

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

VICTIM/WITNESS SERVICES MODULE

This module asks questions of grantees and subgrantees that use JAG funding to provide services to crime victims and/or witnesses. This includes any programs by law enforcement, legal, medical, counseling, advocacy, or educational organizations that serve the victims of or witnesses to crime.

1. 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%

2. What is the name of this program/service?
A. Name _____
3. What was the initiation year of this program/service, regardless of when it received JAG funding?
A. Year _____
4. Are you or a partner conducting an evaluation of this program/service?
A. Yes/No
B. If Yes, please summarize the following for the reporting period: purpose of the evaluation, current status of the evaluation (e.g., planning stage, completed), who is conducting the evaluation (e.g., internal research staff, external research partner), and evaluation results if applicable. _____

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5. Did the program/service 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.bjatrainning.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
6. 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 _____
7. During the reporting period, did your program have any partnerships with outside entities, groups, organizations, or programs?
- A. Yes/No **(if No, skip next question)**
8. 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
	N/A	1	2	3	4	5
<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"/>

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Courts	<input checked="" type="radio"/>	<input type="radio"/>				
Community corrections (probation/parole)	<input checked="" type="radio"/>	<input type="radio"/>				
Corrections	<input checked="" type="radio"/>	<input type="radio"/>				
Health care providers	<input checked="" type="radio"/>	<input type="radio"/>				
Mental health care providers	<input checked="" type="radio"/>	<input type="radio"/>				
Substance use disorder treatment providers	<input checked="" type="radio"/>	<input type="radio"/>				
Child protective services	<input checked="" type="radio"/>	<input type="radio"/>				
Community-based service providers (e.g., housing, employment)	<input checked="" type="radio"/>	<input type="radio"/>				
Community groups (e.g., neighborhood watch, community center)	<input checked="" type="radio"/>	<input type="radio"/>				
Lived experience mentors ¹	<input checked="" type="radio"/>	<input type="radio"/>				
Faith-based organizations	<input checked="" type="radio"/>	<input type="radio"/>				
Subject-matter experts	<input checked="" type="radio"/>	<input type="radio"/>				
Foundations/philanthropic organizations	<input checked="" type="radio"/>	<input type="radio"/>				
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"/>				

9. Please describe the group of victims/witnesses the program serves, regardless of JAG funding (e.g., juveniles, adults, domestic violence, victims of violent crime, all victims).

10. Does your office focus on providing services to any of the following underserved groups, regardless of JAG funding? *Select all that apply.*

- A. ____ Non-English or limited English-proficient victims/witnesses
- B. ____ Ethnic/religious minority victims/witnesses
- C. ____ Youth exposed to violence victims/witnesses
- D. ____ LGBTQI victims/witnesses
- E. ____ Victims/witnesses with mobility or cognitive disabilities
- F. ____ Deaf and hard-of-hearing victims/witnesses
- G. ____ Homeless victims/witnesses
- H. ____ Runaway youth victims/witnesses

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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- I. ____ Victims/witnesses of financial fraud/identity theft
- J. ____ Victims/witnesses of hate crimes
- K. ____ Victims/witnesses on tribal lands
- L. ____ Victims/witnesses of human trafficking
- M. ____ Victims/witnesses of mass violence or disasters
- N. ____ Victims/witnesses of cybercrime (e.g., bullying, stalking, but excluding financial fraud/identity theft)
- O. ____ Victims/witnesses in remote or not easily accessible geographic locations
- P. ____ None of the above
- Q. ____ Other **(please describe)** _____

11. How often did you provide each of the following services during the reporting period, regardless of JAG funding?

	Not applicable	Don't know	Daily	Weekly	Monthly	Quarterly
Assistance in obtaining restitution	<input checked="" type="radio"/>	<input type="radio"/>				
Counseling (either group or one-on-one)	<input checked="" type="radio"/>	<input type="radio"/>				
Trauma-informed care	<input checked="" type="radio"/>	<input type="radio"/>				
Crisis intervention	<input checked="" type="radio"/>	<input type="radio"/>				
Emergency shelter/food	<input checked="" type="radio"/>	<input type="radio"/>				
Emotional/moral support	<input checked="" type="radio"/>	<input type="radio"/>				
Financial/in-kind support	<input checked="" type="radio"/>	<input type="radio"/>				
Employment services	<input checked="" type="radio"/>	<input type="radio"/>				
Housing/shelter advocacy	<input checked="" type="radio"/>	<input type="radio"/>				
Insurance claim assistance	<input checked="" type="radio"/>	<input type="radio"/>				
Legal assistance/case support	<input checked="" type="radio"/>	<input type="radio"/>				
Medical assistance	<input checked="" type="radio"/>	<input type="radio"/>				
Safety planning	<input checked="" type="radio"/>	<input type="radio"/>				
Transportation	<input checked="" type="radio"/>	<input type="radio"/>				
Witness protection	<input checked="" type="radio"/>	<input type="radio"/>				
Victim-offender dialogue meetings	<input checked="" type="radio"/>	<input type="radio"/>				
Administration of a victim-assessment tool	<input checked="" type="radio"/>	<input type="radio"/>				
Public outreach (e.g., billboards, newsletters, social media, brochures)	<input checked="" type="radio"/>	<input type="radio"/>				
Other services	<input checked="" type="radio"/>	<input type="radio"/>				
If Other, please explain						

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12. How often did your program/service 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						

13. 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
Violent crime	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Targeted crime (e.g., drug crime, prostitution, violent crimes)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recurring victimization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of participants who received direct services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client satisfaction with services	<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				

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

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. Please fill out the following table with the number of people who requested and/or received victim/witness services during the reporting period, regardless of JAG funding.

Item	Number	Prorated total
Number of people who requested services from your office during the reporting period		autocalc
Number of people who were provided services by your office during the reporting period		autocalc
Number of people who received referrals to other programs/organizations for additional services during the reporting period		autocalc

**If you have another Victim/Witness Service/Program,
please repeat these measures for that service/program.**

THIS COMPLETES THE VICTIM/WITNESS SERVICES MODULE