County: Click here to enter text. Quarter:

The Prosecution, Court, Defense and Indigent Defense Program Purpose Area includes activities conducted in courts. These activities may include collaborative courts, prosecution, defense, and technology-related activities. 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):***

[ ]  **Courts:** Includes all types of courts (except Drug Courts) and overall caseload.

[ ]  **Drug Courts:** Includes Drug Courts only.

[ ]  **Defense:** Includes defense activities. Indigent defense activities can be reported here.

[ ]  **Prosecution:** Includes prosecution activities. Indigent defense activities can be reported here.

[ ]  **Equipment Purchases and/or Technology Investments:** Includes activities where equipment purchases 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.

[ ]  **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, and Technology** | **Consultants and 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. **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 applicant agency, 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 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. |

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 applicant agency, but who were selected for employment 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 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. |

1. 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. Have all grant-funded positions been filled? [ ]  YES [ ]  NO If No, 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.

1. **COURTS**
2. What **types of court programs** did your county implement that are funded by JAG funding? *Check all that apply.*

[ ]  Adult Courts [ ]  Drug Courts [ ]  Federal District Courts

[ ]  Family Courts [ ]  Reentry Courts [ ]  Veterans Courts

[ ]  Juvenile Courts [ ]  Prostitution Courts [ ]  Tribal Courts

[ ]  Community Courts [ ]  Domestic Violence Courts

[ ]  Mental Health/Behavioral Health Courts

[ ]  Other. Please specify: Click here to enter text.

1. How many **NEW cases** were **prepared** during the reporting period? Click here to enter text.
2. Of the **NEW cases** prepared, how many were **drug-related?** Click here to enter text.
3. Of the NEW cases prepared, how many were **gun/gang-related?** Click here to enter text.
4. Of the NEW cases prepared, how many were **other violent crime-related?** Click here to enter text.
5. How many **cases remained open** at the end of the reporting period? *This number may be the number of cases prepared but do not include cases that were closed by the end of the reporting period.* Click here to enter text.
6. Of the **open cases**, how many were **drug-related**? Click here to enter text.
7. Of the **open cases,** how many were **gun/gang-related?** Click here to enter text.
8. Of the **open cases,** how many were **other violent crime-related?** Click here to enter text.
9. How many **cases** were **closed** during the reporting period? Click here to enter text.
10. Of the **closed cases**, how many were **drug-related**? Click here to enter text.
11. Of the **closed cases**, how many were **gun/gang-related**? Click here to enter text.
12. Of the **closed cases**, how many were **other violent crime-related**? Click here to enter text.
13. Please provide the following data as it relates to **Case Management Services** (this pertains to case management services tied to a court program).
14. How many Case Management Assessments were completed during the reporting period? Click here to enter text.
15. How many Case Management Services Plans were created during the reporting period? Click here to enter text.
16. How many Case Management Referral to Services were there during the reporting period? Click here to enter text.
17. How many Service Coordination Activities (meetings, contacts, etc.) took place during the reporting period? Click here to enter text.
18. How many services were completed during the reporting period? Click here to enter text.
19. **DEFENSE AND INDIGENT DEFENSE**
	* 1. How many **cases were defended** during the reporting period? Click here to enter text.
20. Of the cases defended, how many were **indigent defense** cases (e.g. cases represented by the Criminal Justice Act, Public Defenders, or Attorneys providing Pro Bono work)? Click here to enter text.
21. How many employees did your office have on staff as of the last day of the reporting period? Please county both full-and part-time employees.

|  |  |  |
| --- | --- | --- |
|  | JAG funded | Non-JAG funded |
| Public Defenders |  |  |
| Support Staff |  |  |
|  | Total: | Total: |

1. What is your office’s standard operating procedure for the use of vertical defense? *Vertical defense is the practice of having one attorney represent the client from the beginning to the completion of the case.*

[ ]  We use vertical defense in all cases except when a specialist is necessary

[ ]  We use vertical defense as time and manpower permit

[ ]  We do not commonly use vertical defense

[ ]  Other

1. During the reporting period, did you have a specific indigent defense program that was partially or fully funded by JAG? Programs are consider continuous initiatives, processes, or other focused efforts defined by goals and objectives. [ ]  YES [ ]  NO
2. Please complete the following table for this fiscal year in which your program received funding you are now using. Please enter whole numbers only. Total must be equal to 100%. “This JAG award” refers to the current award you are reporting on. This information will be used to automatically prorate your JAG-funded program outputs/data. Please note: a separate report is also required for other JAG awards funding this program.

|  |  |
| --- | --- |
| Funding Source | Percent of Overall Program Funding |
| This JAG Award |  |
| All other Sources |  |
| Total  |  |

1. **PROSECUTION**
2. How many **cases** were **prosecuted** during the reporting period? Click here to enter text.
3. Of the cases prosecuted, how many cases involved **indigent defense clients** (e.g. cases represented by the Criminal Justice Act, Public Defenders, or Attorneys providing Pro Bono work)? Click here to enter text.
4. Of the cases prosecuted, how many cases were **drug-related?** Click here to enter text.
5. Of the cases prosecuted, how many cases were **gun/gang-related?** Click here to enter text.
6. Of the cases prosecuted, how many cases were **other violent crime-related?** Click here to enter text.
7. **EQUIPMENT PURCHASES AND/OR TECHNOLOGY INVESTMENTS**
8. During the reporting period, did you expend any JAG funds on equipment, supplies, or technology enhancements? [ ]  YES [ ]  NO If No, skip this section.
9. 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

[ ]  Undercover Surveillance Equipment (microphones, video)

[ ]  Computers/Mobile Data Terminals

[ ]  Tactical Vests/Body Armor/Helmets

[ ]  Computer Software

[ ]  Video Observation (station, community, pole cams)

[ ]  Mobile Access Equipment (air cards for Verizon etc.)

[ ]  Equipment for Police Cruisers

[ ]  In-Car/On-Person Camera Systems

[ ]  Emergency Medical Services (EMS) Equipment

[ ]  Lethal Weapons (firearms)

[ ]  Security Systems (station or evidence room)

[ ]  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 QuantityPurchased | 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 [ ]
4. If yes, how many individuals completed a pre-test and post-test for training? Click here to enter text.
5. If yes, how many individuals completed a post-test with an improved score over the pre-test? Click here to enter text.
6. 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. **ACCOMPLISHMENTS**

For the **Prosecution, Court, Defense and Indigent Defense** Program Purpose Area, please briefly describe any of your program’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.