Agency Header

Date

Paul Tenorio

Executive Director

Criminal Justice Planning Agency

P.O. Box 501133

Saipan, MP 96950

Re: FY \_\_\_ \_\_\_ Quarter Progress Report (\_\_\_\_\_\_\_- \_\_\_\_\_\_\_) Re Subgrant No.\_\_\_\_\_\_\_\_\_\_

| **Subgrant No.** |  |
| --- | --- |
| **Subgrant Duration:** |  |
| **Project Title:** | **JAG** |
| **Master Grant No. & Duration:** |  |
| **Fund Balance** | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Dear Mr. Tenorio:

Please find attached FY 20\_\_ - \_th Quarter Progress Report for the period covering \_\_\_\_\_\_ – \_\_\_\_\_\_ 20\_\_.

I can be contacted via email at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or at (670) \_\_\_\_\_\_\_\_\_\_ for additional questions.

Thank you Concurred By:

Program Manager Expenditure Authority

**PERFORMANCE REPORT: JAG**

**REPORT PERIOD:**

**MASTER GRANT NO:**

**SUBGRANT ACCOUNT NO:**

**SECTION 1: GENERAL OVERVIEW**

1. Program Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Department/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Report Prepared By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. P.O. Box Number: P.O. Box\_\_\_\_\_\_\_\_\_\_\_\_\_
6. E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Amount of Grant: $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
8. Funds Balance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. FTE Position Title: Currently No FTE

* **SECTION II: PERSONNEL INFORMATION**

A. **Staff:** Please enter the total number of paid and volunteer staff utilized by the project

CURRENTLY receive JAG funding under the account:

* **SECTION III: STATISTICS**

**1. What type of agency is this report for? Please check the response that best matches your organization type.**

* a. Law enforcement agency/law enforcement task force (sheriff, police department, highway patrol, university police, etc.)
* b. Crime laboratory/forensics agency
* c. Correctional agency
* d. Community corrections agency (probation, parole, or other community supervision agency)
* e. Prosecutor's office
* f. Public defender's office
* g. Court (general or specialty court)
* h. Local government (Mayor's office, City council, etc.)
* i. State government (SAA or other state agency)
* j. College or university
* k. Nonprofit or for-profit organization
* l. Tribal government
* m. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. 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.**

* a. CrimeSolutions.gov
* provides information on several crime reduction and prevention programs and practices.
* b. BJA NTTAC (National Training and Technical Assistance Center)
* Serves as BJA's training and technical assistance center. You can find resources, tools, webinars, and TTA support on a variety of criminal justice issues and initiatives.
* c. NCJP.org
* contains resources to support strategic planning, program development, and implementation of evidence-based policy and practice.
* d. Evidence Based Policing Matrix
* provides information on evidence-based practices for law enforcement.
* e. What Works in Reentry Clearinghouse
* provides research on the effectiveness of reentry programs and practices.
* f. Research to Practice
* promotes the dissemination of research on drug courts to practitioners and policymakers.
* g. My organization did not access any of the above resources during this reporting period
* h. Other
* **Community Activity Questions**

The following questions ask about your agency activities in general, regardless of JAG funding.

**3. 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

**4. 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 |  |  |  |  |  |  |
| Attended community meetings, advisory boards, or roundtables |  |  |  |  |  |  |
| Distributed a newsletter, email, or other bulletin |  |  |  |  |  |  |
| Attended community events (e.g., national night out, block parties, festivals) |  |  |  |  |  |  |
| Conducted social media activities (e.g., Facebook, Twitter) |  |  |  |  |  |  |
| Conducted outreach to minority populations (e.g., racial, ethnic, religious, LGBTQI) |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| If Other, please describe |  | | | | | |

Please complete the following question regardless of JAG fundin

**SECTION IV: PROGRAM DEVELOPMENT**

**5. Please provide your program’s desired outcomes.**

Enter text: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Briefly describe how the funding has allowed your program to operate.**

Enter text: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. During the past 6 months, please describe any progress you made or barriers you encountered related to this goal/funding use.**

Enter text: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. In the next 6 months, what major activities are planned for this goal/funding used?**

Enter text: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If no funds were used during this reporting period, please fill out the following:**

| **Reason(s) for no grant activity during the reporting period.** | **Select all that apply** |
| --- | --- |
| In procurement |  |
| Project or budget not approved by agency, county, city, or state governing agency |  |
| Seeking subcontractors (Request for Proposal stage only) |  |
| Waiting to hire project manager, additional staff, or coordinating staff |  |
| Paying for the program using prior federal funds |  |
| Administrative hold (e.g., court case pending) |  |
| Still seeking budget BJA approval |  |
| Waiting for partners or collaborators |  |
| Other |  |
| If Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

* **Equipment Supplies and Technology**

Please report on all costs for equipment, supplies, and technology improvements. Include all software, installation, maintenance, service, and warranties included or purchased with the item.

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

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

**10. Please complete the table below indicating the number and total JAG funds spent (in whole dollars) on items purchased in each BJA-defined category. Individual line-item reports are not needed. Please aggregate purchases to the BJA-defined categories listed below. If an item is not listed below, please report it in Question 9 (e.g., office supplies).**

**All amounts should be rounded to the nearest dollar.**

| **General Category** | **Specific Category** | **Total Quantity Purchased** | **Total JAG Funds Spent** |
| --- | --- | --- | --- |
| **Controlled Items** | Manned aircraft, fixed wing (airplanes) (Controlled) |  |  |
|  | Manned aircraft, rotary wing (helicopters) (Controlled) |  |  |
|  | Unmanned aerial vehicles (drones) (Controlled) |  |  |
|  | Armored vehicles, wheeled (Lenco Bearcat or similar) (Controlled) |  |  |
|  | Tactical vehicles, wheeled (Humvee, transport, or similar vehicles) (Controlled) |  |  |
|  | Command and control vehicles (Incident response vehicles, mobile headquarters, etc.) (Controlled) |  |  |
|  | Non-service issued firearms (any specialized firearm) (Controlled) |  |  |
|  | Non-service issued ammunition (any ammunition for above) (Controlled) |  |  |
|  | Explosives and pyrotechnics (flash bangs, explosive breaching tools) (Controlled) |  |  |
|  | Breaching apparatus (battering ram, other entry devices) (Controlled) |  |  |
|  | Riot batons, helmets, and shields (Controlled) |  |  |
| **Camera/Surveillance Equipment** | In-car cameras |  |  |
|  | On-person/body-worn cameras |  |  |
|  | Surveillance equipment |  |  |
|  | Undercover Surveillance Equipment |  |  |
| **Computer Equipment** | Mobile Data Terminal (MDT) |  |  |
|  | Other Computers (desktop, laptop, server, etc.) |  |  |
|  | Tablet/Portable device/Smart phone |  |  |
|  | Wireless Access Equipment (Aircards) |  |  |
|  | Records Management/Database software |  |  |
| **Vehicles and Accessories** | Patrol Cars |  |  |
|  | Personal Transport Vehicles (Segway®, golf cart) (Waiver Required ) |  |  |
|  | Non-patrol vehicles (Waiver Required) |  |  |
|  | License Plate Readers (LPR) |  |  |
|  | Automatic Vehicle Locator (AVL) |  |  |
|  | Bicycles and related equipment |  |  |
|  | Patrol boats |  |  |
|  | Non-patrol boats/vessels (Waiver Required) |  |  |
| **Weapons** | Less-lethal weapons |  |  |
|  | Patrol Handguns (Must be under .50 caliber) |  |  |
|  | Patrol Long Guns (Rifles and Shotguns) (Must be under .50 caliber) |  |  |
|  | Duty-Use Ammunition (Must be under .50 caliber) |  |  |
|  | Training/simulated weapons |  |  |
| **Duty Equipment (Not including weapons)** | Soft Body Armor |  |  |
|  | Clothing/uniforms |  |  |
|  | Duty belts and non-weapon duty equipment (flashlights, handcuffs, etc.) |  |  |
|  | Portable Radio Equipment and Accessories |  |  |
| **Technology** | Breath Testing Equipment |  |  |
|  | Dispatch Equipment (Consoles, 911 Phone systems) |  |  |
|  | Electronic ticketing equipment |  |  |
|  | Offender Tracking Systems (GPS, Electronic monitoring) |  |  |
|  | Speed Detection Equipment (RADAR/LIDAR Units) |  |  |
|  | Training Simulators (Firearms, driving) |  |  |
|  | Cell site simulators/IMSI catchers (StingRay®, HailStorm®, etc.) |  |  |
|  | Acoustic Gunshot Detection System (ShotSpotter®) |  |  |
| **Forensics/Evidence** | Forensic Lab Equipment |  |  |
|  | Sexual Assault Kits/Physical Evidence Recovery Kits |  |  |
|  | Digital recreation and measurement systems |  |  |
| **Canines and Equipment** | Canines |  |  |
|  | Canines |  |  |
| **Medical** | Emergency Medical Services (EMS) Supplies |  |  |
|  | Pharmaceuticals for treating overdose or addiction |  |  |
|  | Medical (First-Aid Kits, AEDs) |  |  |
|  | Totals |  |  |

**11.**  **Please describe all other equipment, supplies, or technology enhancements purchased during the reporting period.**

Enter text: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **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.

You may also use this space to share any additional details about your equipment purchase you feel are not adequate

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

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

**13. 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**

General public should NOT be reported in this section (e.g. crime prevention). For grantees with awards of $25,000 or more, educational programs will be captured in the next sections. **Please fill out these questions for each unique training during the reporting period.**

All job related training should be reported in this section, including training hosted or developed. Educational programs for the gener

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

* A. Yes
* B. No (if No, skip to next section, Other)

**15. 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)
* B. Organization hosted training/conference (attended by employees from inside and/or outside your organization) (Questions 18–23)
* C. Organization developed training course/curriculum (Questions 24–27)
* **Attended Training/Conference**

For each training attended by employees of your organization, paid for in full or part with JAG funds, please answer the following questions. Repeat these questions as necessary to cover all training or conferences attended.

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

* a. Certification training (training required to obtain a certification)
* b. In-service/annual training (training required to keep certification active or maintain proficiency)
* c. Skill building (training that increases the skill or knowledge of employees in a particular area)
* d. Leadership/management (training for managers or administrators)
* e. Conference
* f. Other

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

Enter Text: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**18. How many hours did the training/conference last?**

Enter Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A 1-day course is typically classified as an 8-hour course, and a week-long course is typically classified as a 40-hour course

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

Enter Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Hosted Training/Conference**

For each training/conference your organization hosted during the reporting period that was paid for in full or in part with JAG funds, please answer the following questions. Repeat these questions as necessary to cover all trainings or conferences hosted.

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

* Certification training (training required to obtain certification)
* b. In-service/annual training (training required to keep certification active or maintain proficiency)
* c. Skill building (training that increases the skill or knowledge of employees in a particular area)
* d. Leadership/management (training for managers or administrators)
* e. Conference
* f. Other

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

Enter text: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Enter number:\_\_\_\_\_\_\_\_\_\_

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

Enter Number:\_\_\_\_\_\_\_\_\_\_

**24. How many hours did the training/conference last? ( *A 1-day course is typically classified as an 8-hour course, and a week-long course is typically classified as a 40-hour course.)***

Enter Number:\_\_\_\_\_\_\_\_\_\_

* **Other**

Please report on all costs related to “other”, including administrative costs, approved construction costs, and miscellaneous expenses such as indirect costs or investigative/confidential funds.

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

* a. Yes
* b. No (If no, skip to next section)

**26. Please describe any other use of JAG funds during the reporting period.**

Enter text:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION V: MISCELLANEOUS ITEMS**

1. **Please attach an updated list of items (inventory) that were paid by the funds.**
2. **Please provide a hard copy and a digital copy of the spreadsheet of the data used to complete this report.**

Name Date: \_\_/\_\_/\_\_\_\_

Position of Name Above