

**BUREAU OF JUSTICE ASSISTANCE
JUSTICE ASSISTANCE GRANT (JAG) PROGRAM
ACCOUNTABILITY MEASURES**

CRIME LABORATORY/FORENSICS MODULE

This module asks questions of grantees and subgrantees that use JAG funding for crime laboratory or forensic-related **services** or **programs**. This includes any expenditure of funds for crime lab/forensic activities including salaries, equipment, or programs.

General Office Information—All Grantees and Subgrantees Must Answer

1. Which of the following forensic offices are receiving JAG funds? *Check all that apply.*
 - A. Law enforcement forensic/crime laboratory (includes laboratories that are part of a law enforcement agency)
 - B. State/regional/private forensic/crime laboratory (includes laboratories that serve multiple jurisdictions)
 - C. Medical examiner or coroner's office
 - D. Crime scene processing/investigation unit
 - E. Forensic examiner's office (e.g., SANE)
 - F. Other **(please explain)**

2. Which of the following accreditations/certifications does your office have? *Check all that apply.*
 - A. ASCLD/LAB accredited crime laboratory
 - B. ISO/IEC 17025 accredited crime laboratory
 - C. IAI Latent Print certified examiner(s)
 - D. IAI Crime Scene certified investigator(s)
 - E. IAC&ME accredited medical examiner's office
 - F. IAFN SANE or AFN forensic nurse certification
 - G. None of the above
 - H. State/other certification/accreditation **(please describe)**

3. How many employees did your office have on staff as of the last day of the reporting period? *Please count both full- and part-time employees. JAG-funded employees are those who receive any portion of their salary/pay from JAG funds, regardless of the amount.*
 - A. Total staff _____
 - B. Of total, number of JAG-funded staff _____

4. Do you have a program in your crime lab that is partially or fully funded by JAG? *Programs are considered continuous initiatives, processes, or other focused efforts defined by goals and objectives.*
 - A. Yes; please continue
 - B. No **(if No, this ends this module)**

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Programs—Grantees Funding a Program Must Answer

5. Was this program operational during the reporting period? *A program is considered operational when the grantee has obligated, expended, or drawn down grant funds to implement or execute the program’s objectives.*

- A. Yes/No
- B. If No, please explain _____

6. Please complete the following table with the percentage of your program’s funding that comes from each funding source. Estimate the percentages, rounded to the nearest whole number, based on your program’s budget for the fiscal year. *“This JAG award” refers to the award you are currently reporting on. If your program is fully funded by this JAG award, please enter “100” for “This JAG award.” You must enter a value between 0 and 100 for each cell, and both must total 100. This information will be used to automatically prorate your JAG-funded program output data. Please note: a separate report is also required for other JAG awards funding this program.*

Calculation: To calculate the amount for “This JAG award,” take the amount of this JAG award’s funding going toward the program and divide it by the total amount of funding for the program. For example, if your program has a budget of \$50,000 for the year and \$15,000 of that comes from this JAG award, “This JAG award” equals 15,000/50,000, or 30 percent.

To calculate the amount for “All other sources,” divide the remaining funds by the total budget. In the above example, this would be 35,000/50,000, or 70 percent.

Funding source	Percent of overall program funding
This JAG award	
All other sources	
Total	100%

7. What is the name of this program?

- A. Name _____

8. What was the initiation year of this program, regardless of when it received JAG funding?

- A. Year _____

9. Please describe your program, including its focus (e.g., decreasing DNA backlogs for sexual assault cases), target location (e.g., the entire state, a specific city/jurisdiction), and other general information that will help us understand it.

10. During this reporting period, did your program or service have any partnerships with outside entities, groups, organizations, or programs?

- A. Yes/No **(if No, skip next question)**

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11. How would you rate the following partners based on this statement: “This partner is actively involved in the program.” *Please rate your partners on a scale of 1–5 as indicated below. If you have multiple partners in a category, please rate them as a whole. If a partner fits in more than one category, please rate it in the one category that fits the best. Please do not rate yourself.*

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>This partner is actively involved in the program</i>	N/A	1	2	3	4	5
State leadership (e.g., governor’s office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tribal leadership	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local leadership (e.g., mayor’s office)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local law enforcement agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pretrial service organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
U.S. Attorney’s Office	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prosecution	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public defense	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corrections	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorder treatment providers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lived experience mentors ¹	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹ Lived experience mentors include those people who share real-life experiences with program participants; for example, a graduate of a drug court program who speaks to participants.

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Researcher, evaluator, or statistical analysis center	<input checked="" type="radio"/>	<input type="radio"/>				
Training and technical assistance provider(s)	<input checked="" type="radio"/>	<input type="radio"/>				
Tribal criminal justice agencies	<input checked="" type="radio"/>	<input type="radio"/>				
Businesses	<input checked="" type="radio"/>	<input type="radio"/>				
K-12 schools	<input checked="" type="radio"/>	<input type="radio"/>				
Public services (e.g., trash collection, public works)	<input checked="" type="radio"/>	<input type="radio"/>				

12. For the following metrics tracked at least quarterly, please indicate if they increased, stayed the same, or decreased during the reporting period as compared with the previous 3-month quarter. *Please only provide responses for measures that are tracked as part of this program. If a measure is not tracked, please select "N/A/Not tracked quarterly."*

	N/A/Not tracked quarterly	Decreased	Stayed same	Increased
Processing time	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Backlog	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity: <i>The maximum amount of items that can be handled</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workload: <i>The amount of work an individual has to do</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caseload: <i>The number of cases an individual has to handle</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capabilities (e.g., validations, tests, analysis)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other metric	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If Other, please explain				

13. What is the total number of items processed **as part of your program** during the reporting period? *Items refer to specific pieces of evidence; for example, the number of guns processed as part of a gun-crime—reduction program.*

A. Enter number _____

14. Do you use JAG funds to pay for a forensic examiner (e.g., SANE)?

A. Yes/No

B. If Yes, how many people received a forensic examination as part of your program during the reporting period? _____

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15. How often did your program conduct the following activities during the reporting period?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Tracked activity, progress, or performance using a database or spreadsheet	<input checked="" type="radio"/>	<input type="radio"/>				
Conducted analysis to better understand a problem or program progress or to inform decisionmaking in regard to your program/service	<input checked="" type="radio"/>	<input type="radio"/>				
Other	<input checked="" type="radio"/>	<input type="radio"/>				
If Other, please explain						

16. Did you or a partner conduct an evaluation of this program during the reporting period?

A. Yes/No

B. If Yes, please summarize the purpose of the research/evaluation during the reporting period, the status of the work (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____

17. Did the program receive any assistance from a BJA-funded training and technical assistance (TTA) provider during the reporting period? *A list of TTA providers can be found at <https://www.bjatrainng.org>. Report additional TTA contacts in the "Project Progress" module.*

A. Yes/No

B. If Yes, please provide the name of the TTA provider _____

C. If Yes, how satisfied were you with the services provided?

Choices: Very satisfied, Satisfied, Neutral, Dissatisfied, Very dissatisfied

18. Please fill out the following table with the number of unknown samples submitted for comparison to a forensic database **as part of your program** during the reporting period. *If your program does not utilize a specific database, please enter "0" for that database.*

Measure	Number of sample submissions	Prorate
CODIS submissions <i>Includes all DNA evidence submitted to CODIS to help identify a person involved in a crime.</i>		<autocalc>
NIBIN submissions <i>Includes all NIBIN submissions used to link firearms, casings, or projectiles to further a criminal investigation.</i>		<autocalc>
AFIS/IAFIS/NGI submissions <i>Includes all fingerprints, palm prints, or other friction ridge impressions submitted to AFIS or IAFIS/NGI for the purpose of identifying the source of the print.</i>		<autocalc>

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**If you have another crime lab/forensics program, please repeat these
measures for that program.**

THIS COMPLETES THE CRIME LAB/FORENSICS MODULE