| OFFICE O | f Justice Programs |
|----------------------------------|--|
| B | BUREAU OF JUSTICE ASSISTANCE |
| | Information & Resources Profile Awards Help Log Out |
| Profile | |
| The information on t Grantor. | his screen was entered by your Grantor. If any changes are needed, please update your contact information with your |
| • Manage U | J <u>sers</u> |
| Subrecipient ID: C. | A1111G |
| Legal Name: Ag | gency Name Here |
| | JAG Contact Information - CA1426G |
| Subrecipient of: C | alifornia Board of State and Community Corrections |
| Primary Pr Contact: | oject Director name |
| | 916-111-1111 |
| | director@agency.net |
| Secondary Contact: | (Name) |
| | (Phone) |
| | (Email) |
| Users: d | irector@agency.net |
| | Save Secondary Contact Information |
| | Continue |
| | For more information contact <u>bjapmt@ojp.usdoj.gov</u> Toll-free Technical Assistance Helpdesk Number: 1-888-252-6867 |

Г

| OFFICE OF JUSTICE F | ROGRAMS | | | | |
|--|---|--------------------------------|---|------------------------------|-------------------------------------|
| BJA BU | JREAU OF J | USTIC | E ASSI | STAN | CE |
| I <u>nfo</u> | mation & Resources | <u>Profile</u> | Awards | H <u>elp</u> | L <u>og Out</u> |
| Subrecipient Awards This screen provides a summary of | | | y those reportin i ng Periods | ıg periods t | hat require reporting at this time. |
| JAG Subaward Number | Amount of Subaward | | Reporting Perio | bd | Data Entry Status |
| Start Date: May 01, 2019 | | | April to June 20 | | In Progress Begin Reporting Process |
| End Date: Sep 30, 2020 | \$11,111 | Jul | y to September | 2019 | In Progress Begin Reporting Process |
| | For more inform Toll-free Technical Assi | ation contact istance Helpo | : <u>bjapmt@ojp.usd</u> lesk Number: 1-8 | <u>oj.qov</u> 88-252-6867 | 7 |
| / | / | | | | |
| This is the entire amou award. | nt of your | | | | |



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| Home | Menu | FAQs | |
|--|---|---|---|
| BJA PMT Home | Enter Data | Logout | ' |
| Reporting Period: 07/01/2019 - 09/30/2019 | Award #: Project Amount: \$ | 11,111 Solicitation: BJA FY | 16 JAG State |
| General Information Review | | | |
| | | | |
| GENERAL INFORMATION MODULE The General Information Module collects reporting period the award is active. | s information on your award status and organizati | on in general. It should be completed | by all grantees and sub-grantees for each |
| a. Yes - Final report will be cr | s and expended all funds this reporting period? reated, closing out the PMT reporting requiremen | ts after this report is complete. | |
| b. No - please continue 2. Was there grant activity during the representation | orting period? | | |
| was there grant activity during the repr a. Yes | oning penda: | | |
| O _{b. No} | | | |
| | Please check the response that best matches you law enforcement task force (sheriff, police depart s agency | | ə, etc.) |
| | ency (probation, parole, or other community supe | ervision agency) | Only select C or D |
| O e. Prosecutor's office | | | |
| O f. Public defender's office | | | |
| O _{g.} <u>Court</u> | | | |
| O h. Local government | | | |
| O i. State government | | | |
| O j. College or university | | | |
| O k. Nonprofit or for-profit orga | nization | | |
| O I. Tribal government | | | |
| O m. Other (Please specify) | | | |
| 4. To the best of your knowledge, which of a. <u>CrimeSolutions.gov</u> | f the following resources has your organization ad | ccessed this reporting period, regardle | ess of JAG funding? Check all that apply. |
| | ining and Technical Assistance Center) | | |
| C. N <u>CJP.org</u> | | | |
| d. Evidence Based Policing N | Matrix | | |

e. What Works in Reentry Clearinghouse

f. Research to Practice

 \Box g. My organization did not access any of the above resources this reporting period

h. Other (Please specify)

Community Activity Questions

5. During the reporting period, has your agency conducted or sponsored a systematic survey of citizens on any of the following topics? Check all that apply.

a. Public satisfaction with police services

□ b. Public satisfaction with prosecution services

C. Public satisfaction with public defender/indigent defense services

d. Public satisfaction with courts

e. Public perceptions of crime/disorder problems

☐ f. Personal crime experiences of citizens

G. None of the above surveys were conducted/sponsored on these topics

h. Unsure/don't know

6. How often was your organization involved in the following community activities during the reporting period?

| | Not Applicable | Don't know | Daily | Weekly | Monthly | Quarterly |
|--|-------------------|------------|-------|--------|---------|-----------|
| Hosted community meetings | 0 | 0 | 0 | 0 | 0 | 0 |
| Attended community meetings, advisory boards, or roundtables | 0 | 0 | 0 | 0 | 0 | 0 |
| Distributed a newsletter, email, or other bulletin | 0 | 0 | 0 | 0 | 0 | 0 |
| Attended community events (e.g., national night out, block parties, festivals) | 0 | 0 | 0 | 0 | 0 | 0 |
| Conducted social media activities (e.g., Facebook, Twitter) | 0 | 0 | 0 | 0 | 0 | 0 |
| Conducted outreach to minority populations (e.g., racial, ethnic, religious, LGBTQI) | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | 0 | 0 | 0 | 0 |
| If Other, please describe | | | | | | |

FUNDING MODULE



Answer all required questions and go to the 'Review' page to complete data entry

For technical assistance, contact the BJA PMT Help Desk at bjapmt@ojp.usdoj.gov (mailto:bjapmt@ojp.usdoj.gov) or call toll-free 1 (888) 252-6867.



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| ome | | Menu | | FAQs | | |
|---|--------------------|---------------------------|--------------------------|---------------|---------------------------------|---------------------------------------|
| BJA PMT Home | | Enter Data | 1 | | Logout | |
| porting Period: 07/01/2019 | - 09/30/2019 | Award #: | Project Amount: \$1 | 1,111 | Solicitation: BJA FY 16 JA | AG State |
| General Information | eview | | | | | |
| ENERAL INFORMATION MO | DULE | | | | | |
| The General Information reporting period the awar | | information on your awar | d status and organizatio | on in genera | al. It should be completed by a | Il grantees and sub-grantees for each |
| ~ | | | | | | |
| 1. Have you completed all | project activities | and expended all funds | this reporting period? | | | |
| a. Yes - Final | report will be cr | eated, closing out the PM | T reporting requirement | s after this | report is complete. | |
| 🖲 b. No - please | continue | | | | | |
| 2. Was there grant activity | during the repo | rting period? | | | | |
| 💿 a. Yes | | | | | | |
| O _{b. No} | | | | | | |
| O D. 110 | | | | | | |
| | | | Save | e & Contin | Je | |
| | | Answer all required q | uestions and go to the ' | Review' pa | ge to complete data entry | |
| For technical | assistance con | tact the B.IA PMT Help D | esk at bianmt@oin usdo | ni dov. or ca | ll toll-free 1 (888) 252-6867. | |



(http://www.bja.gov)

| ome | Menu | | FAQs | | | |
|--|-----------------------|---|------------------------------|-----------------------------|-------------------|-------|
| BJA PMT Home | Ente | er Data | Logo | out | | |
| eporting Period: 07/01/2019 - 09/30/201 | I9 Award #: | Award #: Project Amount: \$11,111 Solicitation: BJA FY 16 JAG State | | | | |
| General Information Review | Enter da | ata only in highlighted are | as, relevant to you | r organization. All oth | er data should be | |
| | zero | os. Your JAG funds are o | nly allocated in the | training and conferer | nces category. | |
| | | | | | | |
| All grantees and subgrantees must p funds: Please only report on the funds. 1. Please enter the dollar amount of J | unds used by your org | ganization . Subawarded fur | nds should be reported | l under the subaward in | the PMT. | |
| Activity Area | Personnel | Equipment Supplies and Technology | Consultants and Contracts | Training and Conferences | Other | Total |
| Law enforcement | 0 | 0 | 0 | 0 | 0 | 0 |
| Crime lab/forensics | 0 | 0 | 0 | 0 | 0 | 0 |
| Crime prevention | 0 | 0 | 0 | 0 | 0 | 0 |
| Prosecution | 0 | 0 | 0 | 0 | 0 | 0 |
| Public defense | 0 | 0 | 0 | 0 | 0 | 0 |
| Courts | 0 | 0 | 0 | 0 | 0 | 0 |
| Corrections | 0 | 0 | 0 | 0 | 0 | 0 |
| Community corrections | 0 | 0 | 0 | 0 | 0 | 0 |
| Reentry services | 0 | 0 | 0 | 0 | 0 | 0 |
| Behavioral health | 0 | 0 | 0 | 0 | 0 | 0 |
| Assessment and evaluation | 0 | 0 | 0 | 0 | 0 | 0 |
| Crime victim/witness services | 0 | 0 | 0 | 0 | 0 | 0 |
| | - | 0 | 0 | 0 | 0 | 0 |
| Other | 0 | U | 0 | | J | 1 |

¹ **Personnel** includes any overtime or salary expenditures paid for with JAG funds.

² Equipment, Supplies, and Technology includes all items that are paid for with JAG funds.

³ Consultants and Contracts includes all fees associated with a consultant (including travel expenses) as well as any contract for a product or service.

⁴ **Training and Conferences** includes costs associated with hosting, developing, or attending a training or conference, such as travel, lodging, or registration. Personnel salary or pay for individuals attending training should be reported under the Personnel section.

⁵ Other includes administrative costs, approved construction costs, and miscellaneous expenses such as indirect costs or investigative/confidential funds.

Personnel

2. During the reporting period, did you expend any JAG funds on personnel overtime, salary, or pay?

🔾 a. Yes

O b. No (if No, skip to next section, Equipment, Supplies, and Technology Enhancements)

3. What has personnel funding been used for this reporting period? Check all that apply.

A. Overtime hours (answer Question 4)

B. Personnel salary/pay, includes fringe benefits (answer Questions 5 and 6)

4. How many overtime hours were funded by JAG this reporting period in each of the following activity areas?

/

| ٨ | Law enforcement | 0 | i |
|---|-------------------------------|--------|---|
| A | | 0 | |
| В | Crime Lab/Forensics | 0 | |
| С | Crime prevention | 0 | |
| D | Prosecution | 0 | |
| E | Public defense | 0 | |
| F | Courts | 0 | |
| G | Corrections | Number | |
| н | Community corrections | Number | |
| I | Reentry services | 0 | |
| J | Behavioral health | 0 | |
| к | Assessment & evaluation | 0 | |
| L | Crime victim/witness services | 0 | |
| М | Other | 0 | |

5. How many personnel had salary or pay funded, at least partially, with JAG funds during the reporting period in each of the following activity areas?

| | Activity Area | Number of personnel |
|---|-------------------------------|---------------------|
| A | Law enforcement | 0 |
| В | Crime Lab/Forensics | 0 |
| С | Crime prevention | 0 |
| D | Prosecution | 0 |
| E | Public defense | 0 |
| F | Courts | 0 |
| G | Corrections | Number |
| н | Community corrections | Number |
| I | Reentry services | 0 |
| J | Behavioral health | 0 |
| к | Assessment & evaluation | 0 |
| L | Crime victim/witness services | 0 |
| М | Other | 0 |

6. How many new positions were created with JAG funds during the reporting period? Please only report each newly created position once, in the reporting period in which the position was classified.



Equipment Supplies and Technology

JAG funds shall not be spent in this category.

7. During the reporting period, did you expend any JAG funds on equipment, supplies, or technology enhancements?

O A. Yes

B. No (if No, skip to next section, Consultants and Contracts)

Consultants and Contracts

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

```
O A. Yes
```

B. No (if No, skip to next section, Training)

JAG funds shall not be spent in this category. (If you have a contract for training services it shall be listed in the training section.)

11. 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.

Enter text:

Training

12. During the reporting period, did you expend any JAG funds on attending, hosting, or developing training?

OA. Yes

O B. No (if No, skip to next section, Other)

13. What type of JAG-funded training activities occurred during the reporting period.

A. Individuals attended training/conference hosted by an outside organization (Questions 14–17)

C. Organization developed training course/curriculum (Questions 24–27)

Attended Training/Conference

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

a. <u>Certification training</u>

D b. In-service/annual training

- C. Skill building
- Od. Leadership/management
- e. Conference
- f. Other (Please specify)

15. Please provide a short description of the training/conference:

Enter text:

You have 5000 characters left. (Maximum characters: 5000)

16. How many hours did the training/conference last?

Enter number: Number

17. How many individuals were paid for with JAG funding to attend this training?

Enter number: Number

Add Another Entry Delete Entry

Hosted Training/Conference

18. What type of training/conference was hosted? Check all that apply.

a. <u>Certification training</u>

Db. In-service/annual training

C. Skill building

Od. Leadership/management

De. Conference

f. Other (Please specify)

19. Please provide a short description of the training/conference:

Enter text:

You have 5000 characters left. (Maximum characters: 5000)

20. How many employees from within your organization attended this training/conference?

Enter number: Number

21. How many individuals from outside your organization attended this training/conference?

Enter number: Number

22. How many hours did the training/conference last?

Enter number: Number

23. Do you use a standardized evaluation instrument to evaluate your training/conference?

O a. Yes

O b. No

Add Another Entry Delete Entry

Developed Training Course/Curriculum

24. What type of training course/curriculum was developed?

a. <u>Certification training</u>

Db. In-service/annual training

- C. Skill building
- Od. Leadership/management
- De. Conference
- f. Other (Please specify)

25. Please describe the developed training course/curriculum.

| Enter text: | | | |
|---------------|---|------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| You have 5000 | characters left. (Maximum characters: 5 | 000) | |

26. How many hours is the training course/curriculum designed to last?

Number of hours

27. What is the intended mode of delivery for your training course/curriculum? Check all that apply.

a. <u>Classroom based</u>

D b. Web based

- C. Prerecorded
- d. Self study

e. Other (Please specify)

Add Another Entry Delete Entry

Other

28. During the reporting period, did you expend any JAG funds for other reasons not explained elsewhere in this section?

O a. Yes

O b. No (If no, skip to next section)

Answer all required questions and go to the 'Review' page to complete data entry

For technical assistance, contact the BJA PMT Help Desk at bjapmt@ojp.usdoj.gov (mailto:bjapmt@ojp.usdoj.gov) or call toll-free 1 (888) 252-6867.



| lome | Menu | FAQs | | |
|--|---|--|-----------------------|-------|
| BJA PMT Home | Enter Data | Logout | | |
| | | Go Ba | ck to Data Entry Form | |
| REVIEW | | | | |
| Reporting Period: 07/01/2019 - Project Amount: \$11,111 | | | | |
| | Review a | and mark data complete belo | W. Search: | Print |
| Category | Question | Option | Response | Alert |
| General Information | | | | |
| General Information Module | | | | |
| | Have you completed all project activities and expended all funds this reporting period? | Yes | | |
| | | No | \checkmark | |
| | 2. Was there grant activity during the reporting period? | Yes | \checkmark | |
| | | No | | |
| | 3. What type of agency is this report for? Please check the response that best matches your organization type. | Law enforcement agency/law enforcement task force (sheriff, police department, highway patrol, university police, etc.) | | |
| | | Crime laboratory/forensics agency | | |
| | | Correctional agency | | |
| | | Community corrections agency (probation, parole, or other community supervision agency) | V | |
| | | Prosecutor's office | | |
| | | Public defender's office | | |
| | | Court | | |
| | | Local government | | |
| | | State government | | |
| | | College or university | | |
| | | Nonprofit or for-profit organization | | |
| | | | | |

| Category | Question | Option | Response | Alert |
|---------------------------------|--|---|--------------|-------|
| | | Other | | |
| | 4. To the best of your knowledge, which of the following resources has your organization accessed this reporting period, regardless of JAG funding? Check all that apply. | CrimeSolutions.gov | | |
| | | BJA NTTAC (National Training and Technical Assistance Center) | | |
| | | NCJP.org | | |
| | | Evidence Based Policing Matrix | | |
| | | What Works in Reentry Clearinghouse | | |
| | | Research to Practice | | |
| | | My organization did not access any of the above resources this reporting period | \checkmark | |
| | | Other | | |
| Community Activity Questions | | | | |
| | 5. During the reporting period, has your agency conducted or sponsored a systematic survey of citizens on any of the following topics? Check all that apply. | Public satisfaction with police services | | |
| | | Public satisfaction with prosecution services | | |
| | | Public satisfaction with public defender/indigent defense services | | |
| | | Public satisfaction with courts | | |
| | | Public perceptions of crime/disorder problems | | |
| | | Personal crime experiences of citizens | | |
| | | None of the above surveys were conducted/sponsored on these topics | N | |
| | | Unsure/don't know | | |
| Frequency of Activities | 6. How often was your organization involved in the following community activities during the reporting period? | | | |
| | Hosted community meetings | Not Applicable | \checkmark | |
| | | Don't know | | |
| | | Daily | | |

| Category | Question | Option | Response | Alert |
|----------|--|----------------|--------------|-------|
| | | Weekly | | |
| | | Monthly | | |
| | | Quarterly | | |
| | Attended community meetings, advisory boards, or roundtables | Not Applicable | \checkmark | |
| | | Don't know | | |
| | | Daily | | |
| | | Weekly | | |
| | | Monthly | | |
| | | Quarterly | | |
| | Distributed a newsletter, email, or other bulletin | Not Applicable | \checkmark | |
| | | Don't know | | |
| | | Daily | | |
| | | Weekly | | |
| | | Monthly | | |
| | | Quarterly | | |
| | Attended community events (e.g., national night out, block parties, festivals) | Not Applicable | \checkmark | |
| | | Don't know | | |
| | | Daily | | |
| | | Weekly | | |
| | | Monthly | | |
| | | Quarterly | | |
| | Conducted social media activities (e.g., Facebook, Twitter) | Not Applicable | \checkmark | |
| | | Don't know | | |
| | | Daily | | |
| | | Weekly | | |
| | | Monthly | | |
| | | Quarterly | | |
| | Conducted outreach to minority populations (e.g., racial, ethnic, religious, LGBTQI) | Not Applicable | \checkmark | |
| | | Don't know | | |
| | | Daily | | |
| | | Weekly | | |

| Category | Question | Option | Response | Alert |
|-----------------------------------|--|----------------|--------------|-------|
| | | Monthly | | |
| | | Quarterly | | |
| | Other | Not Applicable | \checkmark | |
| | | Don't know | | |
| | | Daily | | |
| | | Weekly | | |
| | | Monthly | | |
| | | Quarterly | | |
| Funding Module | | | | |
| | 1. Please enter the dollar amount of JAG funds allocated to each category below. All values should be rounded to the nearest dollar. Do not enter decimal points. | | | |
| Personnel | | | | |
| | Law enforcement | | 0 | |
| | Crime Laboratory/Forensics Agency | | 0 | |
| | Crime prevention | | 0 | |
| | Prosecution | | 0 | |
| | Indigent defense | | 0 | |
| | Courts | | 0 | |
| | Corrections | | 0 | |
| | Community corrections (probation/parole) | | 0 | |
| | Reentry services | | 0 | |
| | Behavioral health | | 0 | |
| | Assessment & evaluation | | 0 | |
| | Crime victim/witness services | | 0 | |
| | Other | | 0 | |
| | Total Allocations | | 0 | |
| Equipment Supplies and Technology | | | | |
| | Law enforcement | | 0 | |
| | Crime Laboratory/Forensics Agency | | 0 | |
| | Crime prevention | | 0 | |
| | Prosecution | | 0 | |
| | Indigent defense | | 0 | |

| Category | Question | Option | Response | Alert |
|---------------------------|---|--------|----------|-------|
| | Courts | | 0 | |
| | Corrections | | 0 | |
| | Community corrections (probation/parole) | | 0 | |
| | Reentry services | | 0 | |
| | Behavioral health | | 0 | |
| | Assessment & evaluation | | 0 | |
| | Crime victim/witness services | | 0 | |
| | Other | | 0 | |
| | Total Allocations | | 0 | |
| Consultants and Contracts | | | | |
| | Law enforcement | | 0 | |
| | Crime Laboratory/Forensics Agency | | 0 | |
| | Crime prevention | | 0 | |
| | Prosecution | | 0 | |
| | Indigent defense | | 0 | |
| | Courts | | 0 | |
| | Corrections | | 0 | |
| | Community corrections (probation/parole) | | 0 | |
| | Reentry services | | 0 | |
| | Behavioral health | | 0 | |
| | Assessment & evaluation | | 0 | |
| | Crime victim/witness services | | 0 | |
| | Other | | 0 | |
| | Total Allocations | | 0 | |
| Training and Conferences | | | | |
| | Law enforcement | | 0 | |
| | Crime Laboratory/Forensics Agency | | 0 | |
| | Crime prevention | | 0 | |
| | Prosecution | | 0 | |
| | Indigent defense | | 0 | |
| | Courts | | 0 | |
| | Corrections | | 0 | |
| | Community corrections (probation/parole) | | 0 | |

| Category | Question | Option | Response | Alert |
|-------------------|---|--------|----------|-------|
| | Reentry services | | 0 | |
| | Behavioral health | | 0 | |
| | Assessment & evaluation | | 0 | |
| | Crime victim/witness services | | 0 | |
| | Other | | 0 | |
| | Total Allocations | | 0 | |
| Other | | | | |
| | Law enforcement | | 0 | |
| | Crime Laboratory/Forensics Agency | | 0 | |
| | Crime prevention | | 0 | |
| | Prosecution | | 0 | |
| | Indigent defense | | 0 | |
| | Courts | | 0 | |
| | Corrections | | 0 | |
| | Community corrections (probation/parole) | | 0 | |
| | Reentry services | | 0 | |
| | Behavioral health | | 0 | |
| | Assessment & evaluation | | 0 | |
| | Crime victim/witness services | | 0 | |
| | Other | | 0 | |
| | Total Allocations | | 0 | |
| Total Allocations | | | | |
| | Law enforcement | | 0 | |
| | Crime Laboratory/Forensics Agency | | 0 | |
| | Crime prevention | | 0 | |
| | Prosecution | | 0 | |
| | Indigent defense | | 0 | |
| | Courts | | 0 | |
| | Corrections | | 0 | |
| | Community corrections (probation/parole) | | 0 | |
| | Reentry services | | 0 | |
| | Behavioral health | | 0 | |
| | Assessment & evaluation | | 0 | |

| Category | Question | Option | Response | Alert |
|--------------------------|--|---|--------------|-------|
| | Crime victim/witness services | | 0 | |
| | Other | | 0 | |
| | Total Allocations | | 0 | |
| Personnel | | | | |
| | 2. During the reporting period, did you expend any JAG funds on personnel overtime, salary, or pay? | Yes | N | |
| | | No | | |
| | 3. What has personnel funding been used for this reporting period? Check all that apply. | Overtime hours | N | |
| | | Personnel salary/pay, includes fringe benefits | \checkmark | |
| Number of Overtime Hours | 4. How many overtime hours were funded by JAG this reporting period in each of the following activity areas? | | | |
| | Law enforcement | | 0 | |
| | Crime Laboratory/Forensics Agency | | 0 | |
| | Crime prevention | | 0 | |
| | Prosecution | | 0 | |
| | Indigent defense | | 0 | |
| | Courts | | 0 | |
| | Corrections | | 0 | |
| | Community corrections (probation/parole) | | 0 | |
| | Reentry services | | 0 | |
| | Behavioral health | | 0 | |
| | Assessment & evaluation | | 0 | |
| | Crime victim/witness services | | 0 | |
| | Other | | 0 | |
| Number of Personnel | 5. How many personnel had salary or pay funded, at least partially, with JAG funds during the reporting period in each of the following activity areas? | | | |
| | Law enforcement | | 0 | |
| | 5. Crime Laboratory/Forensics Agency | | 0 | |
| | Crime prevention | | 0 | |
| | Prosecution | | 0 | |
| | Indigent defense | | 0 | |

| Category | Question | Option | Response | Alert |
|--------------------------------------|--|--|--------------|-------|
| | Courts | | 0 | |
| | Corrections | | 0 | |
| | Community corrections (probation/parole) | | 1 | |
| | Reentry services | | 0 | |
| | Behavioral health | | 0 | |
| | Assessment & evaluation | | 0 | |
| | Crime victim/witness services | | 0 | |
| | Other | | 0 | |
| Personnel | 6. How many new positions were created with JAG funds during the reporting period? Please only report each newly created position once, in the reporting period in which the position was classified. | Enter number: | 0 | |
| Equipment Supplies and Technology | | | | |
| | 7. During the reporting period, did you expend any JAG funds on equipment, supplies, or technology enhancements? | Yes | | |
| | | No | \checkmark | |
| Consultants and Contracts | | | | |
| | 10. During the reporting period, did you expend any JAG funds on consultants or contracts? | Yes | ٦ | |
| | | No | | |
| | 11. 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. | Enter text: | x | |
| Training | | | | |
| | 12. During the reporting period, did you expend any JAG funds on attending, hosting, or developing training? | Yes | \checkmark | |
| | | No | | |
| | 13. What type of JAG-funded training activities occurred during the reporting period. | Individuals attended training/conference hosted by an outside organization | V | |
| | | Organization hosted training/conference (attended by employees from inside and/or outside your organization) | \checkmark | |

| Category | Question | Option | Response | Alert |
|---------------------------------|---|---|--------------|-------|
| | | Organization developed training course/curriculum | V | |
| Attended Training/Conference | | | | |
| | 14. What type of training was attended? Check all that apply. | Certification training | \checkmark | |
| | | In-service/annual training | | |
| | | Skill building | | |
| | | Leadership/management | | |
| | | Conference | | |
| | | Other | | |
| | 15. Please provide a short description of the training/conference: | Enter text: | x | |
| | 16. How many hours did the training/conference last? | Enter number: | 0 | |
| | 17. How many individuals were paid for with JAG funding to attend this training? | Enter number: | 0 | |
| Hosted Training/Conference | | | | |
| | 18. What type of training/conference was hosted? Check all that apply. | Certification training | \checkmark | |
| | | In-service/annual training | | |
| | | Skill building | | |
| | | Leadership/management | | |
| | | Conference | | |
| | | Other | | |
| | 19. Please provide a short description of the training/conference: | Enter text: | x | |
| | 20. How many employees from within your organization attended this training/conference? | Enter number: | 0 | |
| | 21. How many individuals from outside your organization attended this training/conference? | Enter number: | 0 | |
| | 22. How many hours did the training/conference last? | Enter number: | 0 | |
| | 23. Do you use a standardized evaluation instrument to evaluate your training/conference? | Yes | \checkmark | |
| | | | | |

| Category | Question | Option | Response | Alert |
|---|---|--|--------------|-------|
| Developed Training Course/Curriculum | | | | |
| | 24. What type of training course/curriculum was developed? | Certification training | Ń | |
| | | In-service/annual training | | |
| | | Skill building | | |
| | | Leadership/management | | |
| | | Conference | | |
| | | Other | | |
| | 25. Please describe the developed training course/curriculum. | Enter text: | x | |
| | 26. How many hours is the training course/curriculum designed to last? | Number of hours | 0 | |
| | 27. What is the intended mode of delivery for your training course/curriculum? Check all that apply. | Classroom based | \checkmark | |
| | | Web based | | |
| | | Prerecorded | | |
| | | Self study | | |
| | | Other | | |
| Other | | | | |
| | 28. During the reporting period, did you expend any JAG funds for other reasons not explained elsewhere in this section? | Yes | | |
| | | No | \checkmark | |
| Community Corrections Module | | | | |
| General Agency Information | | | | |
| | What is your community corrections agency's jurisdiction(s)? | Jurisdiction(s) name: | Agency name | |
| | 2. How many supervisees did your agency have under supervision as of the last day of the reporting period, regardless of JAG funding? | Enter number: | 0 | |
| | 3. How many employees did your office have on staff as of the last day of the reporting period? | | | |
| | Total personnel | Supervision employees (probation/parole officers) | 0 | |
| | | Non-supervision employees | 0 | |

| Category | Question | Option | Response | Alert |
|--------------|---|---|------------------------------------|-------|
| | Total Allocations | | 0 | |
| | Of Total, number who are JAG funded | Supervision employees (probation/parole officers) | 0 | |
| | | Non-supervision employees | 0 | |
| | Total Allocations | | 0 | |
| | 4. During the reporting period, did you have a specific community corrections program that was partially or fully funded by JAG? | Yes | | |
| | | No | \checkmark | |
| | D CHECK BOX AND SA | Your data has been saved | Number of unanswered questions: | 0 |
| CONFIRMATION | | | | |
| Mark data | entry as complete. The re | ecord will be locked fo | r further data entry. | SAVE |
| Additional | Comments | | | |
| | | | | |
| | | | | |
| You have 5 | 6000 characters left. (Maximum charac | ters: 5000) | // | |
| • | | | | |

For technical assistance, contact the BJA PMT Help Desk at <u>bjapmt@ojp.usdoj.gov (mailto:bjapmt@ojp.usdoj.gov)</u> or call toll-free 1 (888) 252-6867.