County: Click here to enter text. Quarter: Click here to enter text.

The Law Enforcement Program Purpose Area should cover those activities conducted by law enforcement organizations. These activities may include prevention, intervention, apprehension, investigation, and detention activities. Federal reporting guidelines mandate that the information be reported according to the categories listed below. Please check only the categories in which you have information to report. The information reported below should apply only to this Program Purpose Area and should not be duplicative of information reported for another Program Purpose Area.

***Our county has information to report in the following categories (check all that apply):***

**Programs:** Includes activities where individuals are served, directly or indirectly. Programs may include one-time events, services, or events and services that occur on a continuous basis.

**Personnel:** Includes activities where individuals are hired, maintained, or paid overtime.

**Equipment Purchases and/or Technology Investments:** Includes activities where equipment purchases and/or technology investments were made that improve efficiency and/or cost savings.

**Training:** Includes activities where training (transferring of skills and knowledge) occurs. This may include training by the organization of its own staff, training by the organization of individuals from other organizations, or training of the organization’s staff by other individuals.

**Task Forces:** Includes targeted or organized law enforcement initiatives and activities conducted by a specially trained unit or group to achieve a specific purpose. This includes activities conducted by any type of task force, targeted or organized law enforcement initiatives such as anti-gang, drug, AMBER alert, or anti-human trafficking.

**Seizures:** Includes activities conducted by law enforcement such as confiscation of items related to task force activity. Seizures can include cash, guns, vehicles, gangs and drugs.

**Other:** If you have additional activities to report under this Purpose Area, please report those activities in the “Accomplishments” section of this report.

1. **BUDGET**

Are grant funds being expended in accordance with the Grant Award Agreement?

YES  NO If no, please explain: Click here to enter text.

1. Total Grant Funds Awarded: Click here to enter text.
2. Total Grant Funds Expended to Date: Click here to enter text.
3. Total Grant Funds Encumbered to Date: Click here to enter text.
4. Total Remaining Balance on Grant Funds: Click here to enter text.
5. **FUNDING MODEL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity Area** | **Personnel** | **Equipment Supplies, & Technology** | **Consultants & Contracts** | **Training and Conferences** | **Other** |
| Law Enforcement | $ | $ | $ | $ | $ |
| Crime Lab/Forensics | $ | $ | $ | $ | $ |
| Prosecution | $ | $ | $ | $ | $ |
| Indigent Defense | $ | $ | $ | $ | $ |
| Courts | $ | $ | $ | $ | $ |
| Corrections | $ | $ | $ | $ | $ |
| Community Corrections | $ | $ | $ | $ | $ |
| Reentry Services | $ | $ | $ | $ | $ |
| Behavioral Health | $ | $ | $ | $ | $ |
| Assessment and Evaluation | $ | $ | $ | $ | $ |
| Crime Victim/Witness Services | $ | $ | $ | $ | $ |
| Other | $ | $ | $ | $ | $ |
| **Total Allocations**  **(Total of all Allocations must equal the specific funding amount)** | $ | $ | $ | $ | $ |

1. **PROGRAMS**
2. Please indicate the number of NEW programs your county have implemented, expanded, or sustained during the reporting period (a program is a set of actions to accomplish a specific purpose) using JAG funds. An example of a program may be when a law enforcement officer *gives anti-drug talks to students monthly at community schools.*

Click here to enter text.

1. In the last year, which of the following activities or programs did your agency use to foster community involvement? *Check all that apply.*

Citizen review board/other review board with citizen representation

Citizen’s police academy

Internships for university or high school students

Volunteer programs

Auxiliary police officer program

Police cadet program

K-12 school programs

Youth athletic programs

None of the above

Unsure/don’t know

Other (please describe) Click here to enter text.

1. What **types of law enforcement programs** did you implement, expand or sustain during the reporting period?

*Check all that apply.*

Crime Prevention  Alcohol/Tobacco Enforcement  Child Abuse Investigation

Gang Enforcement  Drug Enforcement  Gang Resistance

Violent Crime Reduction  Drug Prevention  Gang Abatement

Domestic Violence Enforcement  Traffic Enforcement  Gun Violence Reduction

Sexual Offender/Predator Tracking  Equipment  Impact Teams

Evidence-Based Policing  Education  Community Policing

Violent Crime Reduction Initiative

School Resource Officer and Crisis Intervention Training

Other. Please describe: Click here to enter text.

1. Using the table below, please briefly **describe the law enforcement programs** that your county has implemented, expanded or sustained during the reporting period with JAG funding. Include a brief explanation of what each program’s purpose(s) and goal(s) are, the target population, how the program is being implemented and by whom.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Program** | **Purpose and Goals** | **Target Population** | **Implementing Agency** | **Progress Update (how it is being implemented)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. What **types of events** have been held during the reporting period with JAG funding? Examples include Town Hall meetings, ceasefire call-ins, crime publicity campaigns, community outreach meetings, etc. *Check all that apply.*

Community Outreach Events

Educational Events

Media Campaign (television, radio, billboards, pamphlets, posters)

Other. Please specify: Click here to enter text.

1. **PERSONNEL**
2. How many personnel did your county **maintain** with JAG funds during the reporting period? Click here to enter text.

*Maintained personnel means any staff members who were already working with the law enforcement organization, but who are now being paid partially or fully with BJA JAG grant funds.* ***Only report each individual once for the life of the award.***

For each individual maintained by JAG funds this quarter, please provide a Name, Title, and % Grant Funded using the table below.Insert additional lines or attach additional pages if needed. **Include only those positions authorized in the Grant Award Agreement or authorized by BSCC Personnel.**

| **Name of the Individual *Maintained*** | **Title** | **% Grant Funded** |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. How many **new personnel** did your county **hire** with JAG funds during the reporting period? Click here to enter text.

*Hired personnel means any new individuals who did not work for the organization, but who were selected foremployment during the reporting period.* ***Only report each new hire once for the life of the award*.**

For each individual hired with JAG funds this quarter, please provide a Name, Title, and % Grant Funded using the table below.Insert additional lines or attach additional pages if needed. **Include only those positions authorized in the Grant Award Agreement or authorized by BSCC Personnel.**

| **Name of the Individual *Hired*** | **Title** | **% Grant Funded** |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. What **types of positions** were filled with new personnel hired during the reporting period? *Check all that apply*.

Correctional Officers and Jailer  Medical/Clinical Staff

Law Enforcement Personnel  Counselors

Non-sworn Law Enforcement Officer  Trainers and Technical Assistance Specialist

Crime Analyst  Evaluator

Administrative Staff  Program Managers

Civilian Personnel  Court Staff

Legal Staff (defense attorneys, prosecutors, indigent defense)

Other. Please specify: Click here to enter text.

1. During the reporting period, did you expend any JAG funds on personnel overtime, salary, or pay?  YES  NO If No, please explain: Click here to enter text.
2. How many Overtime **hours** were funded by JAG during the reporting period in each of the following activity areas? Overtime hours are those that nonexempt employees work beyond normal working hours (usually 40) during a work week.

|  |  |  |
| --- | --- | --- |
|  | **Activity Area** | **Number of Overtime Hours** |
| A. | Law Enforcement |  |
| B. | Crime Lab/Forensics |  |
| C. | Crime Prevention |  |
| D. | Prosecution |  |
| E. | Indigent Defense |  |
| F. | Courts |  |
| G. | Corrections |  |
| H. | Community Corrections |  |
| I. | Reentry Services |  |
| J. | Behavioral Health |  |
| K. | Assessment and Evaluation |  |
| L. | Crime Victim/Witness Services |  |
| M. | Other |  |

1. What has personnel funding been used for during the reporting period?

Overtime hours  Personnel salary/pay, includes fringe benefits

1. Have all grant-funded positions been filled?

YES  NO If No, please explain: Click here to enter text.

1. Are any of the grant-funded positions vacant due to an on-the-job injury?

YES  NO If Yes, please explain: Click here to enter text.

1. Have any of the job duties, as detailed in the Grant Award Agreement, changed?

YES  NO If Yes, please explain: Click here to enter text.

1. Are there any personnel issues which may affect the project objectives and activities?

YES  NO If Yes, please explain: Click here to enter text.

1. **EQUIPMENT PURCHASES AND/OR TECHNOLOGY INVESTMENTS**
2. During the reporting period, did you expend any JAG funds on equipment, supplies, or technology enhancements?

YES  NO If No, skip this section.

1. What types of equipment purchases and/or technology investments were made with JAG funds during the reporting period? *Check all that apply.*

Computer-Aided Dispatch (CAD) Equipment

Computers/Mobile Data Terminals

Undercover Surveillance Equipment (microphones, video)

Tactical Vests/Body Armor/Helmets

Computer Software

Video Observation (station, community, pole cams)

Equipment for Police Cruisers

Mobile Access Equipment (air cards for Verizon etc.)

In-Car/On-Person Camera Systems

Lethal Weapons (firearms)

Emergency Medical Services (EMS) Equipment

Mobile Access Equipment (air cards for Verizon etc.)

Less-than-Lethal Weapons, Impact Weapons (batons, bean bag shotgun rounds, etc.), Chemical Weapons (CN gas, Pepper Spray), Energy Devices (Tasers)

Vehicles (Note: pickup trucks and vans need prior approval from BSCC and BJA)

Other. Please specify: Click here to enter text.

1. Complete the table below. Specify the Equipment/Technology ‘type’ (i.e. *Laptops, Binoculars, Software Licenses, etc*.) as authorized in the Grant Award Agreement. *If more than one of the* ***same item*** *is ordered, place the number of items ordered in parentheses next to the equipment/technology item.* For example: Laptops (5).

|  |  |  |
| --- | --- | --- |
| ***Equipment / Technology (# of items)*** | ***Cost (per item)*** | ***Date Ordered/Received*** |
| Click here to enter text. | $Click here to enter text. | Click here to enter text. |
| Click here to enter text. | $Click here to enter text. | Click here to enter text. |
| Click here to enter text. | $Click here to enter text. | Click here to enter text. |
| Click here to enter text. | $Click here to enter text. | Click here to enter text. |
| Click here to enter text. | $Click here to enter text. | Click here to enter text. |

1. Describe any efficiencies or cost savings achieved as a result of any equipment purchases and/or technology investments during the reporting period. Click here to enter text.
2. Please complete the table below indicating the number and cost of items purchased in each BJA-defined category. **Individual line-item reports are not needed.** Please aggregate purchases to the BJA-defined categories outlined on page 14 of the attached Appendix. (i.e. General Categories - Controlled Items, Camera/Surveillance Equipment, Computer Equipment, Vehicles and Accessories, Weapons, Duty Equipment (not including weapons), Technology, Forensic/Evidence, Animals and Animal Equipment, Medical – Specific Category information can be found below each General Category)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | General Category  (Select Category) | Specific Category  (Select Category) | Total Quantity  Purchased | Total JAG Funds Spent |
| 1. |  |  |  | $ |
| 2. |  |  |  | $ |
| 3. |  |  |  | $ |
| 4. |  |  |  | $ |
| 5. |  |  |  | $ |
| Total: |  |  |  | $ |

1. Please describe all of their equipment, supplies, or technology enhancements purchased during the reporting period. You may also use this space to shred any additional details about your equipment purchase you feel are not adequately captured elsewhere in the PMT. Click here to enter text.
2. **Consultants and Contracts**

Please report on all costs associated with a consultant (including travel expenses) as well as any contract for a product or service. This includes cell phone or data service.

1. During the reporting period, did you expend any JAG funds on consultants or contracts?

YES  NO

2. Please describe what consultants and/or contracts were paid for with JAG funds during the reporting period. Please include names, titles, and areas of expertise where applicable. Click here to enter text.

1. **TRAINING**
2. During the reporting period, did you expend any JAG funds on attending, hosting, or developing training?  YES  NO
3. What type of JAG-funded training activities occurred during the reporting period?

Individuals **attended** training/conference hosted by an outside organization. (If checked, complete questions 3-5 below)

Organization **hosted** training/conference (attended by employees from inside and/or outside your organization.

Organization **developed** training course/curriculum.

**Attended Training/Conference:**

1. What type of training was attended? *Check all that apply*

Certification training (training required to obtain a certification)

In-service/annual training (training required to keep certification active or maintain proficiency)

Skill building (training that increases the skill or knowledge of employees in a particular area)

Leadership/management (training for managers or administrators)

Conference

Other (please describe)Click here to enter text.

1. How many hours did the training/conference last? A 1-day course it typically classified as an 8-hour course, and a week-long course is typically classified as a 40-hour course. Click here to enter text.
2. Did you use a standardized evaluation instrument to evaluate your training/conference? A Sample standardized emulation instrument can be found at

<http://portal.hud.gov/hudportal/documents/huddoc?id=50945.doc>.

YES  NO

**Hosted Training/Conference:**

1. What type of training was attended? *Check all that apply*

Certification training (training required to obtain a certification)

In-service/annual training (training required to keep certification active or maintain proficiency)

Skill building (training that increases the skill or knowledge of employees in a particular area)

Leadership/management (training for managers or administrators)

Conference

Other (please describe) Click here to enter text.

1. Please provide a short description of the training conference: Click here to enter text.
2. How many hours did the training/conference last? A 1-day course it typically classified as an 8-hour course, and a week-long course is typically classified as a 40-hour course. Click here to enter text.

**Developed and Training Course Curriculum:**

1. What type of training was attended? *Check all that apply*

Certification training (training required to obtain a certification)

In-service/annual training (training required to keep certification active or maintain proficiency)

Skill building (training that increases the skill or knowledge of employees in a particular area)

Leadership/management (training for managers or administrators)

Conference

Other (please describe) Click here to enter text.

1. Please describe the developing training course/curriculum. Please include the targeted audience, primary sources used in the development of your curriculum, and a brief overview. Click here to enter text.
2. How many hours did the training/conference last? A 1-day course it typically classified as an 8-hour course, and a week-long course is typically classified as a 40-hour course. Click here to enter text.
3. What is the intended mode of delivery for your training course/curriculum? *Check all that apply*

Classroom based (e.g., in-person, face to face)

Web based (e.g., webinar)

Pre-recorded (e.g., training videos)

Self-study (e.g., in-person, face to face)

Other (Please describe) Click here to enter text.

1. Number of individuals that your county **trained** during the reporting period (where grant funding or grant-funded positions were involved)? *This includes training received by individuals within your organization and/or provided by your organization during the reporting period. Trainings could have been held within or outside of your organization. Report the total number of individuals trained, not the number of trainings he or she attended. Only report each individual once for the reporting period.* Click here to enter text.
2. Of those trained how many individuals were from **within** your organization? Click here to enter text.
3. Of those trained how many individuals were from **outside** of your organization? Click here to enter text.
4. Were participants asked to complete an **evaluation** of training during the reporting period?

YES  NO

1. If yes, how many individuals completed an evaluation? Click here to enter text.
2. If yes, how many individuals rated training as being satisfactory or better? Click here to enter text.
3. Did you provide a **pre-test and post-test** for training during the reporting period?

YES  NO

1. If yes, how many individuals completed a pre-test and post-test for training? Click here to enter text.
2. If yes, how many individuals completed a post-test with an improved score over the pre-test? Click here to enter text.
3. How many grant-funded **training hours** have been **completed** during the reporting period?

*This includes training completed by individuals within your organization and provided to individuals outside the organization.* Click here to enter text.

1. Of the training hours, how many hours have been completed by individuals **within** your organization? Click here to enter text.
2. Of the training hours, how many hours have been provided to individuals **outside** of the organization? Click here to enter text.
3. **TASK FORCES**

Task Force Training Requirement: Per the JAG General Award Special Conditions:

*The Grantee agrees that within 120 days of award acceptance, each current member of a law enforcement task force funded with these funds who is a task force commander, agency executive, task force officer, or other task force member of equivalent rank, will complete required online (internet-based) task force training. Additionally, all future task force members are required to complete this training once during the life of this award, or once every four years if multiple awards include this requirement. The training is provided free of charge online through BJA's Center for Task Force Integrity and Leadership (*[*www.ctfli.org*](http://www.ctfli.org)*). This training addresses task force effectiveness as well as other key issues including privacy and civil liberties/rights, task force performance measurement, personnel selection, and task force oversight and accountability. When BJA funding supports a task force, a task force personnel roster should be compiled and maintained, along with course completion certificates, by the grant recipient. Additional information is available regarding this required training and access methods via BJA's web site and the Center for Task Force Integrity and Leadership (*[*www.ctfli.org*](http://www.ctfli.org)*).*

Please provide the date(s) and number(s) of officers who completed this online training requirement on that date.

|  |  |
| --- | --- |
| Date training completed | Number of officers who completed |
| Click here to enter text. | Click here to enter text. |

1. How many **hours paid for with JAG funds** were used toward task force activity during the current reporting period? *Report in hours.* Click here to enter text.
2. Of the hours paid for with JAG funds towards task force activity, how many hours were for **drug task forces**? Click here to enter text.
3. Of the hours paid for with JAG funds towards task force activity, how many hours were for **gang task forces**? Click here to enter text.
4. Of the hours paid for with JAG funds towards task force activity, how many hours were for **violent crime task forces**? Click here to enter text.
5. What types of task forces were funded? Please complete the table below.

|  |  |  |
| --- | --- | --- |
| **Types of Task Force** | **Check all that apply** | **Is this a Multi-Jurisdictional Task Force? (Yes/No)** |
| All Crimes Task Force | Click here to enter text. | Click here to enter text. |
| Violent Crimes Task Force | Click here to enter text. | Click here to enter text. |
| Amber Alert Task Force | Click here to enter text. | Click here to enter text. |
| Anti-Gang Task Force | Click here to enter text. | Click here to enter text. |
| Anti-Gun Task Force | Click here to enter text. | Click here to enter text. |
| Anti-Human Trafficking Task Force | Click here to enter text. | Click here to enter text. |
| Drug Task Force | Click here to enter text. | Click here to enter text. |
| Fugitive/Violent Crime Task Force | Click here to enter text. | Click here to enter text. |
| Other (If other please explain in the narrative box below) | Click here to enter text. | Click here to enter text. |
| Other: Click here to enter text. |

1. How many **NEW investigations/cases** were initiated during the reporting period? Click here to enter text.
2. Of the **NEW investigations/cases** initiated, how many were **drug-related?** Click here to enter text.
3. Of the **NEW investigations/cases** initiated, how many hours were **gang-related?** Click here to enter text.
4. Of the **NEW investigations/cases** initiated, how many hours were **other violent crime-related?** Click here to enter text.
5. How many **investigations**/**cases** were **closed** during the reporting period? Click here to enter text.
6. Of the investigations/cases **closed,** how many were drug-related? Click here to enter text.
7. Of the investigations/cases **closed,** how many were gang-related? Click here to enter text.
8. Of the investigations/cases **closed,** how many were **other violent crime-related?** Click here to enter text.
9. How many **community meetings** were held during the reporting period? Click here to enter text.
10. Of the community meetings held, how many were drug-related? Click here to enter text.
11. Of the community meetings held, how many were related to **gang-related?** Click here to enter text.
12. Of the community meetings held, how many were **other violent crime-related?** Click here to enter text.
13. What was the **total number** of individuals (including gang members) **arrested** based on task force activity during the reporting period? *Information provided should be based on official arrest information from a local, state or national law enforcement reporting system or official court records. In the case of multiple offenses this should be determined by the top charge (or highest offense).* Click here to enter text.
14. How many individuals **arrested** were charged with a **misdemeanor**? Click here to enter text.
15. Of those arrested and charged with a misdemeanor, how many were **drug-related**? Click here to enter text.

8. How many individuals **arrested** were charged with a **felony**? Click here to enter text.

a. Of those arrested and charged with a felony, how many were **drug-related**? Click here to enter text.

1. What was the **total number of GANG MEMBERS ONLY arrested** based on task force activity during the reporting period? *Report on this only if you have a gang task force. As defined by DOJ, a gang is an association of three or more people who adopt a group identity represented by a common name, sign, or symbol. The gang engages in criminal activity, using violence or intimidation to enhance their power and access to resources. As organizations, gangs may have identifiable structures, rules for joining and behavior, and regular meetings. Gangs may also provide protection for their members and exert control over a particular geographic location or region. For the expanded definition go to:* [*http://www.nij.gov/topics/crime/gangs-organized/gangs/definitions.htm*](http://www.nij.gov/topics/crime/gangs-organized/gangs/definitions.htm)*.*

Click here to enter text.

1. What **total drug amounts** were seized during the reporting period? *Report the amount seized for each type of drug. Indicate dosage unit, pills, grams, kilograms, or pounds.* **Report on this only if you have a Drug Task Force.**

A. Cocaine (crack) Click here to enter text.

B. Cocaine (powder) Click here to enter text.

C. Ecstasy (MDMA) Click here to enter text.

D. Heroin Click here to enter text.

E. Marijuana (commercial grade, hydroponic, or synthetic/spice) Click here to enter text.

F. Methamphetamine Click here to enter text.

G. Methamphetamine (ice) Click here to enter text.

H. Pseudoephedrine Click here to enter text.

I. Psilocybin Click here to enter text.

J. Prescription pills (examples: Xanax, OxyContin [oxycodone], Vicodin or Lortab [acetaminophen and hydrocodone], etc.) Click here to enter text.

K. Salvia Click here to enter text.

L. Steroids Click here to enter text.

M. Other Click here to enter text.

N. If other, please specify in the space below: Click here to enter text.

1. What **total drug amounts** were seized **from clandestine drug labs** during the reporting period? *Report the amount seized for each type of drug. Indicate dosage unit, pills, grams, kilograms, or pounds.* **Report on this only if you have a Drug Task Force.**

A. Cocaine (crack) Click here to enter text.

B. Cocaine (powder) Click here to enter text.

C. Ecstasy (MDMA) Click here to enter text.

D. Heroin Click here to enter text.

E. Marijuana (commercial grade, hydroponic, or synthetic/spice) Click here to enter text.

F. Methamphetamine Click here to enter text.

G. Methamphetamine (ice) Click here to enter text.

H. Pseudoephedrine Click here to enter text.

I. Psilocybin Click here to enter text.

J. Prescription pills (examples: Xanax, OxyContin [oxycodone], Vicodin or Lortab [acetaminophen and hydrocodone], etc.) Click here to enter text.

K. Salvia Click here to enter text.

L. Steroids Click here to enter text.

M. Other Click here to enter text.

N. If other, please specify in the space below: Click here to enter text.

1. If your County has had other activity by **other Task Force** participants including the District Attorney’s Office or the Probation Department, please explain and answer the appropriate questions below:

**District Attorney Task Force Activity**

**\*Data should be reported for activity that occured during this specific reporting period.**

How many target cases were received for prosecution? Click here to enter text.

How many target cases were prosecuted? Click here to enter text.

How many convictions for misdemeanors related to target offenses took place? Click here to enter text.

How many convictions for felony target offenses took place? Click here to enter text.

How many offenders were arrested for drug related crimes and were also prosecuted for endangering the safety and well-being of children? Click here to enter text.

How many convictions for task force activities involving violations of PC 273a/b took place? Click here to enter text.

How many child endangerment cases were referred to Child Welfare Services? Click here to enter text.

How many children were removed from offenders due to task force activities? Click here to enter text.

**Probation Department Task Force Activity**

**\*Data should be reported for activity that occured during this specific reporting period.**

How many targeted offenders were supervised by the Probation Department? Click here to enter text.

How many probationers were supervised by the Deputy Probation Officer assigned to the task force? Click here to enter text.

How many risk and needs assessments were completed on target probationers? Click here to enter text.

How many case plans were completed on target probationers? Click here to enter text.

How many moderate to high risk target offenders were supervised by the Probation Department? Click here to enter text.

1. **SEIZURES**
2. How many **firearms** were **seized** during the reporting period? Click here to enter text.
3. Of the firearms seized, how many of their serial numbers were put into the National Integrated Ballistic Information Network (NIBIN)? Click here to enter text.
4. Of the firearms seized, how many were traced through the Bureau of Alcohol, Tobacco, Firearms and Explosives?Click here to enter text.
5. How many firearms seized were **drug-related?** Click here to enter text.
6. How many firearms seized were **gang-related?** Click here to enter text.
7. How many **individuals** were **charged with firearm crimes** during the reporting period? Click here to enter text.
8. How many **Federal forfeiture cases** were **filed** during the reporting period? Click here to enter text.
9. What was the **value of assets seized** under **Federal** cases during the reporting period? *Assets include property, cash, vehicles, weapons, jewelry, drugs, etc. Please report in dollars* ($) Click here to enter text.
10. Of the assets seized, what was the value that was **drug-related**? ($) Click here to enter text.
11. Of the assets seized, what was the value that was **gang-related**? ($) Click here to enter text.
12. How many **State forfeiture cases** were **filed** during the reporting period? Click here to enter text.
13. What was the **value of assets seized** under **State** cases during the reporting period? *Please report in dollars* ($). Click here to enter text.
14. Of the assets seized, what was the value that was **drug-related**? ($) Click here to enter text.
15. Of the assets seized, what was the value that was **gang-related**? ($) Click here to enter text.
16. How many **gangs** were **disrupted** during the reporting period? Please provide an explanation in the space provided below. “*Disrupted” means impeding the normal and effective operation of the targeted organization, as indicated by changes in organizational leadership and/or changes in methods of operation, such as trafficking patterns, communications, etc.*  Click here to enter text.
17. How many **gangs** were **dismantled** during the reporting period? Please provide an explanation in the space provided below. *Dismantled means destroying the organization’s leadership, financial base, and supply network so that the organization is incapable of operating and/or reconstituting itself*. Click here to enter text.
18. How many **drug-trafficking organizations** and **money-laundering organizations** were **disrupted** during the reporting period? Please provide an explanation in the space provided below. *A drug-trafficking organization is an organization that conducts an illicit trade in an area involving illegal drug production, manufacturing, importation, or distribution. The drug activities conducted by the drug trafficking organization in the area are known to have a harmful impact on other areas of the country.*

*(*[*https://www.ncjrs.gov/ondcppubs/publications/enforce/hidta2001/overview.html*](https://www.ncjrs.gov/ondcppubs/publications/enforce/hidta2001/overview.html)*)*

Click here to enter text.

1. How many **drug-trafficking organizations** or **money-laundering organizations** were **dismantled** during the reporting period? Please provide an explanation in the space provided below. *Dismantled means destroying the organization’s leadership, financial base, and supply network so that the organization is incapable of operating and/or reconstituting itself.* Click here to enter text.
2. **ACCOMPLISHMENTS**

For the **Law Enforcement** Program Purpose Area, please briefly describe any of your grant’s accomplishments during the reporting period. *Please include any benefits or changes observed as a result of JAG-funded activities, such as program completion, or changes in attitudes, skills, knowledge, or conditions.* [500-character limit]

Click here to enter text.