



Government Performance and Results Act (GPRA) Report

Data are for calendar year (Jan.-Dec.) 2008

The FY2009 GPRA report submission date is May 31, 2009 for all Weed and Seed communities. For assistance with this form, see instructions or contact the JRSA Weed and Seed Project Staff at (202) 842-9330. Completed reports should be submitted via https://www.formrouter.net/forms01@JRSA/GPRA_2_9form_only.pdf or by fax to (202) 842-9329 (attachments should be clearly labelled and faxed to this number also), as well as to GMS as a Special Report (see Instructions).

CCDO Site ID (3 digit #): ___|___|___ State: _____ City or County: _____

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
Check if the designated boundaries change after May 31, 2008: ___ Yes, boundary change

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: _____ (for graduated sites, enter year of graduation)

		Calendar Year (January 1 through December 31)								
Crime data (total number)	Area	-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: _____

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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 three 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

6a. Is there a Community Prosecutor working in the site's designated area? yes no planned

6b. If "yes" or "planned", does your site coordinate activities with that prosecutor? yes no planned

7. 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. 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	Y N P	W P O
b. Bike patrols	Y N P	W P O
c. Substations	Y N P	W P O
d. Crime watch	Y N P	W P O
e. Police participation in community meetings	Y N P	W P O
f. Other activities, specify:	Y N P	W P O

PART II - GRANTEE SITE CHARACTERISTICS AND ACTIVITY DATA

SECTION C - Site Management/Operations Characteristics

Site characteristics	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

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 2008. 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"/>

- 10a. 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. Indicate activities/services provided as part of the site's effort. For Status enter Y for 'Yes', N for 'No', 'P' for Planned. Funding Sources are W - Weed & Seed only, P- partially Weed & Seed or O - Other. Check SH box if service is available at one or more of the Safe Havens.

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.

For week of _____/2009 (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

1. 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" was the project primarily (B) Beautification (G) Environmental/Green Efforts, (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

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 CCDO funds). Defined as those funds that explicitly help implement the Weed and Seed strategy. Estimate amounts that are being expended for your site during 2008. Circle "W" for primarily Weeding activities or "S" for primarily Seeding activities. In the last two columns indicate whether you helped obtain the funds and/or coordinated with the implementation. Attach and label additional sheets as needed.

Types of Non-CCDO Support	Source (Agency/ Assistance Program)	Amount Received 2008	Weeding or Seeding	Helped to Obtain funds?	Coordinate with Effort?
1. Other Federal Funding					
			<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
2. State and Local Government Funding					
			<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
3. Non-Governmental Funding Sources					
			<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
4. Total from All Non-CCDO Funding Sources					

5. In-kind Contributions - In addition to direct grants and other forms of financial support, Weed and Seed sites often receive in-kind contributions which may include services, goods, or use of facilities and equipment. Please indicate these for your site. **See Form Instructions for more help on determining in-kind contributions and estimating value; attach additional sheets as needed.** If any attachments are responses to this question, please identify them as such.

Type of In-Kind Contribution	Estimated Total Dollar Value
a. Staff and/or professional services (other volunteers should be reported in the "other" category below)	
b. Office space, other facilities, and/or equipment	
c. Services such as printing, transportation, or construction	
d. Consumables for program activities, e.g. food, paper, or other materials	
e. Other (Describe)	

