# PMT Data Collection Form

Reporting Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This document is for your use to assist with gathering information that should be reported into the PMT tool. It is not necessary to submit this form to OJJDP. It is only for your information.

## Award Information

Federal Award Number: (Prepopulated)

Award Start Date: (Prepopulated)

 (mm/dd/yyyy)

Award End Date: (Prepopulated)

 (mm/dd/yyyy)

Total amount of award: (Prepopulated) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please enter the amount of set-aside to administer award activities: $

2. Please enter the federal Congressional District(s) of where services are provided:

Checkboxes will appear in the system, where you will select your state/territory and Federal Congressional District(s).

Click http://www.house.gov, to use the zip code(s) of the area(s) served by the project to determine the Federal Congressional District(s).

3. Please enter the Subaward Project Title:

a. Please enter the Subaward Project Description:

4. Please enter the Implementing Organization Name:

5. Please select the implementing organization type:

\_\_\_ Coalition

\_\_\_ Juvenile Justice

\_\_\_ Non-profit community-based organization

\_\_\_ Other community-based organization

\_\_\_ Other government agency

\_\_\_ Police/other law enforcement

\_\_\_ School/Other Education

\_\_\_ Tribal Government

\_\_\_ Unit of local government

6. Is this award used to implement evidence-based programs? \_\_\_ Yes \_\_\_ No

7. If yes, select one source from which the program model was cited:

\_\_\_ Blueprints for Violence Prevention

\_\_\_ CASEL (Collaborative for Academic, Social, & Emotional learning)

\_\_\_ Centers for Disease Control and Prevention

\_\_\_ Community Guide to Helping America’s Youth

\_\_\_ Department of Education Safe, Disciplined, & Drug-free Schools

\_\_\_ Drug Strategies, Inc.

\_\_\_ Making the Grade

\_\_\_ Hamilton Fish Institute

\_\_\_ Institute for Medicine

\_\_\_ NIDA Preventing Drug Abuse

\_\_\_ National Institute of Justice What Works Report

\_\_\_ OJJDP Model Programs Guide

\_\_\_ Promising Practices Network

\_\_\_ SAMSHA Model Programs

\_\_\_ Surgeon General’s Youth Violence Report

\_\_\_ Other (e.g., State model program resources)

8. If other, please specify:

9. Please indicate the name of the evidence-based program implemented:

## Target Population

Please check the appropriate boxes to indicate for this award:

1. The population actually served during the project period; and
2. The populations, if any, to which the program offers targeted services.

Targeted services include any services or approaches specifically designed to meet the needs of the population (e.g., gender specific, culturally based, developmentally appropriate services).

|  | Population | 1. Did you serve this group during the reporting period? | 2. Did this award provide targeted services for any of the following groups? |
| --- | --- | --- | --- |
| **RACE/ETHNICITY** | American Indian/Alaskan NativeAsianBlack/African AmericanHispanic or Latino (of any race)Native Hawaiian and Other Pacific IslanderOther RaceWhite/CaucasianYouth population not directly served | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **JUSTICE** | At-Risk Population (no prior offense)First Time OffendersRepeat OffendersSex OffendersStatus OffendersViolent OffendersYouth population not directly served | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **GENDER** | MaleFemaleYouth population not directly served  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
| **AGE** | 0-1011-18Over 18Youth population not directly served | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| **GEO** | RuralSuburbanTribalUrbanYouth population not directly served | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **OTHER** | Mental HealthSubstance AbuseTruant/Dropout | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |

## Specify Purpose Area

Select one or more primary purpose area for grant-funded activities. Any funds reported only represent an estimate of dollars allocated or used for activities covered by this grant award.

| **Purpose Area** | **Allocated Amount** |
| --- | --- |
| \_\_\_ Planning Year\* |  |
| \_\_\_ 1. Graduated Sanctions | $ |
| \_\_\_ 2. Facilities | $ |
| \_\_\_ 3. Hiring Court Staff/Pretrial Services | $ |
| \_\_\_ 4. Hiring Prosecutors | $ |
| \_\_\_ 5. Funding for Prosecutors | $ |
| \_\_\_ 6. Training Law Enforcement/Court Personnel | $ |
| \_\_\_ 7. Gun Courts | $ |
| \_\_\_ 8. Drug Courts | $ |
| \_\_\_ 9. Juvenile Records | $ |
| \_\_\_ 10. Information Sharing | $ |
| \_\_\_ 11. Accountability-Based Programs | $ |
| \_\_\_ 12. Risk/Needs Assessments | $ |
| \_\_\_ 13. School Safety | $ |
| \_\_\_ 14. Restorative Justice | $ |
| \_\_\_ 15. Court/Probation Programming | $ |
| \_\_\_ 16. Hiring Detention/Corrections staff | $ |
| \_\_\_ 17. Reentry | $ |

\*The program category *Planning Year* refers to the 12-month period following the start date of the award. Grantees who are entering data for a reporting period that is within the Planning Year period will be asked to answer performance measures about the planning activities conducted. Please refer to the TJADG Performance Measures Grid for more information.

Select Indicators for the Program Categories selected

## Performance Measures

For this section, please find the "performance measure grid by category" on the PMT sign-in page under the grant program name. Please print out the selected program category grids to add to this document. Record the collected data in the “Record Data Here” column for each performance measure.