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.

   **Reason(s) for no grant activity during the reporting period**
   
<table>
<thead>
<tr>
<th>Reason(s)</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>

**PURPOSE AREA 1: BJA FORENSIC PATHOLOGY FELLOWSHIP**

3. The number of participants who began the forensic pathology fellowship training under the Strengthening the Medical Examiner–Coroner System Program. *(Baseline, Carry forward)*

4. The number of forensic pathology fellowship participants in the Medical Examiner–Coroner office (to include the fellowship funded by the Strengthening the Medical Examiner–Coroner System Program).
5. The number of participants who completed forensic pathology fellowship training under the Strengthening the Medical Examiner–Coroner System Program.

6. If possible to report, please provide the number of forensic pathology fellowship participants under the Strengthening the Medical Examiner–Coroner System Program who became board-certified forensic pathologists.

7. Total hours of death investigation by Medical Examiner–Coroner office 6 months prior to award start date. [Baseline, Carry forward]

8. Total hours of death investigations performed by the BJA-funded forensic pathology fellow(s) 5 years prior to the award start date. [Baseline, carry forward]

9. Total hours of death investigations performed by Medical Examiner–Coroner office during the reporting period.

10. Total hours of death investigations performed by BJA-funded forensic pathology fellow(s) during the reporting period.

11. Total hours of death investigations performed by Medical Examiner–Coroner office during the entire project. [Cumulative, Auto-sum]

12. Total hours of death investigations performed by BJA-funded forensic pathology fellow(s) during the entire project. [Cumulative, Auto-sum]

13. Total number of autopsies performed by Medical Examiner–Coroner office during the 6-month period prior to the award start date. [Baseline, Carry forward]

14. Total number of autopsies performed by the BJA-funded forensic pathology fellow(s) prior to the award start date. [Baseline, Carry forward]
15. Total number of autopsies performed by Medical Examiner–Coroner office during the reporting period.

__________________________________________________________

16. Total number of autopsies performed by BJA-funded forensic pathology fellow(s) during the reporting period.

__________________________________________________________

17. Total number of autopsies performed by Medical Examiner–Coroner office during entire project. [Cumulative, Auto-sum]

__________________________________________________________

18. Total number of autopsies performed by BJA-funded forensic pathology fellow(s) during the entire project. [Cumulative, Auto-sum]

__________________________________________________________

PURPOSE AREA 2: MEDICAL EXAMINER–CORONER OFFICE ACCREDITATION

19. Has your office applied for accreditation with an appropriate Medical Examiner–Coroner accrediting agency during the reporting period?
   A. Yes/No

20. Was accreditation obtained from an appropriate Medical Examiner–Coroner accrediting agency using Strengthening the Medical Examiner–Coroner System Program funding during the reporting period?
   A. Yes/No

21. If so, please upload accreditation documentation from Medical Examiner–Coroner accrediting agency.

22. If accreditation was applied for but not achieved, what were the challenges with meeting accreditation?

__________________________________________________________

23. Number of individuals in the Medical Examiner–Coroner office in medicolegal death investigation supporting positions at the beginning of the award period. [Baseline, Carry forward]

__________________________________________________________
24. Number of certified individuals in the Medical Examiner–Coroner office in medicolegal death investigation supporting positions at the beginning of the award period. [Baseline, Carry forward] ____________________________________________________________

25. Target number of individuals to be certified with Strengthening the Medical Examiner–Coroner System Program funding at the beginning of the award period. [Baseline, Carry forward] ____________________________________________________________

26. Number of individuals who initiated the certification process with Strengthening the Medical Examiner–Coroner System Program funding during the project period. ____________________________________________________________

27. Number of individuals who achieved certification with Strengthening the Medical Examiner–Coroner System Program funding during the project period. ____________________________________________________________

28. Number of individuals who achieved certification with Strengthening the Medical Examiner–Coroner System Program funding during the entire project. [Cumulative, Auto-sum] ____________________________________________________________

29. Reasons why individual(s) did not achieve certification if applicable. ____________________________________________________________

30. Which agency are you using for accreditation?
   A. National Association of Medical Examiners (NAME)
   B. International Association of Coroners and Medical Examiners (IACME)
   C. Other (Please list): ________

31. Which of the following inspection areas is your office working toward with the Strengthening the Medical Examiner–Coroner System Program funding? (Select all that apply).  
   A. Medicolegal facility and office practices (e.g., safety and security, workspace for employees, quality assurance, policy and procedures) 
   B. Investigations and investigative practices 
   C. Morgue facilities and operations (e.g., body handling, body receiving areas, autopsy area) 
   D. Laboratory services (including histology, toxicology, radiology, and crime laboratory) 
   E. Reports and record keeping 
   F. Forensic specialists, support services, and consultants
32. Please provide a short description on the progress made during this reporting period.

__________________________________________________________

33. Please provide a short description on the challenges faced during this reporting period.

__________________________________________________________

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. _________________________________________________

REVISED OCTOBER 2020

The performance measure questions presented here are preliminary and may be subject to revision.
This document is only to be used for planning and data collection purposes.
All grantees must enter their data in the JustGrants System upon award acceptance.
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?

__________________________________________________________