

**OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION  
VIOLENCE PREVENTION INITIATIVE GRANT PROGRAM**

**DCTAT DATA COLLECTION FORM**

Reporting Period: \_\_\_\_\_

This document is for your use to assist with gathering information that should be reported into the DCTAT tool. It is not necessary to submit this form to OJJDP. It is only for your information.

**Award Information**

Organization Name: (Prepopulated) \_\_\_\_\_

Solicitation: (Prepopulated) \_\_\_\_\_

Federal Award Number: (Prepopulated) \_\_\_\_\_

Award Start Date: (Prepopulated) \_\_\_\_\_  
(mm/dd/yyyy)

Award End Date: (Prepopulated) \_\_\_\_\_  
(mm/dd/yyyy)

Federal Award Amount: (Prepopulated) \$ \_\_\_\_\_

1. Was there grant activity during the reporting period?  Yes  No  
Grant activity is defined as proposed activities in the OJJDP-approved grant application that are implemented or executed with the OJJDP grant.

2. Please enter the Federal Congressional District(s) where services are provided: \_\_\_\_\_  
Scroll boxes will appear in the system, where you will select your State/territory and Federal Congressional District(s).  
Click <http://www.house.gov> to use the ZIP code(s) of the area(s) served by the project to determine the Federal Congressional District(s).

3. Please enter the Project Title: \_\_\_\_\_

a. Please enter the Project Description: \_\_\_\_\_

4. Please enter the Implementing Organization Name: \_\_\_\_\_

5. Please select the implementing organization type:

<input type="checkbox"/> Coalition	<input type="checkbox"/> Police/other law enforcement
<input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> School/Other Education
<input type="checkbox"/> Non-profit community-based organization	<input type="checkbox"/> Tribal Government
<input type="checkbox"/> Other community-based organization	<input type="checkbox"/> Unit of local government
<input type="checkbox"/> Other government agency	

6. Is this award used to implement evidence-based programs?  Yes  No

7. If yes, select one source from which the program model was cited:

<input type="checkbox"/> Blueprints for Violence Prevention	<input type="checkbox"/> Hamilton Fish Institute
<input type="checkbox"/> CASEL (Collaborative for Academic, Social, & Emotional learning)	<input type="checkbox"/> Institute for Medicine
<input type="checkbox"/> Centers for Disease Control and Prevention	<input type="checkbox"/> NIDA Preventing Drug Abuse
<input type="checkbox"/> Community Guide to Helping America's Youth	<input type="checkbox"/> National Institute of Justice What Works Report
<input type="checkbox"/> Department of Education Safe, Disciplined, & Drug-free Schools	<input type="checkbox"/> OJJDP Model Programs Guide
<input type="checkbox"/> Drug Strategies, Inc.	<input type="checkbox"/> Promising Practices Network
<input type="checkbox"/> Making the Grade	<input type="checkbox"/> SAMSHA Model Programs
	<input type="checkbox"/> Surgeon General's Youth Violence Report
	<input type="checkbox"/> Other (e.g., State model program resources)

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8. If other, please specify: \_\_\_\_\_

**Target Population**

Please check the appropriate boxes to indicate for this subaward:

1. The population actually served during the project period; and
2. The populations, if any, to which the program offers targeted services.

Targeted services include any services or approaches specifically designed to meet the needs of the population (e.g., gender specific, culturally based, developmentally appropriate services).

	Population	1. Did you serve this group during the project period?	2. Did this subaward provide targeted services for any of the following groups?
<b>RACE/ETHNICITY</b>	American Indian/Alaskan Native Asian Black/African American Hispanic or Latino (of any race) Native Hawaiian and Other Pacific Islander Other Race White/Caucasian Youth population not served directly	_____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____
<b>JUSTICE</b>	At-Risk Population (no prior offense) First Time Offenders Repeat Offenders Sex Offenders Status Offenders Violent Offenders Youth population not served directly	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
<b>GENDER</b>	Male Female Youth population not served directly	_____ _____ _____	_____ _____ _____
<b>AGE</b>	0–10 11–18 Over 18 Youth population not served directly	_____ _____ _____ _____	_____ _____ _____ _____
<b>GEO</b>	Rural Suburban Tribal Urban Youth population not served directly	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
<b>OTHER</b>	Mental Health Substance Abuse Truant/Dropout	_____ _____ _____	_____ _____ _____

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**Program Category Selection**

Select one or more primary program category for grant-funded activities. Once data for a program category has been saved, you will not be able to deselect it in future reporting periods. Any funds reported only represent an estimate of dollars allocated or used for activities covered by this grant award.

<b>Program Category</b>	<b>Allocated Amount</b>
<input type="checkbox"/> 1. Direct Service Prevention	\$
<input type="checkbox"/> 2. Direct Service Intervention	\$
<input type="checkbox"/> 3. System Improvement	\$

**Performance Measures**

You may use this section to record the collected data for the “data grantee provides” indicated for each performance measure. Please find the “performance measures grid by category” on the DCTAT sign-in page under the grant program name. You may print out the selected program category documents so that it completes this section of the data collection form.