

# Annual Grant Activity Report Guidelines

June 2024

**NEBRASKA**

Good Life. Great Service.

COMMISSION ON LAW ENFORCEMENT  
AND CRIMINAL JUSTICE

## Introduction

The Annual Grant Activity Report (annual report) is submitted pursuant to NRS 43-2404.02 and 78 NAC 1 (12.03) activity reporting requirement. This FY24 annual report is submitted in lieu of submitting four quarterly narratives in JCMS.

## Submission and Format

Each year there will be a new template for the annual report. The report template will be included in the grant closeout materials and will be required to close out the grant and receive the final request for reimbursement of grant funds. If a grantee receives multiple grants in the same project period (CB, EB, Supplemental EB, and/or JS), only one Grant Activity Report needs to be submitted for all grants. Include all grant numbers on the cover page, complete a separate program type table for each award, and provide one activity narrative for each program. The template will also be posted on the Crime Commission website <https://ncc.nebraska.gov/juvenile-programs-and-interventions>. The template can be found under "Grant Management Resources and Forms".

While we strongly recommend having the program staff complete the narratives for their own programs, all narratives need to be compiled into **ONE** document with all narratives submitted in one document. Narratives submitted separately will not be accepted.

The report will be due on August 14, 2024, which is 45 days after the project period end date. All completed Annual Grant Activity Reports should be emailed to Erin Wasserburger at [Erin.Wasserburger@nebraska.gov](mailto:Erin.Wasserburger@nebraska.gov) no later than 5:00 pm CDT the day they are due.

## Annual Report Instructions

Each county, tribe, or agency receiving a CB and/or JS grant will need to complete an annual report. If grantees had both CB and JS grants in FY24, please submit **ONE** annual report with a separate program type table for each grant. If the same program is funded in both CB and JS, only one activity narrative is needed for that program.

### **Cover Page:**

**Grant Type:** Grant type is either Community-based Juvenile Services Aid or Juvenile Services. Please remove the language "Grant Type" and the brackets. If your county/tribe is submitting one annual report for both grants, please list both grant types.

**Grantee:** Grantee is the lead county, tribe, or agency who received the grant award.

**Grant Number(s):** List all grant numbers included in the report.

**Submitted By:** Remove the brackets and labels, and put in the information relevant to your county, tribe, or agency in that space. If you are not part of a multi-county collaborative, you can delete that line from the annual report.

**Final Program Type Table:** Complete a separate final program type table for each grant type included in the report. Mark whether it is for a CB, EB, and/or JS grant, then provide each program that was funded by that grant in the table. Please include all programs funded throughout the fiscal year, including programs that were added or removed during the grant cycle through a project change request. You may add additional lines as necessary, and remove extra lines not utilized in the table. Total each column and enter it in the last row of each table. Please remove the example provided from the table before submitting.

The **Number of Referrals Entered in JCMS** and **Number of Youth Discharged in JCMS** must be pulled from the JCMS, not from the data provided by the Crime Commission for question 10 of the Activity Narrative. To find these numbers, please go to the JCMS, click on the reports button, and select "Case Summary by Date". Enter the first day of the fiscal year in the Referral Begin Date field, then the last day of the fiscal year in the Referral End Date field. You can preview the data or download the report into an excel table. All agencies you have permission to certify will be included. Detailed instructions can be found in Appendix A.

If your county, tribe, or agency only receives one grant, you will only have one Final Program Type Table.

If your county/tribe receives any combination of a CB, EB, and JS grant, copy the Final Program Type Table and complete one for each grant. The number of referrals entered into the JCMS will likely be the same on both program type tables. Make sure to include all programs funded under each grant in the appropriate tables. See below:

Final Program Type Table: <input checked="" type="checkbox"/> CB <input type="checkbox"/> EB <input type="checkbox"/> JS				
Program Title	Amount Requested at Time of Award	Amount Expended	Number of Referrals Entered in JCMS for FY22	Number of Youth Discharged in JCMS for FY22
Happy Kids	\$ 10,000	\$9,000	25	25
Truancy Prevention	\$50,000	\$50,000	83	80
Total:	\$60,000	\$59,000	108	105

Final Program Type Table: <input type="checkbox"/> CB <input checked="" type="checkbox"/> EB <input type="checkbox"/> JS				
Program Title	Amount Requested at Time of Award	Amount Expended	Number of Referrals Entered in JCMS for FY22	Number of Youth Discharged in JCMS for FY22
Happy Kids	\$ 12,000	\$12,000	25	25
Afterschool	\$7,000	\$6,500	40	40
Total:	\$ 19,000	\$ 18,500	65	65

Final Program Type Table: <input type="checkbox"/> CB <input type="checkbox"/> EB <input checked="" type="checkbox"/> JS				
Program Title	Amount Requested at Time of Award	Amount Expended	Number of Referrals Entered in JCMS for FY22	Number of Youth Discharged in JCMS for FY22
Therapy	\$15,000	\$15,000	15	13
Total:	\$15,000	\$15,000	15	13

**Activity Narrative:** For each program (not system improvement) listed in the final program type table, you will need to create an activity narrative. There is a separate activity narrative for system improvement programs. Please copy and paste an activity narrative table for each program. Answer each question for the specific program funded.

1. **Provide a short summary of the program or service provided, including explanation of program operation and how the program assisted juveniles within the community:** Include program components and activities. Identify the specific positive outcomes youth to gained from this program.
2. **Provide a short explanation of how the program met the goals of the Comprehensive Juvenile Services Plan:** Identify the goal in the Comprehensive Juvenile Services Plan that this program was working toward, then describe how the activities of the program met the goal.
3. **Provide a short explanation of how this program assists youth at the individual level, including how the program builds on strengths, abilities, and assets of the youth:** Explain how the program and/or services helps individual youth who participated in the program. Include how services specifically build strengths, abilities, and assets of the youth.
4. **Provide a short explanation of how this program impacts the community. This can include the impact on arrests, recidivism, or other community issues the program address:** Explain how the program and/or services benefits or impacts the community. If the program is addressing a specific need in the community, detail the impact this program has on this need. If the program does not intend to impact arrests or recidivism, there is no need to include this in your response.
5. **Provide a short explanation of the goals accomplished during the reporting period as they relate to the goals you entered on your grant application:** List the goals you had entered on your grant application as it relates to this program, then describe how the program worked toward those goals. If the goals were not met, detail the reasons the goals were not met and what changes will be made moving forward.
6. **Describe any unanticipated challenges when providing these services and how they were addressed:** Provide a brief description of any issues, barriers, roadblocks, changes/adaptions that the program faced while providing services to youth. How did the program overcome those challenges?
7. **Can the Crime Commission offer assistance to address any problems/barriers you identified in question 6? If so, please describe:** Detail any problems from question 6 that you would like assistance with and how you believe we can help you.
8. **Describe any anticipated changes to the program you plan to make going forward and why they need to be made:** Detail changes in your programming that you plan to implement and describe the reason for the change or what you hope will improve by making these changes.
9. **Any other relevant achievements or information:** If there is other information about your program this year that you would like us to know that was not covered in other questions, please include it here. This can be success stories, new information pertaining to the program, feedback from the community, etc.
10. **Please review the data provided separately by the Crime Commission and fill out the tables below. Do not leave fields blank or remove them; if you do not have data for a specific category, put a 0 in that spot. Please investigate the number of open cases and determine if there are old cases needing discharged from JCMS:** The data needed to complete these tables will be provided by the Crime Commission. You will receive an excel workbook with data for these fields. Please enter this data into the correct part of the table. If you do not have a specific data point, please put a 0. Do not leave it blank, do not put NA, do not remove it from the table. For the age table, you will have to total any youth 9 and under, and 19 and over for those respective categories. The Hispanic/Latino category was separated beginning July 1, 2022, so older data may show 0s. Please just mark those as 0. The Sex Assigned at Birth field was not available prior to January 1, 2024, so there may be cases that do have this information. Previous years have been marked with a "-"; do not remove this from the chart.
  - a. If there are open cases, describe why. It is acceptable to have open cases if youth are still actively being served and have not discharged from the program. What is important is the program is aware of the cases that are open, and any cases mistakenly left open will be addressed.
  - b. If there is additional information about the data that you would like us to know, please include it here.
11. **Does this program charge fees for youth to participate?** Select either yes or no. If you select no, you can disregard the next seven questions. If you mark yes, please complete questions a-g.
  - a. **What is the amount charged:** Please enter the amount each youth is charged for program participation. If there is a range or different levels of fees, please include all information.
  - b. **Do you offer waivers or sliding fees:** Select either yes or no. If yes, please detail how the program determines which youth are eligible for a fee waiver or sliding fee.
  - c. **How many youth paid the full amount in FY24:** Provide the number of youth referred in FY24 who paid the full program fee.
  - d. **How many youth paid a reduced fee in FY24:** Provide the number of youth referred in FY24 who paid a reduced program fee.

- e. **How many youth paid no fee/had all fees waived in FY24:** Provide the number of youth referred in FY24 who did not pay any program fees.
- f. **Total fees (dollar amount) collected in FY24:** Provide the total amount of fees collected in FY24 using currency format.
- g. **Explain how income generated by these fees are spent:** Detail how the money earned through program fees is spent within the program. Provide as much information as possible. For example, do not just say “salary” or “equipment”, provide more information about the expenditure.

**System Improvement Activity Narrative:** For each system improvement program listed in the final program type table, you will need to create an activity narrative. Please copy and paste a system improvement activity narrative table for each system improvement program. Answer each question for that specific program. If you did not fund system improvement programs, you can delete this table from your annual report. Each question will need to be answered fully. If any answer has “NA” or is not answered, the narrative will be returned, and the final closeout of the grant will not be completed until the annual report is completed fully.

1. **Provide a short summary of the program or service provided, including program operation** Include program components and activities. Identify the specific positive outcomes this program or service provided to the county/tribe and/or community.
2. **Provide a short explanation of how the program or service met the goals of the Comprehensive Juvenile Services Plan:** Identify the goal in the Comprehensive Juvenile Services Plan that this program was working toward, then describe how the activities of the program met the goal.
3. **Training/Quality Improvement programs only: Please describe any trainings funded this fiscal year. Include the number of trainings attended and/or provided, how many people attended, and what topics the trainings covered:** If your program is classified as a training/quality improvement program, please answer each component of this question. If you funded more than one training, please answer each component of the question for every training. For example, if you hosted two different trainings, there should be two distinct descriptions that include each component of the question. If your program is not a training/quality improvement program, please answer NA.
4. **Evaluation programs only: Please describe any program evaluations funded this fiscal year. Include which programs were evaluated, who funded them, the evaluation type and design, and what specific activities took place:** If your program is classified as an evaluation program, please answer each component of this question. If you funded more than one training, please answer each component of the question for every training. For example, if you conducted two different evaluations, there should be two distinct descriptions that include each component of the question. If your program is not an evaluation program, please answer NA.
5. **Community Engagement programs only: Please describe activities that took place this fiscal year. Include the number of hours spent on grant management (i.e., MOUs, adjustments, reporting), activities and meetings related to community coordination, and hours spent working with programs one-on-one:** If your program is classified as a community engagement program, please answer each component of the question. If one of the components is not applicable, i.e., you did not submit any adjustments to the grant, please note that as well. If your program is not a community engagement program, please answer NA.
6. **Administration programs only: Please detail activities covered during this fiscal year. Include the total hours you spent on these activities as well as how funds were used. For example, provide hours spent on bookkeeping or paying bills. List other areas outside of fiscal administration where money was spent, i.e., purchasing software:** If your program is classified as an administration program, please answer each component of the question. Please make sure to include details about hours and activities; do not just list numbers. If your program is not an administration program, please answer NA.
7. **Data programs only: Please describe any data-related activities that took place this fiscal year. Include trainings provided, presentations to stakeholders, how the data is intended to change practices in the community, what the goal for the data is, and what system point the data pertains to:** If your program is classified as a data program, please answer each component of the question. If you had more than one training, presentation, or worked with more than one data set, please answer each component of the question for every occurrence. For example, if you presented to stakeholders on three occasions, please detail each component for all three occasions. If your program is not a data program, please answer NA.
8. **Describe any unanticipated challenges when providing these services and how they were addressed?** Provide a brief description of any issues, barriers, roadblocks, changes/adaptions that the program and/or services faced

while providing services to youth. How did the program overcome those challenges?

9. **Can the Crime Commission offer assistance to address any problems/barriers you identified in question 8? If so, please describe:** Detail any problems from question 8 that you would like assistance with and how you believe we can help you.
10. **Describe any anticipated changes to the program or service you plan to make going forward and why they need to be made:** Detail changes in your programming that you plan to implement and describe the reason for the change or what you hope will improve by making these changes.
11. **Any other relevant achievements or information:** If there is other information about your program this year that you would like us to know that was not covered in other questions, please include it here. This can be success stories, new pertaining to the program, feedback from the community, etc.
12. **Please log into the JCMS and click on the system improvement button to generate search results for program or service. Review the search results generated by the system, then fill out the table below by putting an "X" in either the yes or no column indicating whether you completed a system improvement report for each quarter:** Detailed steps for how to access the system improvement search results can be found in Appendix B. After accessing this page, please mark an "x" in either column for each quarter. No lines should be left blank.
  - a. If you marked no, please provide information as to why a report was not submitted in the JCMS for that quarter.
  - b. If there is information about the system improvement reports that you would like us to know that you did not cover above, please include it here.

## Appendix A

Steps to pull JCMS referrals and discharges for the Annual Grant Activity Report Final Program Type Table.

1. Log into the JCMS.
2. Click on the Reports button.


### Juvenile Case Management System: County Attorney 99 JDCM

Search:  Search Show All Open Cases


Search all counties

Search By ClientID

State Admin New Client Reports Adm



3. Near the bottom, select "Case Summary by Date", then enter the first and last day of the fiscal year (for this fiscal year it is 07/01/2023 – 06/30/2024).

All Cases by Date  
Closed Cases by Discharge Date  
Demographic Details by Date  
Drug/Alcohol Tests by Test Date  
Diversion Activity Report by Date  
Demographic Report by Date  
All Cases Denormalized by Charge by Date  
All Cases Denormalized by Contract  
NCC Report  
Objectives by Date  
**Case Summary by Date**   
Certify by Quarter  
Demographic Report For County Leads

Referral Begin Date:

Referral End Date:

[Download Report](#) [Preview Report](#)

4. Download or preview the report. Download will be an excel sheet, preview opens a smaller window within your browser. Below is a preview report screen in the test system. Note that the preview screen only remains open until you click off to the side so if you use the preview report button you may end up having to run the report again if you click off it.
5. Scroll down to the Case Summary report. This will show every agency and program type on your certificate, and will include referrals, active, and discharges. Active is how many cases were active during that time frame, but for this report we are only looking for the referrals and discharges.

## Case Summary Report:

Agency Name	Case Type	Referred	Active	Discharged	Narratives Submitted
County Attorney 99 JDCM	Invalid Program Type	0	0	0	0
County Attorney 99 JDCM	Crisis Respite	0	<u>2</u>	0	0
County Attorney 99 JDCM	One-Time Event	0	0	0	0
County Attorney 99 JDCM	Diversion	0	<u>44</u>	<u>4</u>	0
County Attorney 99 JDCM	Family Support	<u>2</u>	<u>5</u>	0	0
County Attorney 99 JDCM	Prevention/Promotion	0	<u>2</u>	0	0
County Attorney 99 JDCM	Invalid Program Type	0	0	0	0
County Attorney 99 JDCM	School Resource Officer	0	<u>6</u>	0	0
County Attorney 99 JDCM	Tracking Services	0	<u>2</u>	0	0
County Attorney 99 JDCM	Truancy	0	<u>55</u>	0	0
COUNTY ATTORNEYS OFFICE SEWARD	Diversion	<u>3</u>	<u>228</u>	<u>1</u>	1
COUNTY ATTORNEYS OFFICE SEWARD	Prevention/Promotion	0	<u>61</u>	0	0

[Download Report](#)



## Appendix B

Steps to pull System Improvement Report from the JCMS referrals and discharges for the Annual Grant Activity Report System Improvement Narrative.

1. Log into the JCMS.
2. Click on the System Improvement button.

Juvenile Case Management System: JDCM Administrators

Search:  Search Show All Open Cases

Search all counties

Search By ClientID

State Admin
New Client
Reports
Administrative

System Improvement
←

Data Export

This will bring up the search results table. You can identify the quarter from the Reporting Period Column and the Program Type from Program Type column. If you fund more than one program and have more than one report for that time, they are listed in one line.

You can sort the reporting period column by clicking on the arrows on the right to make it easier to locate the most recent reports.

**Search Results**

Grant#	Grant County	Reporting Period	Program Type
17-cbxxx	Banner	Q1 FY 18/19 (Jul 1, 2018 - Sept 30, 2018)	Training/Quality Improvement,Evaluation,Administration,Community Engagement,Data
system improvement	Cuming	Q3 FY 19/20 (Jan 1, 2020 - Mar 31, 2020)	Training/Quality Improvement,Administration,Community Engagement,Data
Testing	Lincoln	Q2 FY 19/20 (Oct 1, 2019 - Dec 31, 2019)	Community Engagement
test		Q3 FY 19/20 (Jan 1, 2020 - Mar 31, 2020)	Administration,Community Engagement
ncc	Banner	Q1 FY 21/22 (Jul 1, 2021 - Sept 30, 2021)	Community Engagement
ncc	Clay	Q1 FY 21/22 (Jul 1, 2021 - Sept 30, 2021)	Administration,Data
5555	Blaine	Q1 FY 21/22 (Jul 1, 2021 - Sept 30, 2021)	Administration
5555	Adams	Q1 FY 21/22 (Jul 1, 2021 - Sept 30, 2021)	Data
Testing	Adams	Q2 FY 21/22 (Oct 1, 2021 - Dec 31, 2021)	Training/Quality Improvement
Testing	Adams	Q3 FY 21/22 (Jan 1, 2022 - Mar 31, 2022)	Training/Quality Improvement
test	TESTING CASE	Q4 FY 21/22 (Apr 1, 2022 - Jun 30, 2022)	Training/Quality Improvement,Administration

Add New System Im