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.*

   **Reason(s) for no grant activity during the reporting period**  
<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>

3. What obstacles, if any, did you encounter over the last reporting period that has had an impact to your project? Select all that apply.

   A. N/A – No obstacles or barriers
   
   B. Access to data
   
   C. Collaboration/coordination between partner agencies
   
   D. Hiring project staff
   
   E. Competing implementing agencies’ priorities
   
   F. Legal obstacles
   
   G. Technology challenges
   
   H. Federal grant administration issues (e.g., pending approval of action or budget)
   
   I. Other
   
   J. If Other, please explain. ________________________
ADMINISTRATIVE COSTS

Personnel
4. Have you hired or retained a project manager/coordinator for your program? [Carry forward]
   A. Yes/No
   B. If No, please explain. __________________________________________

5. Please enter the total number of full-time and/or part-time positions paid for with grant funds since the beginning of the grant program. A part-time position should be counted as one position. Do not include positions reported in a previous reporting period.
   A. Project coordinator ______
   B. Judges ______
   C. Defense attorneys/Public defenders ______
   D. Prosecutors ______
   E. Court clerks/Court administrators ______
   F. Paralegals/Administrative assistants ______
   G. IT personnel ______
   H. Social workers/Case managers ______
   I. Behavioral health service providers (e.g., licensed addiction counselors) ______
   J. Pretrial and probation officers ______
   K. Corrections/Jails officers ______
   L. Law enforcement officers ______
   M. Agency coordinators/Directors and administrative staff ______
   N. Other ______
   O. If Other, please explain. ________________

6. Have you hired or retained a project coordinator for your program? [Carry forward]
   A. Yes/No
   B. If No, please explain. __________________________________________

PLANNING ACTIVITIES

Data Collection/Analysis
7. Have you hired or retained staff/contractors to support data collection and analysis as part of your program? [Carry forward]
   A. Yes/No (If No, skip to question 10.)

8. Do you have a research partner to assist with data collection and analysis? [Carry forward]
   A. Yes/No
9. Have you identified the data that will need to be collected as part of your program? [Carry forward]
   A. Yes/No
   B. If Yes, please describe the data that will be collected.

10. Does your law enforcement partner provide you with crime data? [Carry forward]
    A. Yes/No (If No, skip next question)
    B. If Yes, please indicate which law enforcement agency is providing data.

11. How often do you expect to get crime data from your law enforcement partner?
    A. Weekly
    B. Monthly
    C. Quarterly
    D. Other, please explain: ________________________________

12. Please indicate the types of data your program is able to access. Select all that apply.
    A. Official police/incident reports
    B. Calls for service
    C. Arrest reports
    D. Prosecutions and declinations
    E. Diversion/treatment data
    F. Socioeconomic data (e.g., health/human services data, school data, poverty data)
    G. Corrections data (e.g., probation and parole data, reentry data)
    H. Juvenile justice and delinquency data (could include truancy data and status offenses)
    I. Other, please explain: ________________________________

13. Please indicate which of the following agencies provide you with other types of data (not including crime data). Select all that apply.
    A. N/A – We do not receive other types of data.
    B. Tribal court
    C. Behavioral health treatment service providers
    D. Indian child welfare
    E. Tribal housing
    F. Tribal schools
    G. Other, please explain: ________________________________

14. In which of the following ways were data analysis findings applied to your program during the reporting period? Select all that apply.
    A. N/A – Analysis was not conducted.
    B. Analysis was conducted, but findings were not applied in any way.
    C. Informed our understanding of the problem of focus

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.
D. Informed decisions to improve program implementation
E. Incorporated into program evaluation (e.g., outcome, process)
F. Presented results/recommendations to program leadership, staff, working group
G. Presented results/recommendations to tribal leadership or council
H. Communicated results/recommendations to groups outside of the working group (e.g., local government, community organizations, media)
I. Other, please explain: _______________________

Comprehensive Needs Assessment

15. Have you conducted a comprehensive needs assessment? [Carry forward]
   A. Yes/No (If No, skip next question.)
   B. If No, please explain. _______________________

16. How did you gather your data for your needs assessment? Select all that apply. [Carry forward]
   A. Surveys
   B. Interviews
   C. Focus groups
   D. Observations
   E. Data and/or document analysis
   F. Research reports
   G. Census data
   H. Suggestion boxes
   I. Other, please explain: _______________________

PARTNERSHIPS AND COMMUNITY ENGAGEMENT

Partnerhip Activities

17. Do you have an established, regularly convening working group (e.g., task force, advisory group, or committee) in place to help guide your program? [Carry forward]
   A. Yes/No (If No, skip to question 20.)
   B. If No, please explain. _______________________

18. Please indicate which of the following working group partners have been actively involved (i.e., participated at least once in the initiative) since the beginning of the grant program. Select all that apply.
   A. Tribal judges
   B. Tribal prosecutors
   C. Tribal law enforcement
   D. Tribal pretrial and probation
   E. Tribal jails and corrections
   F. Tribal or local schools
G. Elders/Cultural resources
H. Local partners (e.g., law enforcement agency, probation, corrections, mayor’s office)
I. State partners (e.g., state justice agencies, governor’s office, state prosecutor)
J. Federal partners (e.g., USAO, FBI, BIA, BOP)
K. Courts (e.g., specialty courts, adult/juvenile courts)
L. Defense services (e.g., public defender/indigent defense)
M. Health/Behavioral health providers
N. Social services
O. Victim services
P. Research partner/analysis/evaluation partner
Q. Other (e.g., housing assistance), please explain: _______________________

19. Please indicate which activities the advisory group has engaged in since the beginning of
the grant program. Select all that apply.
A. Briefed tribal leaders
B. Briefed agency leaders
C. Discussed advisory group membership/participation
D. Conducted project planning activities
E. Discussed resources needed/resource sharing
F. Met with and engaged community members
G. Reviewed research/analysis products and shared data
H. Discussed project performance
I. Engaged in operational activities (e.g., sharing of programmatic data to inform day-to-day
operations of the program)
J. Shared individual-level data to inform case planning
K. Worked with stakeholders and/or project personnel on problem-solving issues
L. Engaged in sustainability planning
M. Provided project updates/reports to stakeholders and/or project personnel
N. Other, please explain: _______________________

Community Involvement

20. Have you conducted outreach/community engagement activities during the reporting
period?
A. Yes/No
B. If Yes, please describe the activities conducted. _______________________

21. Please indicate which groups received outreach/community engagement during the
reporting period. Select all that apply.
A. Courts
B. Law enforcement
C. Prosecutors
D. Public defenders
E. Victim advocates

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.
F. Other advocacy groups (e.g., faith-based, private, nonprofit)
G. Media
H. General public
I. Local government (e.g., mayor’s office, city council, county commissioners)
J. State government (e.g., governor’s office)
K. Other, please explain: _________________________________________

22. Are community residents involved in program planning?
   A. Yes/No (If No, skip next question.)

23. Please enter the number of community resident members who participated in program planning during the reporting period. Community resident members involved in the planning process provide input or feedback. Do not include members who attended planning meetings and did not provide input or feedback. _____

24. Has your program developed a mission statement? [Carry forward]
   A. Yes/No
   B. If Yes, what is your mission statement? _______________________
   C. If No, please explain. _______________________

25. Has your program formed a strategic planning team? [Carry forward]
   A. Yes/No
   B. If No, please explain. _______________________

26. Has your program identified the most critical priorities/issues? [Carry forward]
   A. Yes/No
   B. If No, please explain. _______________________

27. Has your program completed a final written strategic/action plan? [Carry forward]
   A. Yes/No
   B. If No, please explain. _______________________

28. Please indicate which of the following activities have been completed since the beginning of the grant program due to grant activity. Select all that apply.
   A. Identified and/or established a Strategic Planning Workgroup
   B. Conducted a program or community needs assessment
   C. Developed a vision/mission statement
   D. Developed an action plan
   E. Drafted or gained a tribal resolution of support
   F. Signed an MOU with the U.S. Attorney’s Office (USAO)
G. Signed an MOU with the State Prosecutor’s Office
H. Renewed/obtained new Special Law Enforcement Commissions for tribal police
I. Renewed and/or revised tribal laws, codes, or policies
J. Increased access to key data to collect and/or analyze to inform strategic planning
K. Educated tribal leaders, council, and/or the community on project status
L. Developed a plan to evaluate the strategy or assess implementation
M. Other, please explain: __________________________

29. As part of the strategic planning process, what existing resources were identified as available to community members in need/crisis? Select all that apply. [Carry forward]
   A. Suicide prevention
   B. Domestic violence shelters
   C. Treatment services
   D. Behavioral health services
   E. Prevention education
   F. Housing assistance
   G. Employment education
   H. Other, please explain: __________________________

30. Of the existing resources identified as available to community members, please list any challenges/gaps not currently met by these resources. _______________

31. What traditional practices (e.g., peace-making, healing circles) has your program implemented to strengthen the tribal justice system since the beginning of the grant program?
   ____________________________________________

32. As part of the strategic planning process, what target populations were identified as needing program resources? Select all that apply.
   A. Justice involved adults
   B. Tribal members with addiction or behavioral health needs
   C. Justice involved juveniles
   D. Native women/girls
   E. Victims of crime
   F. General population
   G. Registered sex offenders
   H. Children removed from homes
   I. Other, please explain: __________________________

33. As part of the strategic planning process, what strategies were identified to be implemented as future programs? Select all that apply. [Carry forward]
   A. Community courts
   B. Healing to wellness courts
   C. Community prosecution

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.
D. Holistic defense  
E. Community corrections  
F. Community policing  
G. Reentry services/programs  
H. Cultural immersion programs  
I. Other, please explain: ____________________

## TRAINING AND TECHNICAL ASSISTANCE

### Training

34. Did the project provide or facilitate training to project staff (or individuals involved in the project) during the reporting period? A program of instruction on a particular topic and/or a skill related to a specific operation for either individuals who can use the information or skill on their job or trainers who will provide instruction to others. (Examples include: providing training in a classroom-onsite or virtual setting; hosting and/or conducting a webinar; or conducting a workshop at a conference or summit.)

A. Yes/No *(If No, skip to question 38.)*  
B. If Yes, how many trainings were completed during the reporting period? ______

35. For each of the trainings completed during the reporting period, please indicate who provided the training, the target audience, the number of people trained, and the name of the training provider. Count each person only once per training topic, regardless of how many times he/she attended the training. You may report five trainings per reporting period.

<table>
<thead>
<tr>
<th>Training Name</th>
<th>Target Audience</th>
<th>Number People Trained</th>
<th>Training Provider</th>
<th>What funds were used to provide the training?</th>
</tr>
</thead>
</table>
| [Open text]   | [Open text]     | [Open text]           | [Open text]       | *Grant funds  
*NTTAC  
*Other OJP funds  
*Other  
*Unknown |

36. Will your grant program be able to directly apply the knowledge obtained through the training(s)?

A. Yes  
B. No, the training(s) may be useful to advocate for new approaches but will not be applied directly at this time.  
C. No, the training(s) did not provide information that can be directly applied to the grant program.

37. Please describe the impact that the training(s) will have on specific outcomes/objectives related to the goals of your program. __________________________
Technical Assistance

38. Did project staff receive any technical assistance (TA) during the reporting period? Technical assistance is targeted assistance to a site, agency, or jurisdiction for the purpose of assessing gaps, barriers and needs, developing strategic plans, or creating innovative approaches to an emerging or complex issue.

A. Yes/No (If No, skip to next section.)
B. If Yes, how many separate TA providers did you work with during the reporting period? Please clarify with the TA provider if they are OJP-funded. __________

39. For each technical assistance provider you interacted with during the reporting period, please enter the following information. The number of entries should equal the number you entered in question 35B (up to five per quarter).

<table>
<thead>
<tr>
<th>Organizational Name of TA Provider</th>
<th>TA Topic</th>
<th>Nature of Contact (select all that apply)</th>
<th>Number of Engagements</th>
<th>Satisfaction</th>
<th>Feedback on Your Encounters with This TA Provider</th>
<th>What funds were used to provide the TA?</th>
</tr>
</thead>
</table>
| [Open text]                       | [Drop down list from NTTAC] | • Conference  
• Direct assistance  
• National program or policy advancement  
• Operational support  
• Training  
• Other (If Other, please explain.) | [Positive whole number] | • Very satisfied  
• Satisfied  
• Neither satisfied nor dissatisfied  
• Dissatisfied  
• Very dissatisfied | [Open Text] | *Grant funds  
*NTTAC  
*Other OJP funds  
*Other  
*Unknown |

40. Will your grant program be able to directly apply the knowledge obtained through the technical assistance?

A. Yes
B. No, the TA may be useful to advocate for new approaches, but will not be applied directly at this time.
C. No, the TA did not provide information that can be directly applied to the grant program.

41. Please describe the impact that the training and technical assistance may have on specific outcomes/objectives related to the goals of your program.

__________________________________________________________

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.
FINAL REPORT QUESTIONS [Closeout Only]

Implementation Plan

42. Have you developed an implementation plan that has been reviewed and approved?
   A. Yes/No
   B. If Yes, please describe your implementation plan. ________________________________

43. Since the beginning of your program, has it demonstrated a measurable impact on the problem of focus? When answering this question, please consider your target population and/or implementation design and analysis findings to this point. If applicable, please consult with the researcher/analyst when answering this question.
   A. Yes, positive impact
   B. Yes, negative impact
   C. No measurable impact
   D. Not yet measured

44. Have you identified any resources that will help sustain program activities after BJA funds have been expended?
   A. Yes/No
   B. If Yes, please describe the resources. _______________________________________

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?
   __________________________________________________________