbox"/> Prosecutors | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Law enforcement | |

10. Indicate the types of groups for whom your project provided education or raised awareness during the reporting period. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> General public | <input type="checkbox"/> Grand juries/other justice system |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Seniors | |

11. Indicate the types of system improvement achieved by your project during the reporting period. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Enhanced inter-agency coordination | <input type="checkbox"/> Fewer interviews with child victims |
| <input type="checkbox"/> Quicker response to reports of victimization | <input type="checkbox"/> More successful prosecution |
| | <input type="checkbox"/> Other (Specify) _____ |

12. Did your project conduct any client satisfaction surveys during the reporting period?

- Yes No

If yes, briefly describe below the findings from that survey(s).

ALL D01 PROJECTS

1. Highlight any especially successful activities or programs experienced during the reporting period. Discuss how they might serve as a model for “best practices” for similar projects in Ohio. Attach additional pages if necessary.