

U.S. Department of Justice
Office of Justice Programs
Community Capacity Development Office
**Government Performance and
Results Act (GPRA) Report**

unless otherwise specified, data are for calendar (Jan. -Dec.) 2005

CCDO ID No: State: City/County:

Site:

Agency:

Person Completing

This Form: Title:

Phone: Extension: Fax: eMail:

Date Submitted: Reporting Agency
Report Map

PART I - GRANTEE SITE PERFORMANCE DATA

SECTION A - Law Enforcement/Prosecution Data

1. Please report the specified crime data for every year that your site has operated since the year of strategy implementation and two years prior. Additional crime data for the same time period that reflects your site's strategy, e.g., domestic violence, truancy, or vandalism can also be reported.

Date of site strategy implementation: Month/: Year

Crime Data (total number)	Geographic Area	Calendar Years (Jan. - Dec.)						
		-2	-1	-Imp. Yr.	+1	+2	+3	+4
homicides	site designated area only	1	6	5				
	entire jurisdiction	67	60	85				
robberies	site designated area only	264	247	338				
	entire jurisdiction	2,683	2,741	3,639				
aggravated assaults	site designated area only	162	153	138				
	entire jurisdiction	3,670	3,520	3,111				
burglaries	site designated area only	491	463	490				
	entire jurisdiction	11,082	11,885	12,420				
weapons offenses	site designated area only	55	44	61				
	entire jurisdiction	643	592	793				
drug arrests	site designated area only	189	183	196				
	entire jurisdiction	3,766	3,389	3,436				
other (specify): <input type="text"/>	site designated area only							
	entire jurisdiction							

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2. If the crime-related data reported in the preceding question is incomplete for the requested time period, please state the reasons for this situation.

Several reason why crime data does not match FBI UCR crime data. 1) Data is constantly updated and crimes get reclassified. 2) Use IBR crime reporting system. 3) Counties are constantly annexing pieces of the jurisdiction.

3. Please rank which of the following are the top three drug problems affecting your local site. "1" indicates the greatest problem.

- | | |
|---|---|
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Methamphetamines |
| <input checked="" type="checkbox"/> 1 Marijuana | <input type="checkbox"/> Prescription drugs |
| <input checked="" type="checkbox"/> 2 Cocaine (all forms including crack) | <input checked="" type="checkbox"/> 3 Other (specify): <input style="width: 150px;" type="text" value="Heroine"/> |

4. 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 type="checkbox"/> US Marshals | <input type="checkbox"/> County/local police |
| <input checked="" type="checkbox"/> DEA | <input checked="" type="checkbox"/> FBI | <input type="checkbox"/> US Postal Service | <input checked="" 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;" type="text"/> |
| <input type="checkbox"/> DHS/Immigration & Customs Enforcement | <input type="checkbox"/> National Guard | <input checked="" type="checkbox"/> State Attorney Gen. | |
| | <input type="checkbox"/> other DOD agency | <input type="checkbox"/> State police/patrol | |
| | <input checked="" type="checkbox"/> US Attorney | | |

5a. Is there a prosecutor dedicated to only firearms cases in the site's designated area? Yes No

5b. If "yes", does your site coordinate with that prosecutor? Yes No Planned

SECTION B - Community Policing Activities

1. Please indicate the types of community policing activities used. See attached instructions for help in completing this response.	Status (check one)	Funding Source (check one)
a. Foot patrols:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Planned	<input checked="" type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
b. Bike patrols:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Planned	<input checked="" type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
c. Substations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Planned	<input type="checkbox"/> W <input type="checkbox"/> P <input checked="" type="checkbox"/> O
d. Crime Watch:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planned	<input type="checkbox"/> W <input type="checkbox"/> P <input checked="" type="checkbox"/> O
e. Police participation in community meetings	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planned	<input type="checkbox"/> W <input type="checkbox"/> P <input checked="" type="checkbox"/> O
f. Other activities, please specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Planned	<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O

PART II - GRANTEE SITE CHARACTERISTICS AND ACTIVITY DATA

SECTION C - 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 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
<i>If so,</i>		
b. Is it a full-time position	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	
c. Are the position's duties Weed and Seed-related	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	
2. Does your site have a regularly produced newsletter?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> P	<input checked="" 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 checked="" type="checkbox"/> N <input 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? Yes No

5. How many members (not including site staff) are on the Steering Committee?

6. How many Steering Committee members represent faith-based organizations?

7. How many agencies/organizations are formally represented on the Steering Committee?

8. How often are the Site Steering Committee's regular meetings held (Check One)

biweekly monthly bimonthly
 quarterly semiannual Other

9. List any private, nonprofit organizations that received subawards from the Weed and Seed grants in 2005.

A	
B	
C	
D	

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10a. Please attach a copy of the site's current boundaries.

b. Have the designated area boundaries changed? Yes No

c. If 'yes', attach a narrative description of the affected boundaries, e.g., street names, land features, or city/county jurisdictional limits

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 D - 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
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3. Please indicate the types of activities/services provided by as part of the site's Seeding effort. See attached Instructions for help in completing this response.

Seeding Activities/Services Provided	Status	Funding Sources	Seeding Activities/Services Provided	Status	Funding Sources
a. academic courses and tutoring	<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	n. Boys/Girls Club 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
b. mentoring	<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	o. scouting programs	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> P	<input type="checkbox"/> W <input checked="" 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 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" value="Truancy Court's Best Friends program"/>	<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	q. anti-gang education/training	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O
e. dispute resolution and mediation	<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	r. Communities in Schools programs	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> P	<input type="checkbox"/> W <input checked="" type="checkbox"/> P <input type="checkbox"/> O
f. recreation/athletics	<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	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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> P	<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O	t. victim assistance 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
h. job placement	<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	u. community projects, e.g. clean-ups	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> P	<input type="checkbox"/> W <input checked="" type="checkbox"/> P <input type="checkbox"/> O
i. anti-drug education	<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	v. general health screening services	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> P	<input type="checkbox"/> W <input checked="" type="checkbox"/> P <input type="checkbox"/> O
j. community police co-located in Safe Haven	<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	w. lead poisoning screening services	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> P	<input type="checkbox"/> W <input checked="" 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" value=""/>	<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
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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> P	<input type="checkbox"/> W <input type="checkbox"/> P <input type="checkbox"/> O			

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4a. Is an offender reentry program that serves the site's designated area? Yes No Planned

4b. Does the site directly coordinate activities with that program? 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 2006 (month/day):

SECTION E - 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 activities related to or otherwise involved in the EPA Brownfields Program? Yes No Planned

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SECTION F - 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 in 2005	Weeding or Seeding	involvement	
				helped to obtain	coordinate with
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"/>	<input type="checkbox"/>
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
b. COPS Office Grants			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
d. other DOJ grants/support			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
2. Other Federal Funding					
a. HIDTA			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
b. other, e.g., HUD HOPE VI grants			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
3. Non-Federal Funding Sources					
a. state government funding			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
b. local government funding			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
c. Non-profits, e.g., United Wayfoundations, churches			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
d. For-profit, e.g., companies, banks			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
e. other			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> W <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>
4. Total Funding from All Non-CCDO Funding Sources		\$0.00			

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

5. In-kind Contributions - 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. This 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.)

Type of In-Kind Contribution	Type of In-Kind Contribution
staff/professional services	\$0.00
office space, other facilities, and/or equipment	\$0.00
services such as painting, transportation, or construction	\$0.00
consumables for program activities, e.g., food, paper, or other materials	\$0.00
Other (describe): Printer, Color Opier, Fax, wiring, internet	\$7,000.00

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).

The Charlotte Weed and Seed site (due to personnel issues) was slow in start-up. A full-time site coordinator was hired in November 2005. Her first responsibilities were great since before that time, no funds were spent or energies exhausted on weed and seed activities. An extension was requested and approved. The plan was to expend funds of year 1 no later than September 2006. Steering committee's were to be formed, meetings held and funds spent on quality efforts along the corridor. Therefore, there is little to no information or activities that took place during calendar year 2005.