

**BUREAU OF JUSTICE ASSISTANCE**  
Innovations in Community Based Crime Reduction (CBCR) Program  
**PERFORMANCE MEASURES**

The following pages outline the program performance measures for the Bureau of Justice Assistance (BJA) Innovations in Community Based Crime Reduction Program. The performance measures are based on the goals and objectives of the program and are divided into two sections, one for planning and one for implementation. The planning measures only assess your planning and development activity during the reporting period. These questions are only available during the planning stage of your award and will no longer be entered after you are approved to move forward into the implementation stage. After you are approved to move to implementation, you will no longer be required to submit the planning measures.

For **enhancement** grants, it is expected that planning phase activities occur during the first 3 to 6 months from the final budget approval date. For **implementation** grants, it is expected that planning phase activities occur during the first 9 to 12 months from the final budget approval date.

Planning phase activities can include but are not limited to the following activities:

- Identify, verify, and prioritize crime hot spots within identified neighborhood.
- Work with cross-sector management team to develop a strategy, drawing on a continuum of approaches to address crime drivers.
- Pursue community partnerships and leadership, building support to ensure the community is active in the process.
- Collaborate with local law enforcement, your research partner, and the community to conduct an analysis of crime drivers and an assessment of needs and available resources.

There are two types of performance measures: quantitative (numeric) and qualitative (narrative). Every 3 months, you will use the online Performance Measurement Tool (PMT) to report on your activities for that quarter. These quarterly measures are both quantitative and qualitative data. Every 6 months and at the close of your grant, you will also be asked to complete the qualitative-only (narrative) questions based on your activity over the past **TWO** reporting periods.

In January and July of each calendar year and at the close of your grant, you are responsible for creating the *GMS or Final Report* from the PMT that you upload into the Grants Management System (GMS). During the nonsubmission periods, you are encouraged to create this report for your records.

If you have questions about your program, please contact your State Policy Advisor (SPA) at <https://www.bja.gov/About/Contacts/ProgramsOffice.html>.

If you have any questions about the PMT or performance measures, please call the BJA PMT Help Desk at 1-888-252-6867, or send an e-mail to [bjapmt@ojp.usdoj.gov](mailto:bjapmt@ojp.usdoj.gov).

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**AWARD ADMINISTRATION**

The first set of questions concerns information about the administration of the award. Please select the appropriate answer that best reflects the status of your award.

Is this the last time the grant is reporting in the PMT before closing out the award? If “yes,” you must complete the required outcomes section.

A. Yes/No

**GENERAL AWARD INFORMATION**

1. Was there **grant activity** during the reporting period? *“Grant activity” is defined as any proposed activity in the BJA-approved grant application that is implemented or executed with BJA grant funds.*
  - B. Yes/No (If no, provide an explanation and skip to narrative questions, when due)
  - C. If no, please explain:

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**ALLOCATED AMOUNTS**

2. Please report how the funding for your CBCR award is allocated for the areas listed below for the life of the award during planning and implementation. *These are estimated funding allocations, not amounts spent. When entering allocated amounts, be sure to double check your math. As a reminder, the PMT will display your grant amount as it is shown in GMS. When you click Save, the PMT will automatically calculate your total allocations and ensure they equal your grant amount. Please ensure that the total allocations equal your total grant amount (displayed in the upper right hand corner of the PMT).*

Grant Fund Allocations		Allocated Amount for Planning	Allocated Amount for Implementation
[ ]	Law Enforcement Partner		
[ ]	Research Partner		
[ ]	All Other Allocated Funds		
	<b>Total Allocations</b>	<b>Auto fill sum</b>	

**Note:** The PMT is not a financial reporting system, and these measures will not be used for audit purposes.

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**PLANNING MEASURES**

**DATA-DRIVEN ACTIVITY**

1. Was your plan approved during the reporting period? **(Screening Measure)**
  - A. Yes/No (If yes, skip **ALL** Planning Measures)
  
2. For the purposes of the planning period, have you completed data analysis?
  - A. Yes/No
  
3. Have you identified the data that will need to be collected as part of your CBCR project?
  - A. Yes/No
  - B. If yes, please describe the data that will be collected:  
\_\_\_\_\_
  
4. Does your law enforcement partner provide you with crime data?
  - A. Yes/No (If no, skip next question)
  
5. How often did you get crime data from your law enforcement partner during the reporting period? **Select one.**
  - A. Weekly
  - B. Monthly
  - C. Quarterly
  - D. Other
  - E. If other, please describe:  
\_\_\_\_\_
  
6. How many **NEW** hot spots has your team selected to target with your CBCR strategy during the reporting period? *New hot spots refer to hot spots that were identified during the reporting period.* \_\_\_\_\_
  
7. Have you conducted analysis of the identified crime drivers during the reporting period?
  - A. Yes/No

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8. Please report your access and analysis to the following data types during the reporting period. **(Check the box to select or indicate “yes” for each appropriate option listed below that best fits your CBCR strategy/program.)** Use the checkboxes to identify which data sources you had access to during the reporting period. If you analyzed any data sources, please indicate this in the second column. Note that to analyze data, you must first have access to it. If the data source you have access to is address specific, indicate this in the third column. Address specific means the data can be matched back to a physical location using GIS or other mapping software. If you are not using the data in your analysis, check the last column to indicate that the data type is not applicable.

Identify Types of Data	Access to Data?	Analyzed?	Was the Data Address Specific?	Not Applicable
Official police or incident reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calls for service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrest reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal histories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socioeconomic data (includes health and human services data, school data, poverty data, and other community data)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidentiary or adjudication data (includes any courts data)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrections data (includes probation and parole data)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offender risk assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juvenile data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surveys of officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surveys of community members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surveys of offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surveys of victims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If other, please describe:</b>				

**PLANNING COLLABORATION**

9. Have you conducted community engagement activities during the reporting period?

A. Yes/No

B. If yes, please describe the activities you conducted:

\_\_\_\_\_

10. Do you have a cross-sector management team?

A. Yes/No (If no, skip next question)

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11. Please indicate how many of each type of the following groups were represented on your cross-sector management team during the reporting period.
- A. **Developmental**—education, early childhood learning centers, health resources, and other assets that allow residents to attain skills and wellness needed for success \_\_\_\_\_
  - B. **Commercial**—business development/retention, job programs, and other assets associated with production, employment, transactions, and economic development \_\_\_\_\_
  - C. **Recreational**—parks, open space, arts organizations, restaurants, and other assets that create value in a neighborhood beyond work and education \_\_\_\_\_
  - D. **Physical**—housing, commercial buildings, roads, sidewalks, and other assets associated with the built environment and physical infrastructure \_\_\_\_\_
  - E. **Social**—residents, community engagement, and other assets that establish well-functioning social interactions \_\_\_\_\_
  - F. **Criminal justice/law enforcement**—other public safety and criminal justice personnel \_\_\_\_\_
  - G. Other \_\_\_\_\_
  - H. If other, please describe: \_\_\_\_\_

12. How many community resident members were part of your CBCR project during the reporting period? \_\_\_\_\_

A. Please explain: \_\_\_\_\_

13. How many community resident members were part of the **planning** for your CBCR project during the reporting period? *Community resident members who are part of the planning process provide input or feedback on planning measures. Do not include members who attended planning meetings and did not provide input or feedback.* \_\_\_\_\_

A. Please explain: \_\_\_\_\_

14. How many cross-sector management team meetings took place during the reporting period? \_\_\_\_\_

## **STRATEGY DEVELOPMENT**

15. Have you identified the proposed strategies/interventions to implement in the target area?

A. Yes/No (If no, skip next two questions)

16. Have you reviewed the research base for your proposed strategy? *Research base refers to the best practices, proven strategies, and other materials that show what works in your selected program/activity.*

A. Yes/No

B. If no, please explain: \_\_\_\_\_

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17. Please indicate the type of activity you are **planning** to implement. *This measure will also appear in the implementation measures to measure what **IS** being implemented. Check all that apply.*

- A. Law enforcement (hot spots, drug enforcement, violent crime)
- B. Disorder abatement and blight remediation
- C. Juvenile programs and youth development
- D. Housing programs
- E. Economic development (job creation, business development)
- F. Primary/secondary or adult education programs
- G. Place-based crime prevention/CPTED
- H. Collective efficacy, social cohesion, and resident mobilization
- I. Fear of crime
- J. Reentry to high-crime areas
- K. Other community services, such as mental health counseling or substance abuse programs
- L. If other, please describe: \_\_\_\_\_

18. Did you have any contact with your research partner during the reporting period? *A contact can be either in person or via electronic interface.*

- A. Yes/No (If no, skip next three questions)

19. How many times did your research partner contribute to the planning of the CBCR initiative or share research findings during the reporting period? \_\_\_\_\_

20. Please describe the contact made with your research partner during the reporting period:

\_\_\_\_\_

21. Did the information from your research partner prompt any changes in your planned implementation strategies/activities?

- A. Yes/No
- B. If yes, please describe the changes:

\_\_\_\_\_

## **TRAINING AND TECHNICAL ASSISTANCE**

22. Did you have any contact with a training and technical assistance (TTA) provider during the reporting period?

- A. Yes/No (If no, skip this section)

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23. How often did you have contact with a TTA provider during the reporting period? *A contact can be either in person or via electronic interface. Contacts can be grouped together when multiple contacts were made on a single issue or during a short timeframe. **Select one.***
- A. Weekly
  - B. Biweekly
  - C. Monthly
  - D. Quarterly
24. Did anyone in your team attend or participate in any formal TTA conferences, trainings, etc., during the reporting period?
- A. Yes/No
  - B. If yes, please explain:  
\_\_\_\_\_
25. Did you have any unaddressed TTA needs during the reporting period?
- A. Yes/No
  - B. If yes, please explain:  
\_\_\_\_\_

**(END OF PLANNING MEASURES)**

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**IMPLEMENTATION MEASURES**

The following questions assess your activity during the **implementation** phase of your CBCR award. These measures should only be entered after completion of your planning activity. You must have your implementation plan approved before entering data in response to the questions below.

Implementation activities can include (but are not limited to) the following:

- Having ongoing meetings with cross-sector management team;
- Sharing regular input/discussions with research partner;
- Assessing program implementation in collaboration with research partner;
- Modifying strategies, as appropriate; and
- Building capacity of cross-sector management team to continue to coordinate research.

**PROJECT MANAGEMENT**

26. Did you have any implementation activities during the reporting period?

A. Yes/No (If no, skip this section)

27. Please list the **milestones** you expect to achieve over the life of the award. *Milestones refer to objectives that you will achieve over the course of the award. These should be used to set and monitor your progress for the life of the award and should come from the **TIMELINE** you submitted as part of your grant application. (Responses will carry over from one reporting period to the next in the PMT, to update as necessary.)*

28. What project activities were **scheduled** during the reporting period?

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29. What project activities were **conducted** during the reporting period?

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**TRAINING AND TECHNICAL ASSISTANCE**

30. Did you have any contact with a TTA provider during the reporting period?  
A. Yes/No (If no, skip next question)
31. How often did you have contact with a TTA provider during the reporting period? *A contact can be either in person or via electronic interface. Contacts can be grouped together when multiple contacts were made on a single issue or during a specific timeframe. Select one.*  
A. Weekly  
B. Biweekly  
C. Monthly  
D. Quarterly
32. Did anyone in your team attend or participate in any formal TTA conferences, trainings, etc., during the reporting period?  
A. Yes/No  
B. If yes, please explain:  
\_\_\_\_\_
33. Did you have any unaddressed TTA needs during the reporting period?  
A. Yes/No  
B. If yes, please explain:  
\_\_\_\_\_

**IMPLEMENTATION COLLABORATION**

34. How many **TOTAL** partnerships were active during the reporting period? *For the purpose of this measure, these include both formal and informal partnerships.* \_\_\_\_\_
35. Did you establish any **NEW** partnerships during the reporting period?  
A. Yes/No (If no, skip next question)

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36. How many **NEW** partnerships were formed with the following agency types during the reporting period? (Enter the number of partnerships for each option.)

A. <b>Developmental</b> —education, early childhood learning centers, health resources, and other assets that allow residents to attain skills and wellness needed for success	
B. <b>Commercial</b> —business development/retention, job programs, and other assets associated with production, employment, transactions, and economic development	
C. <b>Recreational</b> —parks, open space, arts organizations, restaurants, and other assets that create value in a neighborhood beyond work and education	
D. <b>Physical</b> —housing, commercial buildings, roads, sidewalks, and other assets associated with the built environment and physical infrastructure	
E. <b>Social</b> —residents, community engagement, and other assets that establish well-functioning social interactions	
F. <b>Criminal justice/law enforcement</b> —other public safety and criminal justice personnel	
G. <b>Other</b> Please describe: _____	
<b>Total Partnerships Formed</b>	<i>Auto fill sum</i>

37. How many **cross-sector management team meetings** were conducted during the reporting period? \_\_\_\_\_

38. How many **additional subgroup meetings** (other than with the cross-sector management team) were conducted during the reporting period? \_\_\_\_\_

39. How many **training/briefing sessions** were conducted in addition to team meetings during the reporting period? \_\_\_\_\_

40. Please indicate the number of times members of the **cross-sector management team** met with community members to share information and discuss the project during the reporting period. *Please provide an answer for each option.*

- A. Large groups (30 or more participants) \_\_\_\_\_
- B. Medium groups (11–29 participants) \_\_\_\_\_
- C. Small groups (up to 10 participants) \_\_\_\_\_
- D. In one-on-one interviews/dialogues \_\_\_\_\_
- E. Other meetings \_\_\_\_\_
- F. If other, please describe: \_\_\_\_\_

41. Please briefly describe your communications/interactions with the community members:

\_\_\_\_\_

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**INFORMATION SHARING**

42. Did you develop systems for sharing information during the reporting period? *For the purpose of this measure, a system is defined as the practice used to share information on program activity between agencies, service providers, stakeholders, or others.*

A. Yes/No (If no, skip next two questions)

43. Please indicate the types of information-sharing systems that you developed during the reporting period. **Check all that apply.**

A. For sharing information with the cross-sector management team

B. For sharing information with community members/residents

C. For sharing information with other external stakeholders such as funders or elected officials

D. If you selected any of the choices above, please briefly describe your information-sharing system:

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44. Did you share information with your cross-sector management team during the reporting period?

A. Yes/No

B. If yes, please describe the information you shared:

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**PROGRAM ACTIVITY**

45. How many hot spots have you identified during the reporting period? *Hot spots refer to the specific smaller geographic areas within the target areas in which the targeted efforts of the initiative or strategy will be implemented. These areas may include street blocks, specific addresses, or other geolocated areas and are generally smaller and found within the target areas.* \_\_\_\_\_

46. Are you continuing to conduct analysis in the identified hot spots?

A. Yes/No

B. If no, please explain:

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47. Did any of the target areas change during the reporting period? *The target areas refer to the geographic areas of emphasis in which the interventions will take place. These areas may be a neighborhood or police district or precinct.*

A. Yes/No

B. If yes, please explain the nature and reason for the change:

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48. Did any of the hot spots change during the reporting period?

A. Yes/No

B. If yes, please explain the nature of and reason for the change:

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49. What is the population in the target area? Please report the population that most closely represents the target area. If needed, you can report the target area population using the U.S. Census Bureau website (<http://www.census.gov/2010census/popmap/>). Choose the total population option, then enter your city and state to find the reported population by tract. (*This number will only be entered once and will be prepopulated for future reporting periods. The data should be obtained from your award application or from the most recent census data.*) \_\_\_\_\_

50. Please complete the following tables with the number of crimes that occurred in the target area and hot spots for the reporting period. If your agency does not collect data on a certain crime, please enter “-9” (negative nine) as the value. If you are not prepared to report crime data, please enter a value of “0” (zero) for ALL cells.

**Note:** CBCR data collection follows the federal Uniform Crime Reporting (UCR) guidelines. For help in translating local laws into UCR categories, please refer to the UCR handbook at <http://www2.fbi.gov/ucr/handbook/ucrhandbook04.pdf>.

- **Target areas** refer to the geographic areas of emphasis in which the interventions will take place. These areas may be a neighborhood or police district or precinct.
- **Hot spots** refer to the specific smaller geographic areas within the target areas in which the targeted efforts of the initiative or strategy will be implemented. These areas may include street blocks, specific addresses, or other geolocated areas and are generally smaller and found within the target areas.

*Please note that target areas encompass hot spots. Crime counts for target areas should therefore include all crime in hot spots and other locations within the target area. Crime counts for hot spots will never exceed crime counts for target areas.*

PART I CRIMES	Target Area	Hot Spots
Murder, Nonnegligent Manslaughter		
Forcible Rape		
Robbery		
Aggravated Assault		
Burglary		
Larceny-Theft		
Motor Vehicle Theft		
Arson		
<b>Total Part I Crimes</b>	<i>autosum</i>	<i>autosum</i>

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50a.

PART II CRIMES	Target Area	Hot Spots
Simple Assaults		
Vandalism		
Weapons Offenses		
Prostitution and Commercialized Vice		
Sex Offenses (Except Rape and Prostitution)		
Drug Violations		
Driving Under the Influence		
Liquor Law Violations		
Public Drunkenness		
Disorderly Conduct		
Vagrancy		
All Other Offenses (Except Traffic)		
<b>Total Part II Crimes</b>	<i>autosum</i>	<i>autosum</i>

**ACTIVITY TYPE**

51. Please select the appropriate strategy/program type that you are implementing. *This measure also appears in the planning measures and assesses what IS being implemented. Check all that apply.*

- A. Law enforcement (hot spots, drug enforcement, violent crime)
  - B. Disorder abatement and blight remediation
  - C. Juvenile programs and youth development
  - D. Housing programs
  - E. Economic development (job creation, business development)
  - F. Primary/secondary or adult education programs
  - G. Place-based crime prevention/CPTED
  - H. Collective efficacy, social cohesion, and resident mobilization
  - I. Fear of crime
  - J. Reentry to high-crime areas
  - K. Other community services, such as mental health counseling or substance abuse programs
  - L. If other, please describe:
-

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**MONITOR & ASSESS PROGRESS**

52. Did you have any contact with your research partner during the reporting period? *A contact can be either in person or via electronic interface.*  
A. Yes/No (If no, skip next three questions)
53. How many times did your research partner contribute to the implementation of the CBCR initiative or share research findings during the reporting period? *Please enter a number value.* \_\_\_\_\_
54. Please describe the contact made with your research partner during the reporting period:  
\_\_\_\_\_
55. Did the information from your research partner prompt changes to the strategies that you are implementing?  
A. Yes/No  
B. If yes, please describe the changes: \_\_\_\_\_

**BUILD CAPACITY & PLAN FOR SUSTAINMENT**

56. Do you have a sustainment plan?  
A. Yes/No  
B. If yes, please describe: \_\_\_\_\_
57. Have you identified any resources that will help sustain the strategy/program you have implemented once Federal grant funds have been fully expended? *For the purpose of this measure, resources can include in-kind and financial commitments.*  
D. Yes/No  
E. If yes, please describe the resources: \_\_\_\_\_  
\_\_\_\_\_
58. Will you be able to sustain the program efforts after all funds are used? *Program efforts refer to the activities that are part of your CBCR program.*  
A. Yes/No  
B. Only part of the program will be sustained  
C. If only part, please explain: \_\_\_\_\_
59. Will you be able to sustain your community partnerships after all funds are used? *Community partnerships include your partnerships with community members, businesses, and other individuals and organizations within your target area.*  
A. Yes/No  
B. If no, Please explain: \_\_\_\_\_

**(END OF IMPLEMENTATION MEASURES)**

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**OUTCOMES (CLOSEOUT ONLY)**

This section is to be completed at the end of the grant award (i.e., before closeout) during the last reporting period in the PMT. Answers to these questions should reflect your program status after conducting all grant activities.

60. Did you achieve the CBCR program goal of improving community safety?

A. Yes/No

B. Please explain:

\_\_\_\_\_

61. Did you reduce crime within the target areas? *The target areas refer to the geographic areas of emphasis in which the interventions will take place. These areas may include a neighborhood or police districts or precincts.*

A. Yes/No

B. Please explain:

\_\_\_\_\_

62. Please report the serious crime rate in the target area **before** the program. *This should be calculated using the number of **Part One** crimes per 100,000 residents in your first reporting period.* \_\_\_\_\_

63. Please report the serious crime rate in the target area **after** the completion of the strategy/program. *This should be calculated using the number of **Part One** crimes per 100,000 residents in your final reporting period.* \_\_\_\_\_

64. Did your strategy/program support neighborhood revitalization goals?

A. Yes/No

B. Please explain: \_\_\_\_\_

65. Did you increase the number of cross-sector community-based partnerships in the target area as part of your CBCR program?

A. Yes/No

B. Please explain: \_\_\_\_\_

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**NARRATIVE QUESTIONS**

You will be asked to answer these questions in January, July, and at the close of your award. Please answer them based on the last 6-month period. You can use up to 5,000 characters for each response.

1. What were your accomplishments during the reporting period?

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2. What goals were accomplished, as they relate to your grant application?

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3. What problems/barriers did you encounter, if any, during the reporting period that prevented you from reaching your goals or milestones?

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4. Is there any assistance that BJA can provide to address any problems/barriers identified in question #3?

A. Yes (Please explain)

B. No

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5. Are you on track to fiscally and programmatically complete your program as outlined in your grant application?

A. Yes

B. No (Please explain)

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6. What major activities are planned for the next 6 months?

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7. Based on your knowledge of the criminal justice field, are there any innovative programs/accomplishments that you would like to share with BJA?

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**THANK YOU FOR PARTICIPATING!**