

**Juvenile Accountability Block Grant
Quarterly Progress Report
Criminal Justice Services Division-Oregon Office of Homeland Security**

Program Grant #: _____ Report Period: from- _____ to- _____

Implementing Agency: _____

Report Prepared by: _____ Phone number: _____

List each goal from your grant application, followed by progress in attaining your goals for the quarter (attach additional pages as needed and use these pages to make additional copies as necessary. An electronic template will be provided upon request).

Goal: _____

Objective: _____

Purpose

Area: _____

Performance Measures:

List all Federal indicators and corresponding data as selected from Appendix D.

Output Indicators:

Short-term
Outcomes:

Intermediate-term
Outcomes:

Progress/
Activities:

**Additional goals,
objectives and
outcomes/
activities to
demonstrate
program
effectiveness:**

Goal: _____

Objective: _____

Purpose

Area: _____

Performance Measures:

Output Indicators:

Short-term
Outcomes:

Intermediate-term
Outcomes:

Progress/
Activities:

**Additional goals,
objectives and
outcomes/
activities to
demonstrate
program
effectiveness:**

Performance assessment:

A. Is the program on track to meet its goals & objectives? Yes No
(if no, provide explanation)

B. Has the program experienced any delays/problems in meeting its goals & objectives?
 Yes No

Examples: Delay in hiring staff, recidivism rate higher than projected, fewer clients served than projected.
If the program has had delays/problems, what were they and what steps have been taken to resolve them.

Program Contact:

Signature

Printed Name and
Title:

Submit this report to:

JABG Grants Coordinator
Criminal Justice Services Division
Oregon Office of Homeland Security
4760 Portland Rd NE
Salem, OR 97305

Due Date:

For Period:	Report Due:
7/1-9/30	10/31/04
10/1-12/31	1/31/05
1/1-3/31	4/30/05
4/1-6/30	7/31/05