**Missing Murdered and Indigenous People (MMIP) Grant Program**

**Quarterly Progress Report**

 **PLEASE REVIEW CAREFULLY**

Before completing this report, please review the [*Data Reporting G1uide*](https://drive.google.com/file/d/1sVj8YdTjBZEsevhoInc2jXDfAgm084cp/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.

**Section A. 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 B: Inputs and Implementation**

Indicate the status of each of the project implementation activities below by using the checkboxes provided (select only one per activity). Select “N/A” for any activity that does not apply to the project. For each activity provide a narrative description of progress, accomplishments, and/or challenges the project has faced in the current reporting period. *Note:* *when all applicable components are “complete/established,” document the quarter in which that occurred. For the remaining quarters note the date of completion for the activity.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. |

1. **Partnerships.** Formal relationships between agencies, schools, contractors, or community organizations to support project goals. This also includes formal relationships with state, local, or federal agencies and tribal law enforcement, including but not limited to, tribal councils, tribal police, and tribal courts, to improve cooperation and communication on jurisdictional issues.

Select the status of this implementation activity.

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

1. **Staffing, Mentors and/or Volunteers.** Hiring/securing people for positions needed for 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, mentors, volunteers, etc. to support project goals.

Select the status of this implementation activity.

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

1. **Identification, Outreach, & Enrollment Process.** Process for identifying participants, conducting outreach, and enrolling participants into project services. Includes outreach to the community to promote the project and identify participants.

Select the status of this implementation activity.

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

1. **Educational/Training Materials.** Development of educational and/or training materials to achieve positive participant outcomes and project goals.

Select the status of this implementation activity.

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

1. **Evidence-based Programming.** Interventions based on strategies that are known to achieve positive participant outcomes and 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), 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. **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: Outreach and Awareness Campaigns**

In the section below, report project activities during the reporting period focused on community outreach and awareness campaigns. Only report outreach and awareness campaign activities funded by the grant.

1. **Activities.** For any activity or activities that were accomplished during the reporting period as part of the community outreach and awareness campaign(s), use the table below to report, for each activity: (i) the total number used, and (ii) a brief description. If an activity is not used during the reporting period, enter zero (0) for the quantity. If an activity is not tracked/measured as a component of the grant-funded project, enter N/A for the quantity.

|  |  |  |
| --- | --- | --- |
| **Activities.**  | **Quantity** | **Description** |
| 1. Amber/Feather Alerts
 | Enter here | Describe here. |
| 1. Billboards
 | Enter here | Describe here. |
| 1. Flyers/pamphlets
 | Enter here | Describe here. |
| 1. Posters
 | Enter here | Describe here. |
| 1. Presentations
 | Enter here | Describe here. |
| 1. Social media posts
 | Enter here | Describe here. |
| 1. Surveys
 | Enter here | Describe here. |
| 1. Tipline contacts
 | Enter here | Describe here. |
| 1. Other
 | Enter here | Describe here. |
| 1. Other
 | Enter here | Describe here. |

1. **Goals.** Select the goals(s) of the community outreach and awareness campaign activities during the reporting period. Select all that apply.

[ ]  Education/prevention of MMIP and/or human trafficking

[ ]  MMIP case awareness

[ ]  Tribal resources

[ ]  Other, please describe: describe here.

1. **Target Population.** Select which population(s) was (were) the intended audience for the outreach and awareness campaign activities during the reporting period. Select all that apply.

[ ]  Family of victims

[ ]  Local community

[ ]  Tribal community

[ ]  Victims

[ ]  Other, please describe: describe here.

1. **Highlights.** Describe any accomplishments or outcomes that were achieved because of the community outreach and awareness activities during the reporting period. For example, were new cases identified or pre-existing cases reinvestigated as a result, new tips gathered, a certain number of people were reached during the activities, etc.?

Use this text box to provide the description.

**SECTION E: Education, Training, and Prevention Activities**

In this section, report any education, training, and prevention activities, including attending conferences, that occurred during the reporting period.

**Conference/GONA Attendance**

Complete questions 1 through 3 if any or Gathering of Native Americans (GONAs) were attended by tribal members/staff. This should only include conferences attended that were administered by an outside entity. If the grantee hosted a conference, include it in “Education, training, and prevention activities implemented” below. If an activity is not attended during the reporting period, enter zero (0) for the quantity. If an activity is not tracked/measured as a component of the grant-funded project, enter N/A for the quantity.

1. **Name of the conference(s)/GONAs attended**:

Use this text box to provide the description.

1. **Number of tribal members/staff who attended the conference/GONA**. If multiple conferences were attended, report the number of tribal members/staff who attended each conference.

Use this text box to provide the description.

1. **Conference/GONA Content.** Select the category or categories that best describe the content of the conference.

[ ] Domestic violence prevention education

[ ] Human trafficking prevention education

[ ]  MMIP prevention education

[ ]  Other, please describe: describe here.

**Education, Training, and Prevention Activities IMPLEMENTED**

The remainder of this section gathers information about the education, training, and prevention activities that occurred during the reporting period.

1. **Total Number of Activities.** Report the total number of distinct activities that occurred or were held during the reporting period that provided education, training, or prevention. For example, if the same activity (e.g., a talking circle) occurred twelve times during the reporting period, count it as one (1) activity. That is, the total number of distinct activities is requested, not the frequency of occurrence.

 Enter a whole number here. Report numerical values only.

For each distinct activity reported above, use a subsection below to report the requested information for the respective activity. For example, if two (2) distinct activities occurred during the reporting period, complete two subsections below, one for each distinct activity. Space is provided for three (3) distinct activities. If additional space is needed, please use the [Section E Supplemental Form](https://docs.google.com/document/d/1Rl4KUzf10VLtt4YXEedcW77wTT_JyjfO/edit?usp=drive_link&ouid=104929154024210717756&rtpof=true&sd=true) and include it as an attachment with the QPR submission.

**Activity #1**

1. **Name/title of activity**: Use this text box to provide the description.
2. **Activity category.** Select the category or categories that best describes the information provided. Select all that apply.

[ ] Cultural/Intergenerational gathering

[ ] Domestic violence prevention education

[ ] Gathering of Native Americans (GONA)

[ ] Healing or talking circles

[ ] Human trafficking prevention education

[ ] Mentor training

[ ] MMIP awareness and prevention education

[ ] Substance use disorder education

[ ] Suicide prevention education

[ ] Trauma-informed care training

[ ] Trauma recovery training (e.g. Seeking Safety)

[ ]  Other, please describe: describe here.

1. **Activity description.** Provide a brief description of the activity.

Use this text box to provide the description.

1. **Target audience.** Select the target audience/attendees. Select all that apply:

[ ] County health care services

[ ] County superior court

[ ] Local community

[ ] Local law enforcement

[ ] Private investigator

[ ] Tribal advocates

[ ] Tribal community

[ ] Tribal court

[ ] Tribal law enforcement

[ ] Tribal staff

[ ] Tribal youth

[ ]  Other, please describe: describe here.

1. **Number of times delivered.** Report the number of times this activity was delivered during the reporting period. If it was only delivered one time, enter 1:

 Enter a whole number here. Report numerical values only.

1. **Total number of attendees.** If offered once, fill in the first row only. If offered multiple times during the reporting period, enter the number of attendees for each time it was offered. Include a total of all attendees in the last row. If additional rows are needed, report the instances offered and number of attendees within item #E.12 Additional information, below. If additional rows are reported in item #E.12, include those attendees in the Total row in item #E.10.

|  |  |
| --- | --- |
| **Sessions** | **Number of Attendees** |
| 1st time offered | Enter here |
| 2nd time offered | Enter here |
| 3rd time offered | Enter here |
| 4th time offered | Enter here |
| 5th time offered | Enter here |
| 6th time offered | Enter here |
| 7th time offered | Enter here |
| 8th time offered | Enter here |
| 9th time offered | Enter here |
| 10th time offered | Enter here |
| 11th time offered | Enter here |
| 12th time offered | Enter here |
| 13th time offered | Enter here |
| **TOTAL** | Enter here |

1. **Metrics.** Describe any data/metrics collected (e.g., pre- post surveys) to assess the effectiveness of this activity and report any findings.

 Use this text box to provide the description.

1. **Additional information.** Provide any additional information or impacts related to the activity.

 Use this text box to provide the description.

**Activity #2**

1. **Name/title of activity**: Use this text box to provide the description.
2. **Activity category.** Select the category or categories that best describes the information provided. Select all that apply.

[ ] Cultural/Intergenerational gathering

[ ] Domestic violence prevention education

[ ] Gathering of Native Americans (GONA)

[ ] Healing or talking circles

[ ] Human trafficking prevention education

[ ] Mentor training

[ ] MMIP awareness and prevention education

[ ] Substance use disorder education

[ ] Suicide prevention education

[ ] Trauma-informed care training

[ ] Trauma recovery training (e.g. Seeking Safety)

[ ]  Other, please describe: describe here.

1. **Activity description.** Provide a brief description of the activity.

Use this text box to provide the description.

1. **Target audience.** Select the target audience/attendees. Select all that apply:

[ ] County health care services

[ ] County superior court

[ ] Local community

[ ] Local law enforcement

[ ] Private investigator

[ ] Tribal advocates

[ ] Tribal community

[ ] Tribal court

[ ] Tribal law enforcement

[ ] Tribal staff

[ ] Tribal youth

[ ]  Other, please describe: describe here.

1. **Number of times delivered.** Report the number of times this activity was delivered during the reporting period. If it was only delivered one time, enter 1:

 Enter a whole number here. Report numerical values only.

1. **Total number of attendees.** If offered once, fill in the first row only. If offered multiple times during the reporting period, enter the number of attendees for each time it was offered. Include a total of all attendees in the last row. If additional rows are needed, report the instances offered and number of attendees within item #E.12 Additional information, below. If additional rows are reported in item #E.12, include those attendees in the Total row in item #E.10.

|  |  |
| --- | --- |
| **Sessions** | **Number of Attendees** |
| 1st time offered | Enter here |
| 2nd time offered | Enter here |
| 3rd time offered | Enter here |
| 4th time offered | Enter here |
| 5th time offered | Enter here |
| 6th time offered | Enter here |
| 7th time offered | Enter here |
| 8th time offered | Enter here |
| 9th time offered | Enter here |
| 10th time offered | Enter here |
| 11th time offered | Enter here |
| 12th time offered | Enter here |
| 13th time offered | Enter here |
| **TOTAL** | Enter here |

1. **Metrics.** Describe any data/metrics collected (e.g., pre- post surveys) to assess the effectiveness of this activity and report any findings.

 Use this text box to provide the description.

1. **Additional information.** Provide any additional information or impacts related to the activity.

 Use this text box to provide the description.

**Activity #3**

1. **Name/title of activity**: Use this text box to provide the description.
2. **Activity category.** Select the category or categories that best describes the information provided. Select all that apply.

[ ] Cultural/Intergenerational gathering

[ ] Domestic violence prevention education

[ ] Gathering of Native Americans (GONA)

[ ] Healing or talking circles

[ ] Human trafficking prevention education

[ ] Mentor training

[ ] MMIP awareness and prevention education

[ ] Substance use disorder education

[ ] Suicide prevention education

[ ] Trauma-informed care training

[ ] Trauma recovery training (e.g. Seeking Safety)

[ ]  Other, please describe: describe here.

1. **Activity description.** Provide a brief description of the activity.

Use this text box to provide the description.

1. **Target audience.** Select the target audience/attendees. Select all that apply:

[ ] County health care services

[ ] County superior court

[ ] Local community

[ ] Local law enforcement

[ ] Private investigator

[ ] Tribal advocates

[ ] Tribal community

[ ] Tribal court

[ ] Tribal law enforcement

[ ] Tribal staff

[ ] Tribal youth

[ ]  Other, please describe: describe here.

1. **Number of times delivered.** Report the number of times this activity was delivered during the reporting period. If it was only delivered one time, enter 1:

 Enter a whole number here. Report numerical values only.

1. **Total number of attendees.** If offered once, fill in the first row only. If offered multiple times during the reporting period, enter the number of attendees for each time it was offered. Include a total of all attendees in the last row. If additional rows are needed, report the instances offered and number of attendees within item #E.12 Additional information, below. If additional rows are reported in item #E.12, include those attendees in the Total row in item #E.10.

|  |  |
| --- | --- |
| **Sessions** | **Number of Attendees** |
| 1st time offered | Enter here |
| 2nd time offered | Enter here |
| 3rd time offered | Enter here |
| 4th time offered | Enter here |
| 5th time offered | Enter here |
| 6th time offered | Enter here |
| 7th time offered | Enter here |
| 8th time offered | Enter here |
| 9th time offered | Enter here |
| 10th time offered | Enter here |
| 11th time offered | Enter here |
| 12th time offered | Enter here |
| 13th time offered | Enter here |
| **TOTAL** | Enter here |

1. **Metrics.** Describe any data/metrics collected (e.g., pre- post surveys) to assess the effectiveness of this activity and report any findings.

 Use this text box to provide the description.

1. **Additional information.** Provide any additional information or impacts related to the activity.

 Use this text box to provide the description.

**SECTION F: Distribution of DNA Kits**

In the section below, report project activities during the current reporting period focused on the distribution of DNA kits. DNA kits may be distributed to tribal community members, regional community members, runaways, victims, family members of victims for the purposes of proactively identifying community members in in response to a specific case or incident and locating and identifying missing or murder indigenous people. Only report those kits funded by the grant.

1. **Number of DNA Kits Distributed.** Report the total number of DNA kits that were distributed by the grantee during the current reporting period. If DNA Kits were not distributed during the reporting period, enter zero (0) for the quantity. If DNA Kit distribution is not tracked/measured as a component of the grant-funded project, enter N/A for the quantity.

Enter a whole number here. Report numerical values only.

1. **Target Population.** Use the options below to select the target population that was the focus of the distribution efforts during the reporting period. Select all that apply.

[ ]  Family of victims

[ ]  Local community

[ ]  Runaways

[ ]  Tribal community

[ ]  Victims

[ ]  Other, please describe: describe here.

1. **Goals.** Use the options below to indicate the goals for the distribution of the DNA kits during the reporting period. Select all that apply.

[ ]  Prevention

[ ]  Intervention, in response to a specific case or incident

[ ]  Other, please describe: describe here.

1. **Highlights.** Describe any accomplishments, outcomes, or impacts that were achieved because of the distribution of DNA kits. For example, were cases resolved, did community members indicate they felt safer having shared their DNA in the event of an incident involving missing and/or murders indigenous people, etc.?

Use this text box to provide a description.

**SECTION G: Cooperation and Communication on Jurisdictional Issues**

This section requests information about activities that occurred during the reporting period to improve cooperation and communication on jurisdictional issues.

1. **Total Number of Activities.** Report the total number of distinct activities that occurred or were held during the reporting period to improve cooperation and communication on jurisdictional issues. If the same activity (e.g., a round table meeting) occurred three (3) times during the reporting period, count it as one (1) activity. If an activity did not occur during the reporting period, enter zero (0) for the quantity. If an activity is not tracked/measured as a component of the grant-funded project, enter N/A for the quantity.

Enter a whole number here. Report numerical values only.

For each distinct activity reported above, use a subsection below to report the requested information. Space is provided for three (3) distinct activities. If additional space is needed, please use the [Section G Supplemental Form](https://docs.google.com/document/d/1LwhGF4yRghR-zxz1yDwPFmDlqNMoGgVP/edit?usp=drive_link&ouid=104929154024210717756&rtpof=true&sd=true) and include it as an attachment with the QPR submission.

**Activity #1**

1. **Name/title of activity**: Use this text box to provide the description.
2. **Activity Format/Type.** Use the checkboxes below to indicate the format or activity type.

[ ]  Meeting

[ ]  Conference

[ ]  Other, please describe: describe here.

1. **Activity Description.** Use the space below to provide a brief description of the activity including its purpose, goals, or objectives.

Use this text box to provide the description.

1. **Frequency.** Report the number of times the activity occurred during the reporting period. If it only occurred one time, enter 1:

Enter a whole number here. Report numerical values only.

1. **Total Number of Attendees.** Use the table below to report the total number of unique people who attended each occurrence. If additional rows are needed, report the instances offered and number of attendees within item #G.9 Additional information, below. If additional rows are reported in item #G.9, include those attendees in the Total row in item #G.6.

|  |  |
| --- | --- |
| **Occurrence** | **Number of Attendees** |
| 1st time offered | Enter here |
| 2nd time offered | Enter here |
| 3rd time offered | Enter here |
| 4th time offered | Enter here |
| 5th time offered | Enter here |
| 6th time offered | Enter here |
| 7th time offered | Enter here |
| 8th time offered | Enter here |
| 9th time offered | Enter here |
| 10th time offered | Enter here |
| 11th time offered | Enter here |
| 12th time offered | Enter here |
| 13th time offered | Enter here |
| **TOTAL** | Enter here |

1. **Attendees by Agency Affiliation.** For the attendees, select their agency affiliation using the categories identified below. Select all that apply.

[ ]  County superior court

[ ]  Federal law enforcement

[ ]  Local community

[ ]  Local law enforcement

[ ]  Private investigators

[ ]  State law enforcement

[ ]  Tribal community

[ ]  Tribal law enforcement

[ ]  Tribal court

[ ]  Unknown, did not collect

[ ]  Other, please describe: describe here.

1. **Accomplishments or Outcomes.** Use the space below to provide a brief description of the accomplishments or outcomes that were achieved because of the activity. For example, was an agreement established, a working group established, a training scheduled, a relationship established or strengthened, etc.?

Use this text box to provide the description.

1. **Additional information.** Provide any additional information or impacts related to the activity.

 Use this text box to provide the description.

**Activity #2**

1. **Name/title of activity**: Use this text box to provide the description.
2. **Activity Format/Type.** Use the checkboxes below to indicate the format or activity type.

[ ]  Meeting

[ ]  Conference

[ ]  Other, please describe: describe here.

1. **Activity Description.** Use the space below to provide a brief description of the activity including its purpose, goals, or objectives.

Use this text box to provide the description.

1. **Frequency.** Report the number of times the activity occurred during the reporting period. If it only occurred one time, enter 1:

Enter a whole number here. Report numerical values only.

1. **Total Number of Attendees.** Use the table below to report the total number of unique people who attended each occurrence. If additional rows are needed, report the instances offered and number of attendees within item #G.9 Additional information, below. If additional rows are reported in item #G.9, include those attendees in the Total row in item #G.6.

|  |  |
| --- | --- |
| **Occurrence** | **Number of Attendees** |
| 1st time offered | Enter here |
| 2nd time offered | Enter here |
| 3rd time offered | Enter here |
| 4th time offered | Enter here |
| 5th time offered | Enter here |
| 6th time offered | Enter here |
| 7th time offered | Enter here |
| 8th time offered | Enter here |
| 9th time offered | Enter here |
| 10th time offered | Enter here |
| 11th time offered | Enter here |
| 12th time offered | Enter here |
| 13th time offered | Enter here |
| **TOTAL** | Enter here |

1. **Attendees by Agency Affiliation.** For the attendees, select their agency affiliation using the categories identified below. Select all that apply.

[ ]  County superior court

[ ]  Federal law enforcement

[ ]  Local community

[ ]  Local law enforcement

[ ]  Private investigators

[ ]  State law enforcement

[ ]  Tribal community

[ ]  Tribal law enforcement

[ ]  Tribal court

[ ]  Unknown, did not collect

[ ]  Other, please describe: describe here.

1. **Accomplishments or Outcomes.** Use the space below to provide a brief description of the accomplishments or outcomes that were achieved because of the activity. For example, was an agreement established, a working group established, a training scheduled, a relationship established or strengthened, etc.?

Use this text box to provide the description.

1. **Additional information.** Provide any additional information or impacts related to the activity.

 Use this text box to provide the description.

**Activity #3**

1. **Name/title of activity**: Use this text box to provide the description.
2. **Activity Format/Type.** Use the checkboxes below to indicate the format or activity type.

[ ]  Meeting

[ ]  Conference

[ ]  Other, please describe: describe here.

1. **Activity Description.** Use the space below to provide a brief description of the activity including its purpose, goals, or objectives.

Use this text box to provide the description.

1. **Frequency.** Report the number of times the activity occurred during the reporting period. If it only occurred one time, enter 1:

Enter a whole number here. Report numerical values only.

1. **Total Number of Attendees.** Use the table below to report the total number of unique people who attended each occurrence. If additional rows are needed, report the instances offered and number of attendees within item #G.9 Additional information, below. If additional rows are reported in item #G.9, include those attendees in the Total row in item #G.6.

|  |  |
| --- | --- |
| **Occurrence** | **Number of Attendees** |
| 1st time offered | Enter here |
| 2nd time offered | Enter here |
| 3rd time offered | Enter here |
| 4th time offered | Enter here |
| 5th time offered | Enter here |
| 6th time offered | Enter here |
| 7th time offered | Enter here |
| 8th time offered | Enter here |
| 9th time offered | Enter here |
| 10th time offered | Enter here |
| 11th time offered | Enter here |
| 12th time offered | Enter here |
| 13th time offered | Enter here |
| **TOTAL** | Enter here |

1. **Attendees by Agency Affiliation.** For the attendees, select their agency affiliation using the categories identified below. Select all that apply.

[ ]  County superior court

[ ]  Federal law enforcement

[ ]  Local community

[ ]  Local law enforcement

[ ]  Private investigators

[ ]  State law enforcement

[ ]  Tribal community

[ ]  Tribal law enforcement

[ ]  Tribal court

[ ]  Unknown, did not collect

[ ]  Other, please describe: describe here.

1. **Accomplishments or Outcomes.** Use the space below to provide a brief description of the accomplishments or outcomes that were achieved because of the activity. For example, was an agreement established, a working group established, a training scheduled, a relationship established or strengthened, etc.?

Use this text box to provide the description.

1. **Additional information.** Provide any additional information or impacts related to the activity.

 Use this text box to provide the description.

**SECTION H: Support Services**

**New Participants and their Demographic Information**

1. **Total Number of New Participants.** Enter the number of unique people who *signed up or were enrolled during the reporting period* to receive support services through the grant-funded project.

Enter a whole number here. Report numerical values only.

|  |  |
| --- | --- |
| 1. **Participant Group.** Specify why the participants are being provided with services. A participant can be reported in more than one category. Note. For this question, the value provided within a specific cell should not exceed the total number of new participants reported in H.1 above.
 | **Count of Participants** |
| 1. At-risk for experiencing violence in their lifetime
 | Enter here |
| 1. Impacted by MMIP or human trafficking
 | Enter here |
| 1. Victim of family, domestic, or dating violence
 | Enter here |
| 1. Youth or young adult in mentoring program
 | Enter here |
| 1. Other, please describe: describe here.
 | Enter here |

|  |  |
| --- | --- |
| 1. **Race/Ethnicity.** Specify the participants’ self-reported race/ethnicity. For individuals who indicate multiple races/ethnicities, report them under as “Multi-ethnic” within category ‘j.’ or ‘k.’, as applicable.
 | **Count of Participants** |
| a. American Indian/Alaska Native | Enter here |
| b. Asian (Total) | Enter here |
| Chinese | Enter here |
| Japanese | Enter here |
| Filipino | Enter here |
| Korean | Enter here |
| Vietnamese | Enter here |
| Asian Indian | Enter here |
| Laotian | Enter here |
| Cambodian | Enter here |
| Other | Enter here |
| c. Black or African American | Enter here |
| d. Hispanic, Latino, or Spanish | Enter here |
| e. Middle Eastern/North African | Enter here |
| f. Native Hawaiian/Pacific Islander (Total) | Enter here |
| Native Hawaiian | Enter here |
| Guamanian | Enter here |
| Samoan | Enter here |
| Other | Enter here |
| g. White | Enter here |
| h. Other identified ethnic origin, ethnicity, or race | Enter here |
| i. Decline to state | Enter here |
| j. Multi-ethnic origin, ethnicity, or race that **includes** American Indian/Alaska Native | Enter here |
| k. Multi-ethnic origin, ethnicity, or race that **does not include** American Indian/Alaska Native | Enter here |
| l. Unknown/did not collect | Enter here |
| **TOTAL (should equal value in #1 above):** | Enter here |

|  |  |
| --- | --- |
| 1. **Gender Identity.** Specify the participants’ self-reported gender identity. A participant can be reported in only one category.
 | **Count of Participants** |
| 1. Woman
 | Enter here |
| 1. Man
 | Enter here |
| 1. Transgender woman
 | Enter here |
| 1. Transgender man
 | Enter here |
| 1. Gender non-binary
 | Enter here |
| 1. Two-spirit
 | Enter here |
| 1. Prefer to self-define or questioning
 | Enter here |
| 1. Decline to state
 | Enter here |
| 1. Other, please describe: describe here.
 | Enter here |
| 1. Unknown/did not collect
 | Enter here |
| **TOTAL (should equal value in #1 above):** | Enter here |

|  |  |
| --- | --- |
| 1. **Age.** Indicate the participants’ age category. A participant can be reported in only one category.
 | **Count of Participants** |
| 1. Under 13-years of age
 | Enter here |
| 1. 13-17 years
 | Enter here |
| 1. 18-24 years
 | Enter here |
| 1. 25-30 years
 | Enter here |
| 1. 31-40 years
 | Enter here |
| 1. 41-50 years
 | Enter here |
| 1. 51-60 years
 | Enter here |
| 1. 61 years or older
 | Enter here |
| 1. Unknown/did not collect
 | Enter here |
| **TOTAL (should equal value in #1 above):** | Enter here |

**Services Provided to Participants During the Reporting Period**

1. **Total Number of Participants Who Received Services.** Enter a count of unique participants who received support services during the reporting period. The count should include new participants for the quarter and those who were “new” in prior quarters and are continuing to receive services.

Enter a whole number here. Report numerical values only.

|  |  |
| --- | --- |
| 1. **Services Provide to Participants.** For the participants who received services (H.6), report the number of participants who received each service below at least once during the reporting period. Provide a total number of unique participants who received the service, not the count of how many times the service was provided. Please see the Data Reporting Guide for detailed instructions.
 | **Count of Participants** |
| 1. Basic needs
 | Enter here |
| 1. Case management
 | Enter here |
| 1. Connected with an MMIP case investigator
 | Enter here |
| 1. Court filing fees assistance
 | Enter here |
| 1. Cultural/intergenerational gathering
 | Enter here |
| 1. Educational support
 | Enter here |
| 1. Family reunification support
 | Enter here |
| 1. Food access
 | Enter here |
| 1. Health services
 | Enter here |
| 1. Housing-related support
 | Enter here |
| 1. Legal services
 | Enter here |
| 1. Mental health services, individual
 | Enter here |
| 1. Mental health services, group or talking circle
 | Enter here |
| 1. Mentoring, one-on-one
 | Enter here |
| 1. Mentoring, group or talking circle
 | Enter here |
| 1. Mentoring, intergenerational gathering
 | Enter here |
| 1. Patient advocate
 | Enter here |
| 1. Print, marketing, advertisement cost assistance
 | Enter here |
| 1. Public assistance programs
 | Enter here |
| 1. Substance use treatment, individual
 | Enter here |
| 1. Substance use treatment, group or talking circle
 | Enter here |
| 1. Transportation assistance
 | Enter here |
| 1. Victim advocate
 | Enter here |
| 1. Other, please describe: describe here.
 | Enter here |

1. **Highlights.** Describe any highlights, accomplishments, or challenges overcome during the reporting period as it relates to the participants and the services they were provided. Please do not include any personally identifiable information about any participants.

Use this text box to provide the description.

**Outcomes of Participants**

**IMPORTANT:** Before reporting participant outcomes, please be sure to review this section within the Data Reporting Guide. Over the course of the grant period, a participant’s outcomes can only be reported once. Be sure to only report outcomes when the participant is no longer receiving services, there is no expectation the person will receive services in the remaining grant period, and/or at the end of the grant period (QPR # 14 due February 15, 2028).

1. **Total Number of Participants Whose Outcomes are being Reported.** Enter a count of the unique number of participants whose outcomes are being reported.

Enter a whole number here. Report numerical values only.

| 1. **Outcomes of Participants.** For the participants whose outcomes are being reported (H.9), report the number of participants who demonstrated each outcome below. Please see the Data Reporting Guide for detailed instructions.
 | **Number of Participants** |
| --- | --- |
| 1. Achieved closure regarding an MMIP case
 | Enter here |
| 1. Decrease in substance use
 | Enter here |
| 1. Improved cultural awareness/identity
 | Enter here |
| 1. Improved mental health status
 | Enter here |
| 1. Improved resilience
 | Enter here |
| 1. Improved self-confidence
 | Enter here |
| 1. Improved self-esteem
 | Enter here |
| 1. Reunited with family and/or support system
 | Enter here |
| 1. Other, please describe: describe here.
 | Enter here |

1. **Highlights.** Describe any highlights, accomplishments, or challenges overcome as it relates to the participants and the outcomes demonstrated. Please do not include any personally identifiable information about any participants.

Use this text box to provide the description.

**Data Check Resource for the Reporting of Participant Information**

This subsection is a resource to assist with data verification and ensuring data is being reported as intended for the QPR design. Completing this section each quarter is encouraged and is required for the Quarter 14 QPR.

|  |  |
| --- | --- |
| 1. **Key Participant Data Points**
 | **Total Number of Participants** |
| 1. Total number of new participants reported across all QPRs (#1 through #14). To calculate sum all values reported for H.1 across all QPRs.
 | Enter here |
| 1. Total number of participants whose outcomes were reported across all QPRs (#1 through #14). To calculate, sum all values reported for H.9 across all QPRs.
 | Enter here |

|  |  |
| --- | --- |
| 1. **Data Check**
 | **Calculated Value** |
| 1. Total number of new participants minus the total number of participants with reported outcomes (12.a – 12.b). This provides a count of the participants for who outcomes were not reported.
 | Enter here |
| Notes: * If the value of 13.c is zero (0) then outcomes for **all** participants have been reported.
* If the value of 13.c is negative (less than zero), then outcomes have been reported for more participants than the number of participants reported. **In this situation, a data correction is needed.** Please reach out to the BSCC to discuss.
* If the value of 13.c is positive (greater than zero), then there are some participants for whom outcomes have not been reported. **In this situation, please complete question 14 below for QPR #14 ONLY.**
 |

1. **Participants for which Outcomes were not reported.** This question only needs to be completed for QPR #14. If outcomes were not reported for some participants, use the text box below to provide a brief description of why outcomes were not reported. That is, were the participants still continuing with services, was contact lost with the participant, etc. Give counts by reason or category, if feasible.

Use this text box to provide the description.

**SECTION I: Investigations of New or Pre-existing MMIP Cases**

In the section below, report project activities during the reporting period which focused on investigations of missing and murdered indigenous people cases. Only report case investigations funded by the grant. If there was no activity during the reporting period for a requested data point, report zero (0).

1. **Agency.** Select the lead agency or agencies investigating the missing and murdered indigenous people cases utilizing grant funds. Select all that apply.

[ ]  Federal law enforcement

[ ]  Local law enforcement

[ ]  Private investigator

[ ]  State law enforcement

[ ]  Tribal law enforcement

[ ]  Other**,** please describe: describe here.

|  |  |
| --- | --- |
| 1. **Investigations of Missing Indigenous People Cases**
 | **Quantity** |
| **New Cases**  |
| 1. Number of *new missing* cases opened
 | Enter here |
| 1. Number of *new missing* cases for which the investigation continued
 | Enter here |
| 1. Number of *new missing* cases that were resolved
 | Enter here |
| **Pre-existing Cases** |
| 1. Number of *pre-existing missing* cases reopened
 | Enter here |
| 1. Number of *pre-existing, re-opened missing* cases for which the investigation continued
 | Enter here |
| 1. Number of *pre-existing, re-opened missing* cases that were resolved
 | Enter here |

1. **About Missing Cases.** Provide a description of the background relevant to the new or pre-existing missing indigenous people cases investigated during the reporting period. For example, what types of investigative efforts were done to find missing indigenous people?

Use this text box to provide a description.

1. **Resolution of Missing Cases.** Provide a description of information relevant to the new or pre-existing missing indigenous people cases that were resolved during the reporting period. For example, what was the impact of the investigations, what was the resolution(s) to each case, etc.?

Use this text box to provide a description.

|  |  |
| --- | --- |
| 1. **Investigations of Murdered Indigenous People Cases**
 | **Quantity** |
| **New Cases**  |
| 1. Number of *new murdered* cases opened
 | Enter here |
| 1. Number of *new murdered* cases for which the investigation continued
 | Enter here |
| 1. Number of *new murdered* cases that were resolved
 | Enter here |
| **Pre-existing Cases** |
| 1. Number of *pre-existing murdered* cases reopened
 | Enter here |
| 1. Number of *pre-existing, re-opened murdered* cases for which the investigation continued
 | Enter here |
| 1. Number of *pre-existing, re-opened murdered* cases that were resolved
 | Enter here |

1. **About Murdered Cases.** Provide a description of the background relevant to the new or pre-existing murdered indigenous people cases investigated during the reporting period. For example, what types of investigative efforts were done for cases of murdered indigenous people?

Use this text box to provide a description.

1. **Resolution of Murdered Cases.** Provide a description of information relevant to the new or pre-existing murdered indigenous people cases that were resolved during the reporting period. For example, what was the impact of the investigations, what was the resolution(s) to each case, etc.?

Use this text box to provide a description.

**SECTION J: Use of Drones/Technology to Assist with Search and Rescue**

This section request information related to the purchase, training, and use of drones or other technology in search and rescue missions, during the reporting period. If an activity did not occur during the reporting period, enter zero (0) for the quantity. If an activity is not tracked/measured as a component of the grant-funded project, enter N/A for the quantity.

1. **Number and Type of Drones/Technology Purchased:** Use the table below to describe drones/technology purchased (first column) during the reporting period, and for each purchase, report the total number purchased (second column).

|  |  |
| --- | --- |
| **Drone/Technology Purchased** | **Number Purchased** |
| describe here. | Enter here |
| describe here. | Enter here |
| describe here. | Enter here |
| describe here. | Enter here |
| describe here. | Enter here |
| describe here. | Enter here |

1. **Drone/Technology Training:** Provide information requested related to training people to use drones/technology associated with search and rescue missions, during the reporting period.
	1. Report the total number of people trained to use drones/technology associated with search and rescue, using grant funds.

Enter a whole number here. Report numerical values only.

* 1. Describe the drone/technology training received and number of people trained for each type of drone/technology in the table below, using grant funds.

|  |  |
| --- | --- |
| **Type of Training/Technology Trained on** | **Number of People Trained** |
| describe here. | Enter here |
| describe here. | Enter here |
| describe here. | Enter here |
| describe here. | Enter here |

1. **Search and Rescue Missions.** Complete this subsection if search and rescue missions were conducted with the use of drones and other technology during the reporting period.
	1. **Drones/Technology Used.** Identify whether drones and other technology were used in any search and rescue missions that occurred during the reporting period. Select all that apply.

[ ] Drones

[ ] Ground Penetrating Radar (GPR)

[ ] Sonar technology

[ ] Thermal technology

[ ] 3D Scanner

[ ]  Other, please describe: describe here.

* 1. **Drone/Technology Metrics.** In the table below, report the requested data related to the use of drones and other technology for search and rescue missions that occurred during the reporting period.

|  |  |
| --- | --- |
| **Drones/Technology Use in Search and Rescue Operations**  | **Quantity** |
| 1. Number of search and rescue missions where drones and other technology were used.
 | Enter here |
| 1. Number of drone/technology deployments
 | Enter here |
| 1. Total number of drone flight hours.
 | Enter here |
| 1. Total number of miles flown by drones.
 | Enter here |

1. **Challenges Encountered.** Describe any challenges encountered using drones or other technology for search and rescue efforts during the reporting period. Include a description of how the challenges were overcome.

Use this text box to provide the description.

1. **Impact of Drones/Technology.** Describe the impact the drones or other technology had on any search and rescue efforts during the reporting period.

Use this text box to provide the description.

**SECTION K: Database or Case Management Systems**

This section collections information about the purchase, installation, development or improvement of database systems or case management systems intended to identify, collect case-level data, publicize, and investigate and solve cases involving missing and murdered indigenous people.

1. **Activities.** Select the activity/activities that occurred during the reporting period. Select all that apply.

[ ]  A new database or case management system was purchased or installed.

[ ]  Upgrades to an existing database or case management system were implemented.

[ ]  Training related to the database system or case management system was provided.

[ ]  Other database- or case management-related activities were completed. Use this text box to provide the description.

1. **Description of Activities**. Use the text box below to describe the types of database or case management system purchases, updates, or improvements made during the reporting period.

Use this text box to provide the description.

1. **Outcomes.** Use the text box below to describe any outcomes that were observed or measured because of the database or case management system changes to date.

Use this text box to provide the description.

**SECTION L: Additional Narrative**

1. **Additional Narrative.** Please provide any additional information necessary to detail the project’s progress during the reporting period.
	* If providing additional details in reference to a section within this report, please cite the relevant section.
	* Additional information may include stories, history, and case information (non-personal) that may help others understand the project’s effort or impart cultural information necessary to understand the data provided.
	* Grantees are encouraged to share any materials related to their investigations and outreach and awareness efforts (e.g., flyers, posters, screenshots of social media posts). To share these materials include them as an attachment in the online submission form and identify each submission by number in the text box below.

Use this text box to provide the description.