Subgrant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reporting Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| How would you rate the following partners based on this statement: “This partner is actively involved in the program.” Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself. |  | **Strongly Disagree** | **Disagree** | **Neither agree nor disagree** | **Agree** | **Strongly Agree** |
| *This partner is actively involved in the program* | **NA** | **1** | **2** | **3** | **4** | **5** |
| State/tribal leadership (e.g., governor’s office) |  |  |  |  |  |  |
| 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 defender/indigent defense |  |  |  |  |  |  |
| Courts |  |  |  |  |  |  |
| Community corrections (probation/parole) |  |  |  |  |  |  |
| Corrections |  |  |  |  |  |  |
| Health care providers |  |  |  |  |  |  |
| Mental health care providers |  |  |  |  |  |  |
| Substance abuse treatment providers |  |  |  |  |  |  |
| Child protective services |  |  |  |  |  |  |
| Community-based service providers (e.g., housing, employment) |  |  |  |  |  |  |
| Community groups (e.g., neighborhood watch, community center) |  |  |  |  |  |  |
| Faith-based organizations |  |  |  |  |  |  |
| Subject-matter experts |  |  |  |  |  |  |
| Foundations/philanthropic organizations |  |  |  |  |  |  |
| Researcher, evaluator, or statistical analysis center |  |  |  |  |  |  |
| Training and technical assistance provider(s) |  |  |  |  |  |  |
| Tribal criminal justice agencies |  |  |  |  |  |  |
| Businesses |  |  |  |  |  |  |
| K-12 schools |  |  |  |  |  |  |
| Public services (e.g., trash collection, public works) |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| How often did your program/task force conduct the following activities during the reporting period | N/A | Don’t Know | Daily | Weekly | Monthly | Quarterly |
| Conducted analysis to better understand a problem, program progress, or to inform decision-making in regard to your program/service |  |  |  |  |  |  |
| Tracked activity, progress, or performance using a database or spreadsheet |  |  |  |  |  |  |
| Administered a victimization assessment tool |  |  |  |  |  |  |
| Held offender call-in/notification meetings  |  |  |  |  |  |  |
| Performed public outreach (e.g., social media, billboards, newsletters) |  |  |  |  |  |  |
| Initiated community engagement (e.g., community meetings, community advisory boards, block party) |  |  |  |  |  |  |
| Performed community problem solving (e.g., partnerships with businesses, faith-based institutions, community groups) |  |  |  |  |  |  |
| Provided or referred to other community services/partners, assistance, or counseling |  |  |  |  |  |  |
| Provided group or classroom instruction for at-risk population |  |  |  |  |  |  |
| Provided direct services for at-risk population |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| If Other, please explain  |  |  |  |  |  |  |

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| How often do you track the following measures to determine the success of your program or task force? | **N/A** | **Daily****Weekly****Monthly** | **Quarterly** | **Semi****Annually** | **Annually** | **Biannually** |
| General/all crime |  |  |  |  |  |  |
| Specific crime(s)  |  |  |  |  |  |  |
| Offender recidivism |  |  |  |  |  |  |
| Victimization |  |  |  |  |  |  |
| Repeat victimization |  |  |  |  |  |  |
| Community satisfaction with law enforcement |  |  |  |  |  |  |
| Citizen fear of crime/victimization |  |  |  |  |  |  |
| Other measure of success |  |  |  |  |  |  |
| If Other, please explain |  |  |  |  |  |  |

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| For the following metrics tracked quarterly, please indicate if it 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 it is not tracked, please select “NA/Not tracked quarterly.” | **N/A Not** **Tracked** **Quarterly** | **Decreased** | **Stayed****Same** | **Increased** |
| General/all crime |  |  |  |  |
| Targeted crime (e.g., drug crime, prostitution, violent crimes) |  |  |  |  |
| Number of individuals who received direct services |  |  |  |  |
| Other metric |  |  |  |  |
| If Other, please explain |  |  |  |  |