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 <b>Pr</b> 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				
<b>BJA</b> 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 <b>ng Periods</b>	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				



(http://www.bja.gov)

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.	
<ul> <li>b. No - please continue</li> <li>2. Was there grant activity during the representation</li> </ul>	orting period?		
<ul> <li>was there grant activity during the repr</li> <li>a. Yes</li> </ul>	oning penda:		
O <sub>b. No</sub>			
	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 <sub>g.</sub> <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

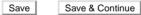
G. None of the above surveys were conducted/sponsored on these topics

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 <sub>b. No</sub>						
<b>O</b> 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

<sup>1</sup> **Personnel** includes any overtime or salary expenditures paid for with JAG funds.

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

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

<sup>4</sup> **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.

<sup>5</sup> 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

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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				
	<ol> <li>Have you completed all project activities and expended all funds this reporting period?</li> </ol>	Yes		
		No	$\checkmark$	
	<b>2.</b> Was there grant activity during the reporting period?	Yes	$\checkmark$	
		No		
	<b>3.</b> 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		
	<b>4.</b> 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				
	<b>5.</b> 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	<b>6.</b> 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				
	<b>1.</b> Please enter the dollar amount of JAG funds <b>allocated</b> 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		
	<b>3.</b> 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	<b>4.</b> 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	<b>5.</b> 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	<b>6.</b> 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				
	<b>10.</b> During the reporting period, did you expend any JAG funds on consultants or contracts?	Yes	٦	
		No		
	<b>11.</b> 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				
	<b>12.</b> During the reporting period, did you expend any JAG funds on attending, hosting, or developing training?	Yes	$\checkmark$	
		No		
	<b>13.</b> 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				
	<b>14.</b> What type of training was attended? Check all that apply.	Certification training	$\checkmark$	
		In-service/annual training		
		Skill building		
		Leadership/management		
		Conference		
		Other		
	<b>15.</b> Please provide a short description of the training/conference:	Enter text:	x	
	<b>16.</b> How many hours did the training/conference last?	Enter number:	0	
	<b>17.</b> How many individuals were paid for with JAG funding to attend this training?	Enter number:	0	
Hosted Training/Conference				
	<b>18.</b> What type of training/conference was hosted? Check all that apply.	Certification training	$\checkmark$	
		In-service/annual training		
		Skill building		
		Leadership/management		
		Conference		
		Other		
	<b>19.</b> Please provide a short description of the training/conference:	Enter text:	x	
	<b>20.</b> How many employees from within your organization attended this training/conference?	Enter number:	0	
	<b>21.</b> How many individuals from outside your organization attended this training/conference?	Enter number:	0	
	<b>22.</b> How many hours did the training/conference last?	Enter number:	0	
	<b>23.</b> 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		
	<b>25.</b> Please describe the developed training course/curriculum.	Enter text:	x	
	<b>26.</b> 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				
	<b>28.</b> 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				
	<ol> <li>What is your community corrections agency's jurisdiction(s)?</li> </ol>	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	
	<b>4.</b> 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)	//	
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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.