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**Commonwealth of Virginia Information**

**Virginia Department of Criminal Justice Services**

**(OCGP) Operation Ceasefire Grant Program**

**QUARTERLY STATUS REPORT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Grant Number:** |  |
| **Program Name:** |  |
| **Name of the Person Completing the Report** |  |
| **Contact Information (phone & email):** |  |
| **Reporting Period** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Quarter 1 (July 1-September 30)** |  | **Quarter 2 (October 1-December 31)** |
|  | **Quarter 3 (January 1- March 31)** |  | **Quarter 4 (April 1-June 30)** |

**INFORMATION & INSTRUCTIONS:**

• This form seeks narrative information about your OCGP Grant Program project during the preceding

quarter.

• This form is to be completed and uploaded to the Virginia Department of Criminal Justice Services

(DCJS) Online Grants Management System (OGMS).

• Complete this form for the quarterly reporting period marked above.

**Project Description:**

**A.**

**Violent Crime (VC), to include weapon and narcotics offenses, both category I or II offenses**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Row** | **FY 1st QTR** | **FY 2nd QTR** | **FY 3rd QTR** | **FY 4th QTR** | **YTD** |
| A) Number of Misdemeanor Filings (VC) |  |  |  |  |  |
| B) Number of Felony Filings (VC). |  |  |  |  |  |
| C) Number of local Taskforce/Workgroup Attended. |  |  |  |  |  |
| D) Number of Investigation Carried Over from The Previous Quarter. |  |  |  |  |  |
| E) Number of Pending Court Cases from The Previous Quarter. |  |  |  |  |  |
| E) Number of Investigations that led to VC Conviction. |  |  |  |  |  |
|  |  |  |  |  |  |
| D) Number of Felony Cases Started (VC) |  |  |  |  |  |
| E) Number of Felony Convictions (VC) |  |  |  |  |  |
| Conviction Dispositions:   * Supervised Probation * 1-5 years Incarceration * 5-10 years Incarceration * 10-Plus years Incarceration |  |  |  |  |  |
| F) Number of Felony Acquittals (VC) |  |  |  |  |  |
| G) Number of Nolle Pros |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**B.**

**Goals and Progress**

|  |  |
| --- | --- |
| **A. Describe progress made toward project goals/objectives:** |  |
| **B. What outputs did the project have during the reporting period as a result of the grant funding:** |  |
| **C. Describe any significant program activities during the reporting period (i.e., media event/coverage, news articles, community presentations etc).:** |  |

**C.**

**Barriers and challenges:**

|  |  |
| --- | --- |
| A. **Describe any barriers toward project goals/objectives** |  |
|  |  |