



U.S. Department of Justice  
Office of Justice Programs  
Community Capacity Development Office



# Government Performance and Results Act (GPRA) Report

**Unless otherwise specified, data are for calendar year (Jan.-Dec.) 2007**

The FY2008 GPRA report submission date is June 30, 2008 for all sites and Weed and Seed communities. For assistance with this form, see attached instructions or contact the JRSA Weed and Seed Project Staff at (202) 842-9330. Attachments should clearly identify to which section and question they apply, and faxed to JRSA at (202) 842-9329. Completed reports should be submitted electronically via this form or by fax to (202) 842-9329 and to GMS as a Special Report (see Instructions).

CCDO Site ID (3 digit #): \_\_\_|\_\_\_|\_\_\_ State: \_\_\_\_\_ County/City: \_\_\_\_\_

Site Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Person Completing This Form: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Submitted: \_\_\_/\_\_\_/\_\_\_ Check if the reporting agency is a tribal agency/organization:  Yes, tribal

## PART I - GRANTEE SITE PERFORMANCE DATA

### SECTION A - Law Enforcement/Crime Information

1a. Report the specified **crime data for your site for each year since the year of strategy implementation and for two years prior**. Additional crime data that reflects your strategy (e.g., truancy, loitering, or vandalism) can also be reported

Indicate year that site strategy was implemented: \_\_\_\_\_

Crime data (total number) Area		Calendar Year (January 1 through December 31)								
		-2	-1	Imp. Yr.	+1	+2	+3	+4	+5	+6
Homicide	Site									
	Jurisdiction									
Robbery	Site									
	Jurisdiction									
Aggravated Assault	Site									
	Jurisdiction									
Burglary	Site									
	Jurisdiction									
Weapons Offenses	Site									
	Jurisdiction									
Drug Arrests	Site									
	Jurisdiction									
Other (specify)	Site									
	Jurisdiction									

1b. Please identify the contact person from whom you receive crime data for your site and local jurisdiction.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Agency: \_\_\_\_\_ Email: \_\_\_\_\_

2. If the crime data reported is incomplete or estimated, please state the reason(s). Attach additional sheets if needed.

3. Please rank from 1 to 3 the top drug problems affecting your local site. 1 indicates the greatest problem.

- |  |   |
|--|---|
| <input type="checkbox"/> Heroin                              | <input type="checkbox"/> Methamphetamines       |
| <input type="checkbox"/> Marijuana                           | <input type="checkbox"/> Prescription drugs     |
| <input type="checkbox"/> Cocaine (all forms including crack) | <input type="checkbox"/> Other (specify): _____ |

4. Does the site's weeding effort include a multi-jurisdictional task force? (check one):  yes  no  planned

If "yes" or "planned", please check all agencies that are involved:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> ATF                                   | <input type="checkbox"/> FBI                   | <input type="checkbox"/> US Marshals          | <input type="checkbox"/> County/local police     |
| <input type="checkbox"/> DEA                                   | <input type="checkbox"/> HUD/Housing Authority | <input type="checkbox"/> US Postal Service    | <input type="checkbox"/> County/local prosecutor |
| <input type="checkbox"/> DHS/Immigration & Customs Enforcement | <input type="checkbox"/> IRS                   | <input type="checkbox"/> BIA or tribal police | <input type="checkbox"/> other, _____            |
| <input type="checkbox"/> Other DHS                             | <input type="checkbox"/> National Guard        | <input type="checkbox"/> State Attorney Gen.  |  |
|  | <input type="checkbox"/> US Attorney           | <input type="checkbox"/> State police/patrol  |  |

5a. Is there a prosecutor dedicated to only firearms cases in the site's designated area?  yes  no  planned

5b. If "yes" or "planned", does your site coordinate activities with that prosecutor?  yes  no  planned

6. Please attach any additional data or reports that provide indicators of your site's major focus or efforts related to crime and law enforcement. If any attachments are responses to this question, please identify them as such.

**SECTION B - Community Policing Activities**

1. Please indicate the types of community policing activities. See instructions for help completing this response. Abbreviations used: For 'Status' - "Y" for yes, "N" for no, or "P" for planned. For 'Funding Sources' - "W" for Weed and Seed funds only, "P" for partially Weed and Seed funded and "O" for other funding sources.	Status (select one)	Funding Source (select one)
a. Foot patrols	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
b. Bike patrols	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
c. Substations	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
d. Crime watch	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
e. Police participation in community meetings	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
f. Other activities, <b>specify:</b>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O

**PART II - GRANTEE SITE CHARACTERISTICS AND ACTIVITY DATA**

**SECTION C - Site Management/Operations Characteristics**

Site attributes	Status (select one)	Funding Source (select one)
1a. Is there a Site Coordinator? If "yes"	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
b. Is it a full-time position	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	
c. Are the position's duties only Weed and Seed-related	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	
2. Does your site have a regularly produced newsletter?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
3. Does your site produce a resource directory for its residents?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O

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4. Is the CCDO grant recipient a faith-based organization?  yes  no
5. How many members (not including site staff) are on the Steering Committee? \_\_\_\_\_
6. How many Steering Committee members represent faith-based organizations? \_\_\_\_\_
7. How many agencies/organizations are formally represented on the Steering Committee? \_\_\_\_\_
8. How often are the Steering Committee's regular meetings held (check one)
- biweekly     monthly     bimonthly
- quarterly     semiannual     other \_\_\_\_\_

9. List all **private organizations** receiving subawards from Weed and Seed grants in 2007. Attach additional sheets if needed.

Organization Name	Contact Name	Phone	Amount	Agency Type (select one)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

- 10a. Did the designated area boundaries change after May 31, 2007? If "yes," attach a narrative description of current boundaries, e.g., street names, land features, or city/county jurisdictional limits  yes  no
- 11a. Does your site's designated area include more than one jurisdiction such as multiple cities or counties?  yes  no  planned
- If "yes", b. Is there formal coordination across these jurisdictions?  yes  no  planned
- c. Are there also site-specific steering committees for each jurisdiction?  yes  no  planned

**SECTION D - Prevention, Intervention, and Treatment**

The following questions refer to Safe Haven facilities as defined in the attached GPRA Instructions as well as the Weed and Seed Implementation Manual. Specifically, Safe Haven facilities must be multi-service delivery centers

- 1a. Number of Safe Haven facilities: \_\_\_\_\_ 1b. Number of Safe Havens receiving CCDO funding: \_\_\_\_\_
2. List names and complete addresses for all Safe Haven facilities (attach additional pages if necessary):

Facility Name	Street Address	City	State	Zip Code

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3. Please indicate the activities/services provided as part of the site's Seeding effort. See Instructions for help completing this response. For Status enter Y for 'Yes', N for 'No', 'P' for Planned. Funding Sources are W - Weed and Seed only, P- partially Weed and Seed or O - Other

Seeding Activities/Services Provided	Status	Funding sources	Seeding Activities/Services Provided	Status	Funding sources
a. academic courses and tutoring			k. summer day camp		
b. mentoring			l. youth leadership training		
c. Drug Education for Youth (DEFY)			m. Boys/Girls Club programs		
d. dispute resolution and mediation			n. scouting programs		
e. job training			o. military cadet training		
f. job placement			p. anti-gang education/ training		
g. Communities in Schools programs			q. general health screening services (e.g. lead poisoning)		
h. recreation/athletics			r. arts programs		
i. school violence prevention			s. victim assistance programs		
j. anti-drug education			t. other, specify:		

4a. Is there an offender reentry program that serves the site's designated area?  yes  no  planned

4b. Does the site directly coordinate activities with that program?  yes  no  planned

5. Provide the total unduplicated Safe Haven attendance (i.e., number of persons receiving services and not visits or sessions attended) for all services/activities during one typical week (see instructions for additional guidance).

For week of \_\_\_\_/\_\_\_\_/2008 (month/day), Safe Haven attendance is: \_\_\_\_\_

6. Please attach any additional data or reports that provide indicators of your site's major focus or Safe Haven-related efforts. If any attachments are responses to this question, please identify them as such.

**SECTION E - Neighborhood Restoration Information**

1a. Number of community development corporations within designated site area: \_\_\_\_\_

1b. Number of community development corporations that site coordinates activities with: \_\_\_\_\_

2. Describe implemented neighborhood restoration projects from the most recent grant application. For "Activity Type" indicate if the project was primarily (B) Beautification/Environment Cleanup, (C) Community Economic Development, (H) Housing Improvement, (J) Job Training & Employment Services or (S) Small Business Development (indicate one)

Neighborhood Restoration Projects	Activity Type	Funding Source
		<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
		<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
		<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
		<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
		<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
		<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
		<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
		<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
		<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
		<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
		<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
		<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O

3. Are any activities related to or otherwise involved in the EPA Brownfields Program? yes no planned

**SECTION F - Coordinated and Leveraged Non-CCDO Weed and Seed Resources**

Identify coordinated and leveraged resources (excluding funding from CCDO). This is defined as those funds that explicitly help to implement the Weed and Seed strategy. Please estimate the amounts that are being expended for your site during the 2007 calendar year. Circle "W" for primarily Weeding activities or "S" for primarily Seeding activities. In the last two columns, indicate whether you helped obtain the funding and/or coordinated with the implementation. Attach additional sheets as needed.

Types of Non-CCDO Support	Source (Agency/ Assistance Program)	Amount Received 2007	Weeding or Seeding	Helped to Obtain funds?	Coordinate with Effort?
<b>1. Other U.S. Dept. of Justice Funding</b>					
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>2. Other Federal Funding</b>					
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>3. Non-Federal Funding Sources</b>					
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>4. Total from All Non-CCDO Funding Sources</b>					

