



02 - JAG Crime Lab/Forensics Questionnaire

(Single Award of \$25,000 or more)

Recipient:

Grant Number:

Reporting Period:

Completed By:

Date:

INSTRUCTIONS

The following pages outline the performance achievements for recipients of a single award of \$25,000 or more under the **JAG Crime Lab/Forensics Program Area**. The data collected from this form is used by OCJG members to report performance data BJA's Performance Management Tool (PMT) system, as required by the state's federal JAG award.

**FAILURE TO SUBMIT THE APPROPRIATE PERFORMANCE QUESTIONNAIRE(S) BY
YOUR AGENCY'S REPORTING DEADLINE WILL RESULT IN THE WITHHOLDING OF
FUNDS ON YOUR AWARD.**

Please contact the Office of Criminal Justice Grants at (850) 617-1250 for any questions pertaining to this report.

GENERAL AGENCY INFORMATION

This section collects information on the state of your award and your organization in general. It should be completed by all recipients for EACH reporting period the award is active.

1. Which of the following forensic offices are receiving JAG funds? Check all that apply.

Law enforcement forensic/crime laboratory (includes laboratories that are part of a law enforcement agency)

State/regional/private forensic/crime laboratory (includes laboratories that serve multiple jurisdictions)

Medical examiner or coroner's office

Crime scene processing/investigation unit

Forensic examiner's office (e.g., SANE)

Other (please describe):

2. Which of the following accreditations/certifications does your office have? *Check all that apply.*

ASCLD/LAB accredited crime laboratory

ISO/IEC 17025 accredited crime laboratory

IAI Latent Print certified examiner(s)

IAI Crime Scene certified investigator(s)

IAC&ME accredited medical examiner's office

IAFN SANE or AFN forensic nurse certification



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None of the above

State/another certification/accreditation (please describe):

3. How many employees did your office have on staff as of the last day of the reporting period? *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*

Total Number of Staff

Total Number of JAG Funded Staff

4. Do you have a program in your crime lab that is partially or fully funded by JAG? *Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives.*
If Yes, continue to the next section.
If No, this form is complete.

PROGRAMS

5. Was this program operational during the reporting period? *A program is considered operational when the recipient has obligated, expended, or drawn down grant funds to implement or execute the program's objectives.*
If No, please explain:

6. Please complete the following table with the percentage of your program's funding that comes from each funding source. Estimate the percentages, rounded to the nearest whole number, based on your program's budget for the fiscal year. *"This JAG award" refers to the award you are currently reporting on. If your program is fully funded by this JAG award, please enter "100" for "This JAG award." You must enter a value between 0 and 100 for each cell, and both must total 100. This information will be used to automatically prorate your JAG-funded program output data. Please note: a separate report is also required for other JAG awards funding this program.*

Calculation: To calculate the amount for "This JAG award," take the amount of this JAG award's funding going toward the program, and divide it by the total amount of funding for the program. For example, if your program has a budget of \$50,000 for the year and \$15,000 of that comes from this JAG award, "This JAG award" equals $15,000/50,000$, or 30 percent.

To calculate the amount for "All other sources," divide the remaining funds by the total budget. In the above example, this would be $35,000/50,000$, or 70 percent.



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| Funding Source | Percent of overall program funding |
|-------------------|------------------------------------|
| This JAG award | % |
| All other sources | % |
| Total | % |

7. What is the name of this program?
8. What was the initiation year of this program, regardless of when it received JAG funding?
9. Please describe your program, including its focus (e.g., decreasing DNA backlogs for sexual assault cases), target location (e.g., the entire state, a specific city/jurisdiction), and other general information that will help us understand it.
10. During this reporting period, did your program or service have any partnerships with outside entities, groups, organizations, or programs?
If Yes, continue to the next question.
If No, this form is complete.
11. How would you rate the following partners based on this statement: "This partner is actively involved in the program." If you have multiple partners in a category, please rate them as a whole. (Please rate your partners on a scale: N/A, 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, or 5-Strongly Agree) *Please do not rate yourself.*

State leadership (e.g., governor's office)

Tribal leadership

Local leadership (e.g., mayor's office)

Federal law enforcement agencies

State law enforcement agencies

Local law enforcement agencies

Victim services

Pretrial service organizations

U.S. Attorney's Office

Prosecution

Public defense

Courts



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Community corrections (probation/parole)
Corrections
Health care providers
Mental health care providers
Substance use disorder treatment providers
Child protective services
Community-based service providers (e.g., housing, employment)
Community groups (e.g., neighborhood watch, community center)
Lived experience mentors
Faith-based organizations
Subject-matter experts
Foundations/philanthropic organizations
Researcher, evaluator, or statistical analysis center
Training and technical assistance providers
Tribal criminal justice agencies
Businesses
K-12 schools
Public services (e.g., trash collection, public works)
Other (please describe):

12. For the following metrics tracked quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "N/A- Not tracked quarterly."*

Processing time
Backlog
Capacity: The maximum number of items that can be handled.
Workload: The amount of work an individual has to do.
Caseload: The number of cases an individual has to handle.
Capabilities (e.g., validations, tests, analysis)
Other (please describe):

13. What is the total number of items processed as part of your program during the reporting period? *Items refer to specific pieces of evidence; for example, the number of guns processed as part of a gun-crime-reduction program.*

14. Do you use JAG funds to pay for a forensic examiner (e.g., SANE)?



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If Yes, how many people received a forensic examination as part of your program during the reporting period?

15. How often did your program conduct the following activities during the reporting period?

Tracked activity, progress, or performance using a database or spreadsheet

Conducted analysis to better understand a problem or program progress or to inform decision making in regard to your program/service.

Other (please describe):

16. Did you or a partner conduct an evaluation of this program during the reporting period?

If Yes, please summarize the purpose of the research/evaluation during the reporting period, the status of the work (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable.

17. Did the program or task force receive any assistance from a BJA-funded training and technical assistance (TTA) provider during the reporting period? *A list of TTA providers can be found at <https://www.bjatrain.org>. Report additional TTA contacts in the "Project Progress" module.*

If Yes, please provide the name of the TTA provider:

If Yes, how satisfied were you with the services provided:

18. Please fill out the following table with the number of unknown samples submitted during the reporting period for comparison to a forensic database as part of your program during the reporting period. *If your program does not utilize a specific database, please enter "0" for that database.*

| Measure | Number of sample submissions |
|---|------------------------------|
| CODIS submissions - Includes all DNA evidence submitted to CODIS to help identify a person involved in a crime. | |
| NIBIN submissions - Includes all NIBIN submissions used to link firearms, casings, or projectiles to further a criminal investigation. | |
| AFIS/IAFIS/NGI submissions - Includes all fingerprints, palm prints, or other friction ridge impressions submitted to AFIS or IAFIS/NGI for the purpose of identifying the source of the print. | |



This completes your "Over \$25K" questionnaire reporting requirements. Please ensure you have also completed the JAG General Performance Questionnaire.