**Organized Retail Theft (ORT) Prevention Grant Program | Quarterly Progress Report**

 **PLEASE REVIEW CAREFULLY**

Before completing this report, please review the [*Data Reporting Guide*](https://drive.google.com/file/d/1Bbi1yMrCWcL3NmW06jsQZLr5nbMfDkyc/view?usp=drive_link) which provides due dates, reporting periods, a description of the progress reports, and a data dictionary with data compilation guidance, when necessary.

**Grantee and Report Information**

1. **Grantee:** Click or tap here to enter text.
2. **Award Number:** Click or tap here to enter text.
3. **Reporting Period:** Choose a reporting period.

# Section A: Definitions of Key Terms

For each key term below, identify whether the specific definition provided (see the *Data Reporting Guide*) or a department specific definition was used. If a department specific definition was used, please use the text box provided to report the definition. If the key term is not applicable to the project, select the N/A option.

**Organized Retail Theft (ORT)**

1. Which ORT definition was used?

[ ]  N/A (skip items 1 through 4 in Metrics section)

[ ]  ORT definition provided.

[ ]  Department Specific ORT Definition. Please provide below:

Use this text box to provide the definition.

**Motor Vehicle Theft (MVT) or Motor Vehicle Accessory Theft (MVAT)**

1. Which MVT/MVAT definition was used?

[ ]  N/A (skip items 5 through 8 in Metrics section)

[ ]  MVT/MVAT definition provided.

[ ]  Department specific MVT/MVAT definition. Please provide below:

Use this text box to provide the definition.

**Cargo Theft**

1. Which cargo theft definition was used?

[ ]  N/A (skip items 9 through 12 in Metrics section)

[ ]  Cargo theft definition provided.

[ ]  Department specific cargo theft definition. Please provide below:

Use this text box to provide the definition.

# Section B: Inputs & Implementation

Indicate the status of each of the project implementation activities below by using the dropdown menu provided and the status definitions below. Select “N/A” for any activity that does not apply to the project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not Started**Have not yet been able to focus on project activity. | **Planning**Started preparations and plans to begin implementing activity. | **Implementation Started** Initiated implementing this component but may not be fully developed or needs refinement. | **Complete/Established** Project activity is fully in place/completed and supporting project goals. | **N/A**Does not apply to the project. |

For each activity provide a narrative description of the progress, accomplishments, and/or challenges encountered in the reporting period. *Note:* *when all applicable components are “complete/established,” document the quarter in which that occurred. For subsequent quarterly reports note the date of completion for the activity.*

1. **Staffing.** Hiring staff for the essential positions of the project.

Select the status of this implementation activity.

**Description:** Use this text box to describe progress, accomplishments, and/or challenges.

1. **Training.** Training provided to staff to support project goals.

Select the status of this implementation activity.

**Description:** Use this text box to describe progress, accomplishments, and/or challenges.

1. **Data Collection/Evaluation.** Systematic, ongoing data collection for the local and statewide evaluation. This includes the Local Evaluation Plan (LEP) for the BSCC, the securing of evaluator(s) if applicable, and the data collection method(s) for the QPR and Local Evaluation Report (LER).

Select the status of this implementation activity.

**Description:** Use this text box to describe progress, accomplishments, and/or challenges.

1. **Limit Racial Bias.** Policy(ies) in place and/or training(s) provided to ensure limiting of racial bias in implementation and facilitation of project activities.

Select the status of this implementation activity.

**Description:** Use this text box to describe progress, accomplishments, and/or challenges.

1. **Surveillance Technologies Compliance.** Policy(ies) in place and/or trainings provided to govern the use of those technologies, including, but not limited to: compliance with privacy laws and securing of any data collected or stored.

Select the status of this implementation activity.

**Description:** Use this text box to describe progress, accomplishments, and/or challenges.

1. **Quality Assurance.** Methods in place to ensure the project is being implemented as intended.

Select the status of this implementation activity.

**Description:** Use this text box to describe progress, accomplishments, and/or challenges.

**SECTION C: Goals and Objectives**

Enter the goals and objectives identified in the Project Work Plan (see grant contract) and are part of the Local Evaluation Plan. Describe the progress toward the goals and objectives the project was intended to address. Provide updates for each goal ***and*** its objectives related to the reporting period. Use as much space as needed within each of the tables to provide details about progress (the reporting boxes will expand as necessary).

| **Goal #1** Input the goal here.**Objectives:**  Input the associated objectives here. |
| --- |

**1.a. Progress.** Describe progress toward this goal ***and*** its objectives during this reporting period.

**Description:** Use this text box to describe progress toward the goal and its objectives.

**1.b. Challenges.** Describe any challenges encountered while working toward this goal ***and*** its objectives, as well as any efforts to address the challenges.

|  |  |
| --- | --- |
| ***Challenges:*** | ***How Addressed:*** |
| 1. Describe a challenge here.
 | Describe how addressed here. |
| 1. Describe a challenge here.
 | Describe how addressed here. |
| 1. Describe a challenge here.
 | Describe how addressed here. |

| **Goal #2** Input the goal here.**Objectives:**  Input the associated objectives here. |
| --- |

**2.a. Progress.** Describe progress toward this goal ***and*** its objectives during this reporting period.

**Description:** Use this text box to describe progress toward the goal and its objectives.

**2.b. Challenges.** Describe any challenges encountered while working toward this goal ***and*** its objectives, as well as any efforts to address the challenges.

|  |  |
| --- | --- |
| ***Challenges:*** | ***How Addressed:*** |
| 1. Describe a challenge here.
 | Describe how addressed here. |
| 1. Describe a challenge here.
 | Describe how addressed here. |
| 1. Describe a challenge here.
 | Describe how addressed here. |

| **Goal #3** Input the goal here.**Objectives:**  Input the associated objectives here. |
| --- |

**3.a. Progress.** Describe progress toward this goal ***and*** its objectives during this reporting period.

**Description:** Use this text box to describe progress toward the goal and its objectives.

**3.b. Challenges.** Describe any challenges encountered while working toward this goal ***and*** its objectives, as well as any efforts to address the challenges.

|  |  |
| --- | --- |
| ***Challenges:*** | ***How Addressed:*** |
| 1. Describe a challenge here.
 | Describe how addressed here. |
| 1. Describe a challenge here.
 | Describe how addressed here. |
| 1. Describe a challenge here.
 | Describe how addressed here. |

| **Goal #4** Input the goal here.**Objectives:**  Input the associated objectives here. |
| --- |

**4.a. Progress.** Describe progress toward this goal ***and*** its objectives during this reporting period.

**Description:** Use this text box to describe progress toward the goal and its objectives.

**4.b. Challenges.** Describe any challenges encountered while working toward this goal ***and*** its objectives, as well as any efforts to address the challenges.

|  |  |
| --- | --- |
| ***Challenges:*** | ***How Addressed:*** |
| 1. Describe a challenge here.
 | Describe how addressed here. |
| 1. Describe a challenge here.
 | Describe how addressed here. |
| 1. Describe a challenge here.
 | Describe how addressed here. |

| **Goal #5** Input the goal here.**Objectives:**  Input the associated objectives here. |
| --- |

**5.a. Progress.** Describe progress toward this goal ***and*** its objectives during this reporting period.

**Description:** Use this text box to describe progress toward the goal and its objectives.

**5.b. Challenges.** Describe any challenges encountered while working toward this goal ***and*** its objectives, as well as any efforts to address the challenges.

|  |  |
| --- | --- |
| ***Challenges:*** | ***How Addressed:*** |
| 1. Describe a challenge here.
 | Describe how addressed here. |
| 1. Describe a challenge here.
 | Describe how addressed here. |
| 1. Describe a challenge here.
 | Describe how addressed here. |

**SECTION D: Activities**

**Formal Agreements or Partnerships**

In the table below, each row lists pre-identified agencies with which a NEW formal operational agreement(s) or memorandum of understanding(s) (MOU(s)) may have been established during the reporting period. For each row, use the respective columns to report the number of new agreement(s) or MOU(s) established due to grant funds (column two), the number of new agreement(s) or MOU(s) established due to other fund sources (column three) and a description of the agreement(s) or MOU(s) (column three). If no agreements or MOUs were established for the corresponding item, please input a quantity of zero (0).

|  |  |  |  |
| --- | --- | --- | --- |
| **Agreements or Partnerships** | **Quantity utilizing*****Grant Funds*** | **Quantity utilizing*****Other Funds*** | **Description** |
| 1. Academic institution
 | Enter here | Enter here | Describe here. |
| 1. Community-based organization
 | Enter here | Enter here | Describe here. |
| 1. County-level agency
 | Enter here | Enter here | Describe here. |
| 1. District Attorney’s Office
 | Enter here | Enter here | Describe here. |
| 1. Other law enforcement agency
 | Enter here | Enter here | Describe here. |
| 1. Retailer/business
 | Enter here | Enter here | Describe here. |
| 1. Other
 | Enter here | Enter here | Describe here. |

**Activities to Address ORT, MVT, MVAT, or Cargo Theft**

In the table below, each row lists pre-defined general categories of operations or activities with which the project may have engaged in or conducted to address ORT, MVT/MVAT, or cargo theft. For each general category, use the respective columns to report the frequency (use the options within the dropdown menu) in which these operations or activities were engaged in or conducted during the reporting period with grant funds (column two) and with other funds (columns three). Use the fourth column to provide a description of the activities.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Frequency utilizing*****Grant Funds*** | **Frequency utilizing*****Other Funds*** | **Description** |
| 1. Task force operations
 | Select the frequency. | Select the frequency. | Describe here. |
| 1. MVT/MVAT operations
 | Select the frequency. | Select the frequency. | Describe here. |
| 1. RTIC/RTCC activities
 | Select the frequency. | Select the frequency. | Describe here. |
| 1. Retail/Business/Community Relations
 | Select the frequency. | Select the frequency. | Describe here. |
| 1. Other
 | Select the frequency. | Select the frequency. | Describe here. |

*MVT – motor vehicle theft. MVAT – motor vehicle accessory theft. RTIC – real-time information center. RTCC – real-time crime center.*

**Equipment and Technology in Operation**

In the table below, each row lists pre-identified equipment or technology that may have been put into operation during the reporting period. Do not include equipment and technology that was purchased this quarter but was not put into operation. For each item, use the respective columns to report the quantity that was put into operation during the reporting period with grant funds (column two) and with other funds (column three). Use column four to provide a description of the item(s).

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment/Technology** | **Quantity utilizing*****Grant Funds*** | **Quantityutilizing*****Other Funds*** | **Description** |
| 1. Automated license plate readers
 | Enter here | Enter here | Describe here |
| 1. Bait/decoy cars
 | Enter here | Enter here | Describe here |
| 1. Drones
 | Enter here | Enter here | Describe here |
| 1. Etching devices
 | Enter here | Enter here | Describe here |
| 1. Security cameras
 | Enter here | Enter here | Describe here |
| 1. Software/database
 | Enter here | Enter here | Describe here |
| 1. Tracking devices
 | Enter here | Enter here | Describe here |
| 1. Other
 | Enter here | Enter here | Describe here |

**SECTION E: Metrics**

**Metrics for ORT**

For questions 1 through 4, report the requested metrics for the reporting period. Refer to the *Data Reporting Guide* for definitions of each metric. See Section A for the applicable definition of ORT. For items 3 and 4, provide the quantity during the reporting period with grant funds (column two) and with other funds (column three).

|  |  |
| --- | --- |
| **Metric**  | **Quantity** |
| 1. Number of incidents reported related to ORT
 | Enter here |
| 1. Number of arrests made related to ORT
 | Enter here |
| **Metric**  | **Quantity utilizing****Grant Funds** | **Quantity utilizing****Other Funds** |
| 1. Number of FTE staff positions assigned to ORT prevention activities
 | Enter here | Enter here |
| 1. Number of referrals to the DA related to ORT
 | Enter here | Enter here |

**Metrics for MVT/MVAT**

For questions 5 through 8, report the requested metrics for the reporting period. Refer to the *Data Reporting Guide* for definitions of each metric. See Section A for the applicable definition of MVT/MVAT. For items 7 and 8, provide the quantity during the reporting period with grant funds (column two) and with other funds (column three).

|  |  |
| --- | --- |
| **Metric**  | **Quantity** |
| 1. Number of incidents reported related to MVT/MVAT
 | Enter here |
| 1. Number of arrests made related to MVT/MVAT
 | Enter here |
| **Metric**  | **Quantity utilizing****Grant Funds** | **Quantity utilizing****Other Funds** |
| 1. Number of FTE staff positions assigned to MVT/MVAT prevention activities
 | Enter here | Enter here |
| 1. Number of referrals to the DA related to MVT/MVAT
 | Enter here | Enter here |

**Metrics for Cargo Theft**

For questions 9 through 12, report the requested metrics for the reporting period. Refer to the *Data Reporting Guide* for definitions of each metric. See Section A for the applicable definition of cargo theft. For items 11 and 12, provide the quantity during the reporting period with grant funds (column two) and with other funds (column three).

|  |  |
| --- | --- |
| **Metric**  | **Quantity** |
| 1. Number of incidents reported related to cargo theft
 | Enter here |
| 1. Number of arrests made related to cargo theft
 | Enter here |
| **Metric**  | **Quantity utilizing****Grant Funds** | **Quantity utilizing****Other Funds** |
| 1. Number of FTE staff positions assigned to cargo theft prevention activities
 | Enter here | Enter here |
| 1. Number of referrals to the DA related to cargo theft
 | Enter here | Enter here |

**SECTION F: Challenges and Highlights**

1. **Challenges:** Describe the challenges encountered during the reporting period, as well any as efforts to overcome the challenges.

**Description:** Use this text box to provide the description.

1. **Project Highlights.** Describe any highlights and/or accomplishments that occurred during the current reporting period.

**Description:** Use this text box to provide the description.

**SECTION G: Additional Narrative**

1. **Additional Narrative.** Please provide any additional information necessary to detail the project’s progress during the reporting period. Any additional information that is project specific, which may help inform project progress, may be included here. If providing additional details in reference to a section within this report, please cite relevant sections.

**Description:** Use this text box to provide the description.