

U.S. Department of Justice
 Office of Justice Programs
 Community Capacity Development Office
Part I - Grantee Site Characteristics
and Activity Data Report

Government Performance and Results Act (GPRA)

unless otherwise specified, data are for calendar (Jan.1 -Dec. 31) year 2004

CCDO ID No: State: City/County:

Site:

Agency:

Person Completing This Form: Title:

Phone: Extension: Fax: eMail:

Date Submitted: Reporting Agency

[Report](#) [Map](#)

SECTION A - Site Population Information

1. Total Population (Site only): 2. Youth Population (ages 0-17):

SECTION B - Site Management/Operations Characteristics

See attached instructions for help in completing this response. Abbreviations used: "Y" for yes, "N" for no, or "P" for planned and "W" - Weed and Seed funds only, "P" - partially Weed and Seed funded, and "O" - involves no direct Weed and Seed funding.

| | Status (Check one) | Funding Source (Check one) |
|--|---|--|
| 1a. Is there a Site Coordinator? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> P | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| <i>If so,</i> | | |
| b. Is it a full-time position | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> P | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| c. Are the position's duties Weed and Seed-related | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> P | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| 2. Does your Site have a regularly produced newsletter? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> P | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| 3. Does your Site produce a resource directory for its residents | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> P | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| 4. Is the CCDO grant recipient a faith-based organization? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 5. How many members (not including site staff) are on the Steering Committee? | | <input type="text" value="15"/> |
| 6. How many Steering Committee members represent faith-based organizations? | | <input type="text" value="3"/> |
| 7. How many agencies/organizations are formally represented on the Steering Committee? | | <input type="text" value="6"/> |
| 8. How often are the Site Steering Committee's regular meetings held (Check One) | | |
| | <input type="checkbox"/> biweekly | <input type="checkbox"/> monthly |
| | <input checked="" type="checkbox"/> quarterly | <input type="checkbox"/> bimonthly |
| | <input type="checkbox"/> semiannual | <input type="checkbox"/> Other <input type="text"/> |

9. List any private, nonprofit organizations that received subawards from the Weed and Seed grants in 2004.

| | |
|---|--|
| A | |
| B | |
| C | |
| D | |

10a. Have the designated area boundaries changed? Yes No

10b. If 'yes', describe the nature of the change using specific street names or other boundaries:

11a. Does your site's designated area include more than one jurisdiction such as multiple cities or counties? Yes No Planned

If "yes",

b. Is there formal coordination across these jurisdictions? Yes No Planned

c. Are there also site-specific steering committees for each jurisdiction? Yes No Planned

SECTION C - Law Enforcement/Prosecution Characteristics

1. Does the site's weeding effort include a multi-jurisdictional task force? (Check one) Yes No Planned

If so, please check all agencies that are involved:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> ATF | <input type="checkbox"/> DHS/Secret Service | <input checked="" type="checkbox"/> US Marshals | <input checked="" type="checkbox"/> County/local police |
| <input type="checkbox"/> DEA | <input checked="" type="checkbox"/> FBI | <input type="checkbox"/> US Postal Service | <input type="checkbox"/> County/local prosecutor |
| <input type="checkbox"/> DHS/Coast Guard | <input type="checkbox"/> HUD Insp. Gen. Office | <input type="checkbox"/> BIA | <input type="checkbox"/> Housing Authority |
| <input type="checkbox"/> DHS/Customs & Border Protection | <input type="checkbox"/> IRS | <input type="checkbox"/> Tribal police | <input type="checkbox"/> Other <input style="width: 100px; height: 15px;" type="text"/> |
| <input checked="" type="checkbox"/> DHS/Immigration & Customs Enforcement | <input type="checkbox"/> National Guard | <input type="checkbox"/> State Attorney Gen. | |
| | <input type="checkbox"/> other DOD agency | <input type="checkbox"/> State police/patrol | |
| | <input checked="" type="checkbox"/> US Attorney | | |

2a. Is there a Project Safe Neighborhoods (PSN) initiative in the site's designed area? Yes No Planned

2b. If "yes", does your site coordinate with Project Safe Neighborhoods? Yes No Planned

Part 1 - Grantee Site Characteristics and Activity Data Report

3. Please report the total number of homicides for the three preceding calendar years:

| Area | 2004 | 2003 | 2002 |
|--|------|------|------|
| a. Weed and Seed Only | 3 | 1 | 0 |
| b. Entire Jurisdiction (i.e., city, town, county) | 60 | 66 | 67 |
| Jurisdiction Name: Charlotte-Mecklenburg | | | |

4. Please report the number of drug arrests associated with your Site's Weeding activities including those that occurred outside the target area but directly affect it or have a significant nexus to it. NOTE: Enter "NA" to indicate missing or unavailable data. Use a zero (0) when no arrests occur.

Data for the recent calendar year (i.e., 2004) drug arrests; unless otherwise specified here:

| Type of Controlled Substance | Safe/Manufacturing | Possession | Total Arrests |
|-------------------------------------|--------------------|------------|---------------|
| Heroin | | | |
| Cocaine (all forms including crack) | 21 | 11 | 32 |
| Marijuana | 18 | 46 | 64 |
| Methamphetamines only | | | |
| Prescription drugs | | | 1 |
| Other (specify): | | | |
| TOTAL ARRESTS | | | 97 |

5. Please attach any additional data or reports that provide indicators of your site's major focus or efforts related to crime and law enforcement. If any attachments are responses to this question, please identify them as such.

SECTION D - Community Policing Activities

| 1. Please indicate the types of community policing activities used. Abbreviations used: "Y" for yes, "N" for no, "P" for planned and "W" - Weed and Seed funds only, "P" - partially Weed and Seed funded, and "O" - involves no direct Weed and Seed funding. | Status (check one) | Funding Source (check one) |
|--|---|---|
| a. Foot patrols: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P | <input type="checkbox"/> W <input type="checkbox"/> P <input checked="" type="checkbox"/> O |
| b. Bike patrols: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P | <input type="checkbox"/> W <input type="checkbox"/> P <input checked="" type="checkbox"/> O |
| c. Substations | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> P | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| d. Crime Watch: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P | <input type="checkbox"/> W <input type="checkbox"/> P <input checked="" type="checkbox"/> O |
| e. Police participation in community meetings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P | <input type="checkbox"/> W <input type="checkbox"/> P <input checked="" type="checkbox"/> O |
| f. Other activities, please specify: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> P | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |

Community Capacity Development Office
Part 1 - Grantee Site Characteristics and Activity Data Report

SECTION E - Prevention, Intervention, and Treatment

1a. Number of Safe Haven facilities: 1b. Number of Safe Havens receiving CCDO funding:

2. List names and addresses for all Safe Haven facilities (attach additional pages if necessary):

| Facility Name | Street Address | City | State | Zip |
|---------------------------|---------------------|-----------|-------|-------|
| St. Andrews | 3601 Central Avenue | Charlotte | NC | 28205 |
| Memorial United Methodist | | Charlotte | NC | |
| | | | | |
| | | | | |

3. Please indicate the types of activities/services provided by as part of the site's Seeding Strategy. Abbreviations used: "Y" for yes, "N" for no, "P" for planned and "W" - Weed and Deed funds only, "P" - partially Weed and Seed funded, and "O" - involved no direct Weed and Seed funding.

| Seeding Activities/Services Provided | Status | Funding Sources | Seeding Activities/Services Provided | Status | Funding Sources |
|--|---|-----------------|--|--|-----------------|
| a. academic courses and tutoring | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P <input checked="" type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | | n. Boys/Girls Club programs | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | |
| b. mentoring | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P <input checked="" type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | | o. scouting programs | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | |
| c. Drug Education for Youth (DEFY) | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> P <input checked="" type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | | p. military cadet training | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | |
| d. prevention education, please describe: <input type="text"/> | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> P <input checked="" type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | | q. anti-gang education/training | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | |
| e. dispute resolution and mediation | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P <input checked="" type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | | r. Communities in Schools programs | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | |
| f. recreation/athletics | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P <input checked="" type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | | s. performance/applied arts programs | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | |
| g. job training | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> P <input checked="" type="checkbox"/> O | | t. victim assistance programs | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | |
| h. job placement | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | | u. community projects, e.g. clean-ups | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | |
| i. anti-drug education | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> P <input checked="" type="checkbox"/> O | | v. general health screening services | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | |
| j. community police co-located in Safe Haven | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | | w. lead poisoning screening services | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | |
| k. safe corridors (school escorts for children) | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | | x. other, please specify: <input type="text"/> | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | |
| l. summer day camp | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | | | | |
| m. youth leadership training | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O | | | | |

4a. Is a Serious and Violent Offender Reentry Initiative (SVORI) project in the site? Yes No Planned

4b. Does the site directly coordinate with the SVORI project? Yes No

5. Provide the total unduplicated Safe Haven attendance (i.e., numbers of persons receiving services and not visits or sessions attended) for all services/activities during one typical week.

Safe Haven attendance for the week of (month/day):

Part 1 - Grantee Site Characteristics and Activity Data Report

SECTION F - Neighborhood Restoration Information

1a. Number of community development corporations within site area:

1b. Number of community development corporations that site coordinates activities with:

2. Identify the neighborhood restoration projects listed in your 2004 grant application that were implemented. Circle "W" - Weed and Seed only. "P" - partially Weed and Seed Funding, and "O" - no Weed and Seed funding.

| Neighborhood Restoration Projects | Funding Source |
|--|--|
| Economic development | |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| Job training employment opportunities for residents | |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| Small business development | |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| Improved housing conditions | |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| Physical environment cleanups | |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |
| | <input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O |

3. Are any Weed and Seed strategy activities related to or are otherwise involved in the EPA Brownfields Program?

- a. Brownfields Assessment Demonstration Pilots Yes No Planned
- b. Brownfields Cleanup and Revolving Loan Fund Pilots Yes No Planned
- c. Brownfields Showcase Communities Yes No Planned
- d. Brownfields Tax Incentive Yes No Planned
- e. Other, specify Yes No Planned

Part 1 - Grantee Site Characteristics and Activity Data Report

SECTION G - Coordinated and Leveraged Non-CCDO Weed and Seed Resources

Identify coordinated and leveraged resources (excluding funding from CCDO). This is defined as those funds that explicitly help, in whole or part, to implement the Weed and Seed strategy. Please estimate the amounts that are being expended for your site. Check "W" for primarily Weeding activities or "S" for primarily Seeding activities.

| Types of Non-CCDO Support | Source (Agency/Assistance Program) | Amount Received Jan-Dec | Weeding or Seeding |
|---|------------------------------------|-------------------------|---|
| 1. Other U.S. Department of Justice Funding | | | |
| a. direct DOJ grants, e.g., OJJDP Drug-Free Communities Grants | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| b. COPS Office Grants | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| c. formula and block grants. e.g., BJA Byrne Formula and Local Law Enforcement Block Grants | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| d. other DOJ grants/support | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| 2. Other Federal Funding | | | |
| a. HIDTA | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| b. other, e.g., HUD HOPE VI grants | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| 3. Non-Federal Funding Sources | | | |
| a. state government funding | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| b. local government funding | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| c. Non-profits, e.g., United Wayfoundations, churches | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| d. For-profit, e.g., companies, banks | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| e. other | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| | _____ | | <input type="checkbox"/> W <input type="checkbox"/> S |
| 4. Total Funding from All Non-EOWS Funding Sources | | \$0.00 | |

SECTION G- Coordinated and Leveraged Non-CCDO Weed and Seed Resources (cont'd)

In addition to direct grants and other forms of financial support, Weed and Seed Sites often receive in-kind contributions which may include donated services, goods, or use of facilities and equipment. These type of donations can be a significant source of support for a local site. Please indicate these for your Site. (See Forms Instructions for more help; attach additional sheets as needed.)

5. In-kind Contributions

| Source | Description |
|----------------------------|-------------|
| Weeding-Related Activities | |
| | |
| | |
| | |
| | |
| | |
| Seeding-Related Activities | |
| | |
| | |
| | |
| | |
| | |

This data is
not captured
electronically

Call Justice Research and
Statistics Association to attain this
information

SECTION H - Explanatory Notes/Comments

Please include any additional information that would help in reviewing your report. Please note any data items for which estimations have been calculated and the methods used (see report form instructions for acceptance estimation methods).

Part 1 - Supplement A - Crime/Violence in Public, Federally Assisted, and Indian Housing Grantee Site Characteristics and Activity Data Report

NOTE: The following GPRA questions only apply to those Weed and Seed sites receiving HUD Funding to Address Crime/Violence in Public, Federally Assisted, and Indian Housing. Do not complete these sections unless your local site has been awarded these funds AND SPENT ALL OR SOME OF THESE FUNDS DURING JAN.-DEC. 2004. Your responses to these questions must only relate to your HUD grant to address crime/violence in public, federally-assisted, and Indian housing in your Weed and Seed area.

SECTION I - Designated Area Characteristics

1a. Indicate the name(s) and locations (street Address or neighborhood boundaries) of the target area to be served by the HUD funding provided in the CCDO grant.

1b. Did you work with the local public housing agency (PHA) or Indian housing authority (IHA) to select the area of concentration Yes No

2. What is the PHA or IHA resident population in the designated area?

3. What are the number of public, federally-assisted, or Indian housing units in the designated area?

a. public housing b. Federally-assisted c. Indian housing

4a. Among the residents, is there a specific group that is the project's focus (e.g. youth)? Yes No

4b. If "yes", indicate all applicable targeted groups (check all that apply);

- youth elderly ex-offenders
- drug offenders gang members single parent families
- minority communities other (please specify)

SECTION J - Crime Problem Assessment

1. Indicate the major crime category(ies) you are addressing in this public/federally assisted housing. Please check all that apply.

- drug crime violent crime property crime gang-related crime
- juvenile crime quality of life issues other (please specify)

SECTION K - Partnerships to Address Crime

1a. Does the Site's Steering Committee or any of its subcommittees include representatives from the public/indian housing tenants/residents' association or public/indian housing authority management staff or other officials?

Yes No Planned

If "Yes",

b. If yes, please indicate the number of residents: the number of management staff/officials

c. Did these representatives play an active role in developing the crime problem assessment and/or strategy?

Residents: Yes No PHA/IHA Management/Staff: Yes No

Part 1 - Grantee Site Characteristics and Activity Data Report

2a. Does your local PHA/IHA have a unit devoted to safety, security, or crime? Yes No

2b. If yes, are any members of your Weed and Seed Enforcement and Community Policing Committee from this units? Yes No

3a. Has a multi-jurisdictional task force related to gang, drug or illegal gun activity in public/federally assisted housing been developed since the program was started? Yes No

3b. Has a multi-jurisdictional task force related to gang, drug or illegal gun activity in public/federally assisted housing been expanded since the program was started? Yes No

4a. Have any working partnerships for prevention/outreach efforts been developed? Yes No

4b. If "yes", indicate any groups with whom NEW partnerships for prevention/outreach have been established during 2004:

- federal LE agency
- federal non-law enforcement
- state govt. agencies
- tribal govt. agencies
- local govt. agencies
- community based
- faith-based
- other (please specify)

5. What type of law enforcement presence is working on-site in your site's public/federally assisted housing?

- federal LE agency
- state LE agency
- tribal LE agency
- city/county police department
- housing authority police
- private security company

6a. Was your local public housing agency (PHA) directly involved in developing this strategy to address crime in public/federally assisted/Indian housing? Yes No

6b. If "yes", how often do the PHA staff meet with the Weed and Seed representatives?

SECTION L - Program Implementation

1. What is the major focus of your Crime/Violence in Public, Federally Assisted, and Indian Housing Grant? (Check one)

- physical improvements
- increased prevention services
- increased community development services
- increased law enforcement
- other, specify

2. Please provide information on law enforcement activities funded under the grant.

| Services/activities | Number of manpower hours | Total residents served | Services/activities | Number of manpower hours | Total residents served |
|--------------------------|--------------------------|------------------------|----------------------------|--------------------------|------------------------|
| car patrols | 0 | 0 | resident meetings/speaking | 0 | 0 |
| foot patrols | 0 | 0 | resident training | 0 | 0 |
| bike patrols | 0 | 0 | door to door contract | 0 | 0 |
| tenant/resident outreach | 0 | 0 | other (describe) | 0 | 0 |
| | | | | | |

Part 1 - Grantee Site Characteristics and Activity Data Report

3. Please indicate the number of residents served through prevention, treatment, and outreach activities.

| services/activities | total residents served | services/activities | total residents served |
|-------------------------------------|------------------------|-----------------------------------|------------------------|
| substance/alcohol abuse preventions | | ex-offender reentry outreach | |
| drug/alcohol treatment referrals | | family-buildinfg | |
| family violence prevention | | job-training | |
| gang prevention | | victim assistance programs | |
| truancy prevention | | community projects, e.g. clen-ups | |
| resident patrol programs | | neighborhood watch | |
| at-risk youth programs | | other: (describe) | |
| general safety/crime prevention | | | |

4. Indicate completed/planned physical improvements and other environmental design crime prevention efforts?

| type of improvements | # of items | | type of improvements | # of items | |
|-----------------------------|------------|---------|-----------------------------|------------|---------|
| | completed | planned | | completed | planned |
| lighting | | | tree pruning/brush trimming | | |
| front/lobby doors and locks | | | outside video surveillance | | |
| | | | guard stations | | |
| indoor video surveillance | | | individual units changes | | |
| elevator crime/safety | | | other (describe) | | |
| fencing/gates | | | | | |
| graffiti removal | | | | | |

SECTION M - Program Evaluation

1. Describe how you are meazsuring the impact these activities are having on crime and safety in public housing. Check all that apply:

- comparisons of baseline crime data in targeted area with measures following the project implementation.
- crime mapping
- resident surveys
- neighborhood-wide survey

other: Describe:

2. Specify the type of crime, what type of data, numbers, and their sources that are being used to assess the crime problem in the HUD target area.

| Offense Category | Indicator (enter a type of information from the following - arrests, crime incident reports, call for service, or other) | Number Reported (Jan-Dec) | | Data Source |
|------------------|---|---------------------------|------|-------------|
| | | 2003 | 2004 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part 1 - Grantee Site Characteristics and Activity Data Report

3. Are you working with any of the following to conduct your evaluation? Check all that apply:

State Statistical Analysis Center

Police Department Crime Analysis Unit

Housing Authority Police Crime Analysis Unit

University or research-based partner

Other federal state or local crime investigatory unit:

4a. What impact have the Weed and Seed activities had on crime in the area's public/federally-assisted/Indian housing? (Please attach additional pages or documents as necessary.)

4b. Are there data to support the impact you describe? If yes, describe data and indicate source:

5a. Has the HUD funding resulted in an increase in the number of investigations/ prosecutions for felony and misdemeanor crime activity in federally assisted or public housing? Yes No

5b. If "yes", indicate the number of cases undertaken since the Site began HUD-funded activities:

Number of Investigations:

Number of Prosecutions