

# Quarterly Progress Report

Department of Criminal Justice Services  
202 North Ninth, 10<sup>th</sup> Floor  
Richmond, Virginia 23219

Subgrantee:		Grant Number:	
Project Title:		Date of Report:	
Grant Period:	To	Final Report?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Click the appropriate box)</i>
Date Project Completed: N/A	Report Period Ending	9/30 <input type="checkbox"/> 12/31 <input type="checkbox"/> 3/31 <input type="checkbox"/> 6/30 <input type="checkbox"/>	<i>(Click the appropriate box)</i>
Program Administrator:		Project Director:	

THIS PROGRESS REPORT IS A MANDATED PART OF THE PROGRAM REPORTING REQUIREMENTS OF THE DEPARTMENT OF CRIMINAL JUSTICE SERVICES. PLEASE RESPOND TO ALL QUESTIONS. *IF ADDITIONAL SHEETS ARE NECESSARY TO RESPOND TO A PARTICULAR QUESTION, PLEASE ATTACH THEM.*

### PROGRAM ACTIVITIES AND ISSUES

1. Have you met all of the program's special conditions?  YES  NO  
If no, please indicate which special conditions have not been met and why:

2. Has your program experienced any staff changes this quarter?  YES\*  NO  
\*If yes, please provide the names, social security numbers, Oath of Office date, and employment or departure date for any new or departing staff on the attached separate page.

Please describe any other staffing problems or trends:

3. Please describe any problems or trends related to program budget and expenditures. *(For example: Have disbursements been delayed? Have expenditures unexpectedly exceeded funding and why? Is the program experiencing the need for particular resources not covered in the current year's budget? Are you accruing personnel funds due to staff turnover or vacancies?)*

4. Have any serious incidents occurred during this reporting period?  YES  NO  
Were serious incident report(s) (SIR) prepared?  YES  NO  NA  
Were copies of the SIR(s) sent to DCJS as required?  YES  NO  NA

5. Please describe when and if your Community Criminal Justice Board (CCJB) met during this reporting period and what principal or special projects the CCJB is engaged in (if your CCJB did not meet, please explain why):

6.
  - a. Please describe whether your program or staff has received any awards or press coverage this reporting period:
  - b. Please describe any new or ongoing collaborative relationships you have formed with other agencies or other notable program accomplishments. (Please attach news articles or other relevant documents):
  
7. Please describe any changes or amendments made to your Standard Operating Procedures (SOP) this reporting period and whether your administrative and fiscal agent has approved these changes in writing. Please attach a copy of any SOP changes to this report.
  
8. Please describe any additional income\*, funding, training, technical assistance, or grants that your program has received during this reporting period, their purpose, and the amount received:  
*\*Report all project income on the attached "Subgrant Financial Report for Project Income"*
  
9. Please indicate if any there have been any changes in your planned program activities (such as time frame, scope of project, program targets, goals and objectives). Please describe why.
  
10. Please provide a narrative Program Target summary analysis by comparing targets to actual performance.
  
11. Do you require any special training or technical assistance not related to PTCC at this time?  YES     NO  
 If yes, please specify the type:

DCJS USE ONLY	
TA Requested:    Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Recommendation:	
Action Taken:	
Signature – Program Specialist	Signature – Program Specialist

Attachment 1  
Staffing Information  
CONFIDENTIAL

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

Grant Number: \_\_\_\_\_

**New Staff**

Staff Name	SS#	Position Title	Oath of Office Date	Date Hired

**Departing Staff**

Staff Name	SS#	Position Title	Date Left

**COMMUNITY-BASED PROBATION PROGRAM STATUS REPORT**

Department of Criminal Justice Services  
 202 North Ninth Street, 10<sup>th</sup> Floor  
 Richmond, VA 23219

<b>Subgrantee:</b>	<b>Grant Number:</b>			
<b>Project Title: Community-based Probation</b>	<b>Date:</b>	Q1 <input type="checkbox"/>	Q2 <input type="checkbox"/>	Q3 <input type="checkbox"/> Q4 <input type="checkbox"/>

*(Double click the appropriate box)*

Performance Measure	Annual Target		Actual Performance YTD	
	Misdemeanants	Felons	Misdemeanants	Felons
1. Total Offenders Placed on Supervision (I.3)				
2. Total # of Supervision Days (I.7)				
3. Average Daily Caseload (I.8)				
4. Average Length of Supervision (I.9)				
5. New Service Placements (II)				
• Anger Management (II.7)				
• Batterers'/Domestic Violence Group (II.8)				
6. Total Successful Placement Closures (III.4.A)				
7. Total Unsuccessful Placement Closures (III.4.B)				
8. Rate of Successful Closure*	%	%	%	%
9. Total Inactive Placements – last day of month (III.5)				
10. Total Offenders Monitored - last day of month (V.4)				
11. Total Community Service Hours Performed (VI.1)			<i>Use Running YTD Total:</i>	
12. Total Amount of Restitution Facilitated (VI.2)		\$		\$
13. Total Amount of Fines/Costs Facilitated (VI.3)		\$		\$
14. Total Intervention/supervision Fees Collected from PTCC (VI.4)**		\$		\$

\* To calculate **Rate of Successful Closure (#8)** use the following formula:  
*Rate of Successful Closure* =  $\frac{\text{Total Successful Cases (\#6)}}{[\text{Total Successful Cases (\#6)} + \text{Total Unsuccessful Completions (\#7)]}$

**PRETRIAL SERVICES PROGRAM STATUS REPORT**

Department of Criminal Justice Services  
 202 North Ninth Street, 10<sup>th</sup> Floor  
 Richmond, VA 23219

<b>Subgrantee:</b>	<b>Grant Number:</b>				
<b>Project Title: Pretrial Services</b>	<b>Date:</b>	Q1 <input type="checkbox"/>	Q2 <input type="checkbox"/>	Q3 <input type="checkbox"/>	Q4 <input type="checkbox"/>

*(Double click the appropriate box)*

Performance Measure	Annual Target		Actual Performance YTD	
	Misdemeanants	Felons	Misdemeanants	Felons
1. Total # of Supervision Days (I.7)				
2. Average Daily Caseload (I.8)				
3. Average Length of Supervision (I.9)				
4. Total Defendant Placements (III.3)				
<ul style="list-style-type: none"> <li>• On Secure Bond &amp; Supervision (III.3.C)</li> </ul>				
<ul style="list-style-type: none"> <li>• Direct (III.3.D)</li> </ul>				
<ul style="list-style-type: none"> <li>• Based on Program Recommendation (supervised release only, III.3.E)</li> </ul>				
<ul style="list-style-type: none"> <li>• Against Program Recommendation (supervised release only, III.3.F)</li> </ul>				
5. Total Successful Cases (III.4.A)				
6. Total Unsuccessful Completions (III.4.B)				
7. Rate of Successful Closure*	%	%	%	%
8. Total # Defendants Investigated (IV.4):				
9. Total # Defendants Recommended for supervised release (IV.7.B)				
<ul style="list-style-type: none"> <li>• Accepted by Court (IV.7.B.1)</li> </ul>				
<ul style="list-style-type: none"> <li>• Rejected by Court (IV.7.B.2)</li> </ul>				

\* To calculate **Rate of Successful Closure** (#7) use the following formula:  
*Rate of Successful Closure* =  $\frac{\text{Total Successful Cases (\#5)}}{[\text{Total Successful Cases (\#5)} + \text{Total Unsuccessful Completions (\#6)]}$

## Subgrant Financial Report for Project Income

Department of Criminal Justice Services  
 202 North Ninth Street, 10<sup>th</sup> Floor  
 Richmond, Virginia 23219

This form is to be used only by subgrantees in reporting income from grant activities. See detailed instructions for completing this form online at [www.dcjs.virginia.gov](http://www.dcjs.virginia.gov).

<b>Subgrantee</b>	<b>Grant Number</b>		
<b>Grant Period</b>	<b>Prepared By</b>	<b>Date</b>	
<b>Type of Report</b> Quarterly Ending [       ]       Final [       ]	<b>Project Activity During:</b> 1st qtr [       ]    2nd qtr [       ]    3rd qtr [       ]    4th qtr [       ]		

<b>1. CASH BALANCE</b>	Beginning of Quarter	G. _____
<b>2. RECEIPTS (INCOME) BY SOURCE</b>	Intervention/supervision fees	_____
	Other (specify):	_____
	Other (specify):	_____
	Other (specify):	_____
	<b>TOTAL RECEIPTS</b>	H. _____
<b>3. EXPENDITURES (IF ANY)*</b>	Personnel	_____
	Supplies & Operating	_____
	Travel	_____
	Equipment	_____
	Consultant/Professional Services	_____
	Other (Specify):	_____
	Other (Specify):	_____
	<b>TOTAL EXPENDITURES</b>	I. _____
<b>4. CASH BALANCE</b>	End of Quarter Balance (G + H - I)	J. _____

\* The above expenditures were made for criminal justice purposes. \_\_\_\_ Yes \_\_\_\_ No  
 If any portion of these expenditures were for other activities, please attach a description of those activities.

Signature \_\_\_\_\_  
 Project Director/Finance Director