GENERAL AWARD ADMINISTRATION

1. **Is this the last reporting period** for which the award will have data to report? 
   For example, were all funds expended and is the award in the process of closing out in the Grants Management System?
   A. Yes/No *(If Yes, answer the semiannual narrative questions.)*

2. **Was there grant activity** during the reporting period? There is grant activity when the grantee has obligated, expended, or drawn down grant funds to implement objectives proposed in the Bureau of Justice Assistance (BJA)-approved grant application. If you select Yes, the program becomes operational and should remain so until the grant closes out.

<table>
<thead>
<tr>
<th>Reason(s) for no grant activity during the reporting period</th>
<th>Select all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>In procurement</td>
<td>☐</td>
</tr>
<tr>
<td>Project or budget not approved by agency, county, city, or state governing agency</td>
<td>☐</td>
</tr>
<tr>
<td>Seeking subcontractors (Request for Proposal stage only)</td>
<td>☐</td>
</tr>
<tr>
<td>Waiting to hire project manager, additional staff, or coordinating staff</td>
<td>☐</td>
</tr>
<tr>
<td>Paying for the program using prior federal funds</td>
<td>☐</td>
</tr>
<tr>
<td>Administrative hold (e.g., court case pending)</td>
<td>☐</td>
</tr>
<tr>
<td>Still seeking budget approval from BJA</td>
<td>☐</td>
</tr>
<tr>
<td>Waiting for partners or collaborators to complete agreements</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
</tr>
<tr>
<td>If Other, please explain.</td>
<td></td>
</tr>
</tbody>
</table>

CASE ANALYSIS

3. **As of the first day of the grant period, what is the average number of days between submission of evidence to a forensic lab or medical examiner's/coroner's office funded under this award and delivery of test results to a requesting office or agency?** [Carry forward]

   ___________________________________________________________

4. **As of the last day of this reporting period, what is the average number of days between submission of evidence to a forensic lab or medical examiner's/coroner's office funded under this award and delivery of test results to requesting office or agency?**

   ___________________________________________________________

REVISED OCTOBER 2020

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CERTIFICATION

Forensic Personnel Certification

5. For the grant period to date, what is the total number of forensic personnel in all of the forensic labs using funding from this grant to seek certification? [Carry forward]

__________________________________________________________

6. As of the last day of this reporting period, what is the total number of forensic personnel in all of the forensic labs that are receiving funding from this grant?

__________________________________________________________

7. As of the last day of this reporting period, what is the total number of currently certified forensic personnel in all of the forensic labs that are receiving funding from this grant?

__________________________________________________________

8. As of the last day of this reporting period, how many forensic science personnel initiated certification using funding from this grant?

__________________________________________________________

9. As of the last day of this reporting period, how many forensic personnel completed certification using funding from this grant?

__________________________________________________________

Medicolegal Death Investigator Certification

10. As of the last day of this reporting period, what is the total number of medicolegal death investigators in all of the forensic labs that are receiving funding from this grant?

__________________________________________________________

11. As of the first day of this reporting period, what is the total number of currently certified medicolegal death investigators in all of the forensic labs that are receiving funding from this grant?

__________________________________________________________

12. As of the last day of this reporting period, what is the total number of currently certified medicolegal death investigators in all of the forensic labs that are receiving funding from this grant?

__________________________________________________________

13. For the grant period to date, what is the total number of medicolegal death investigators in all of the forensic labs using funding from this grant to seek certification?

__________________________________________________________
14. As of the last day of this reporting period, how many medicolegal death investigators initiated certification using funding from this grant?

____________________________________________________________________________

15. As of the last day of this reporting period, how many medicolegal death investigators completed certification using funding from this grant?

____________________________________________________________________________

EQUIPMENT PROCUREMENT

16. As of the last day of the reporting period, did you implement new technology or equipment using Coverdell funding?
   A. Yes/No

17. If Yes, please describe any success stories related to the new technology/equipment. [Close out question]

____________________________________________________________________________

18. If Yes, please describe any challenges related to implementing the new technology/equipment. [Close out question]

____________________________________________________________________________

BACKLOGGED CASES

19. As of the first day of this grant period, what is the total number of backlogged cases in all agencies funded under this award? [Baseline, Carry forward]

____________________________________________________________________________

20. As of the last day of this reporting period, what is the total number of backlogged cases in all agencies funded under this award?

____________________________________________________________________________

TRAINING

Forensic Personnel

21. As of the last day of the reporting period, how many forensic personnel attended training?

____________________________________________________________________________

22. As of the last day of the reporting period, how many hours of training were completed in total?

____________________________________________________________________________
23. What training topics were covered?
   A. Accreditation
   B. Anthropology
   C. Computer forensics
   D. Crime scene
   E. Digital forensics
   F. DNA
   G. Firearms
   H. General forensics
   I. Latent prints
   J. Medical examiner/MDI
   K. Pathology
   L. Seized drugs
   M. Toxicology
   N. Trace evidence

24. During the reporting period, were there any processes implemented or revised? If Yes, please describe.
   A. Yes/No
   B. If Yes, please describe: ________

**Medical Examiner/Coroner**

25. As of the last day of the reporting period, how many medical examiners/coroners attended training?
    __________________________________________________________

26. As of the last day of the reporting period, how many hours of training were completed in total?
    __________________________________________________________

27. As of the last day of the reporting period, how many forensic pathologists attended training?
    __________________________________________________________

28. As of the last day of the reporting period, how many hours of training were completed in total?
    __________________________________________________________

29. During the reporting period, were there any processes implemented or revised? If Yes, please describe.
   A. Yes/No
   B. If Yes, please describe: ________
PERSONNEL

30. During the reporting period, how many forensic science personnel were hired with grant funds?  
__________________________________________________________

31. During the reporting period, how many medical examiners/coroners were hired with grant funds?  
__________________________________________________________

32. During the reporting period, how many forensic pathologists were hired with grant funds?  
__________________________________________________________

ACCREDITATION

33. For the grant period to date, what is the number of agencies/organizations receiving funding from this grant? (Single numerical entry only)  
__________________________________________________________

34. Is your agency/organization currently accredited?  
A. Yes/No

35. Is your agency/organization applying for initial accreditation with FY 2021 Coverdell funding?  
A. Yes/No

36. Which agency are you using for accreditation?  
A. ANSI-ASQ National Accreditation Board (ANAB)  
B. National Association of Medical Examiner (NAME)  
C. International Association of Coroners and Medical Examiners (IACME)  
D. American Association for Laboratory Accreditation (A2LA)  
E. Other, please list: ________

37. Has your office applied for accreditation with an appropriate accrediting agency during the reporting period?  
A. Yes/No

38. Was accreditation obtained from an appropriate accrediting agency using Coverdell funding during the reporting period?  
A. Yes/No

39. If so, please upload accreditation documentation from the accrediting agency in the next applicable report.
40. Number of agencies/organizations using FY 2021 Coverdell funding for fees to maintain accreditation.

________________________________________________________

SEMIANNUAL NARRATIVE QUESTIONS

In this module, you will identify the goals you hope to achieve with your funding. Once submitted, these goals cannot be changed without approval from your grant manager.

- **Set S·M·A·R·T** goals to clarify the scope of your priorities.
  - **Specific**
  - **Measurable**
  - **Achievable**
  - **Relevant**
  - **Time-bound**

If you have multiple goals, please provide updates on each one separately.

**Please answer the following questions every semiannual reporting period (January and July of each year), based on your grant-funded activities.**

1. **What were your accomplishments during the reporting period?**
   
   _____________________________________________________________

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

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

4. **Is there any assistance that BJA can provide to address any problems/barriers identified in question 3?** (Please answer Yes or No. If Yes, please explain.)

   A. **Yes/No**
   B. If Yes, please explain. _______________________________________________

5. **Are you on track to fiscally and programmatically complete your program as outlined in your grant application?** (Please answer Yes or No. If No, please explain.)

   A. **Yes/No**
   B. If No, please explain. _______________________________________________ 

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

   _____________________________________________________________

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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