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 conduct the following activities during the reporting period? | **N/A** | **Don’t Know** | **Daily** | **Weekly** | **Monthly** | **Quarterly** |
| Tracked activity, progress, or performance using a database or spreadsheet |  |  |  |  |  |  |
| Conducted analysis to better understand a problem, program progress, or to inform decision making in regard to your program/service |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| 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** |
| Violent crime |  |  |  |  |
| Targeted crime (e.g., drug crime, prostitution, violent crimes) |  |  |  |  |
| Recurring victimization |  |  |  |  |
| Number of participants who received direct services |  |  |  |  |
| Client satisfaction with services |  |  |  |  |
| Other metric, please explain |  |  |  |  |

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| **Does your office focus on providing services to any of the following underserved groups, regardless of JAG funding? *Check all that apply*.** | | | |
| Non-English or limited English-proficient victims/witnesses |  | Victims/witnesses of hate crimes |  |
| Ethnic/religious minority victims/witnesses |  | Victims/witnesses on tribal lands |  |
| Youth exposed to violence victims/witnesses |  | Victims/witnesses of human trafficking |  |
| LGBTQI victims/witnesses |  | Victims/witnesses of mass violence or disasters |  |
| Victims/witnesses with mobility or cognitive disabilities |  | Victims/witnesses of cybercrime (e.g., bullying, stalking, but excluding financial fraud/identity theft) |  |
| Deaf and hard-of-hearing victims/witnesses |  | Victims/witnesses in remote or not easily accessible geographic locations |  |
| Homeless victims/witnesses |  | None of the above |  |
| Runaway youth victims/witnesses |  | Other, please explain |  |
| Victims/witnesses of financial fraud/identity theft |  |  |  |

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| **How often did you provide each of the following services during the reporting period, regardless of JAG funding?** | **N/A** | **Don’t Know** | **Daily** | **Weekly** | **Monthly** | **Quarterly** |
| Assistance in obtaining restitution |  |  |  |  |  |  |
| Counseling (either group or one-on-one) |  |  |  |  |  |  |
| Trauma informed care |  |  |  |  |  |  |
| Crisis intervention |  |  |  |  |  |  |
| Emergency shelter/food |  |  |  |  |  |  |
| Emotional/moral support |  |  |  |  |  |  |
| Financial/in-kind support |  |  |  |  |  |  |
| Employment services |  |  |  |  |  |  |
| Housing/shelter advocacy |  |  |  |  |  |  |
| Insurance claim assistance |  |  |  |  |  |  |
| Legal assistance/case support |  |  |  |  |  |  |
| Medical assistance |  |  |  |  |  |  |
| Safety planning |  |  |  |  |  |  |
| Transportation |  |  |  |  |  |  |
| Witness protection |  |  |  |  |  |  |
| Victim–offender dialogue meetings |  |  |  |  |  |  |
| Administration of a victim-assessment tool |  |  |  |  |  |  |
| Public outreach (e.g., billboards, newsletters, social media, brochures) |  |  |  |  |  |  |
| Other services please explain |  |  |  |  |  |  |