Annual Grant Activity Report

July 1, 2023 – June 30, 2024

[Grant Type (Community-based Juvenile Services Aid, Enhancement, or Juvenile Services)]

[Grantee]

[Grant Number(s)]

Submitted By:

[Lead Contact Name]

[County Commissioner Name]

[If multi-county, list all counties]

[Date Submitted]

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

Submit Annual Grant Activity Report to Erin.Wasserburger@nebraska.gov by August 14, 2024.

Instructions: Fill out the program type table below and an activity narrative for each program funded. There is a separate narrative for system improvement programs. If multiple agencies were funded for the same program type, each agency should do their own activity narrative describing their specific outcomes.

Ensure the program type table includes all programs requested in the approved grant application, as well as any programs added through a project change request. If a program was removed part way through the grant year through a subgrant adjustment it still needs to be included.

If grantees had more than one grant (CB, EB, JS) in FY23, please submit ONE annual report with a separate program type table for each grant. If the same program is funded in both CB, EB, and/or JS, only one activity narrative is needed for that program.

|  |
| --- |
| **Final Program Type Table:** [ ] **CB** [ ] **EB** [ ] **JS** |
| Program Title | Amount Requested at Time of Award | Amount Expended | Number of Referrals Entered in JCMS for FY24 | Number of Youth Discharged in JCMS for FY24 |
|       |       |       |       |       |
|       |       |       |       |       |
| Total:  |       |       |       |       |

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| **ACTIVITY NARRATIVE** |
| \*Fill out one activity narrative for each program or service funded in FY23-24\* |
| **Program Title**:      **Agency Name**:       |
| 1. Provide a short summary of the program or service provided, including explanation of program operation:
 |
| 1. Provide a short explanation of how the program met the goals of the Comprehensive Juvenile Services Plan:
 |
| 1. 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:
 |
| 1. 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:
 |
| 1. Provide a short explanation of the goals accomplished during the reporting period as they relate to the goals you entered on your grant application:
 |
| 1. Describe any unanticipated challenges when providing these services and how they were addressed?
 |
| 1. Can the Crime Commission offer assistance to address any problems/barriers you identified in question 6? If so, please describe:
 |
| 1. Describe any anticipated changes to the program you plan to make going forward and why they need to be made:
 |
| 1. Any other relevant achievements or information you would like to provide, including success stories:
 |
| 1. 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 or youth still actively being served.

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender** | **2023-2024** | **2022-2023** | **2021-2022** |
| Male  |  |  |  |
| Female  |  |  |  |
| Non-binary |  |  |  |
| Prefer not to say |  |  |  |
| Unspecified |  |  |  |
| **Sex Assigned at Birth** |  |  |  |
| Female |  | - | - |
| Male |  | - | - |
| Prefer not to say |  | - | - |

|  |  |  |  |
| --- | --- | --- | --- |
| **Age** | **2023-2024** | **2022-2023** | **2021-2022** |
| Under 10 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |
| 17 |  |  |  |
| 18 |  |  |  |
| 19+ |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Race/Ethnicity** | **2023-2024** | **2022-2023** | **2021-2022** |
| American Indian, Alaska Native |  |  |  |
| Asian |  |  |  |
| Black, African American |  |  |  |
| Hispanic |  |  |  |
| Native Hawaiian, Other Pacific Islander |  |  |  |
| Other Race |  |  |  |
| Unspecified |  |  |  |
| White |  |  |  |
| Multiple Races |  |  |  |
|  |  |  |  |
| Hispanic/Latino |  |  |  |
| Not Hispanic/Latino |  |  |  |
| Unspecified |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2023-2024** | **2022-2023** | **2021-2022** |
| Total Number of Cases |  |  |  |
| Total Number of Open Cases |  |  |  |

 |
| * 1. Provide an explanation for open cases and the plan to close them (if necessary):
 |
| * 1. Any other relevant information you would like to provide regarding the FY24 data:
 |
| 1. Does this program charge fees for youth to participate? [ ] Yes [ ] No If yes, please complete the following questions:
 |
| * 1. What is the amount charged?
 |
| * 1. Do you offer waivers or sliding fees? [ ] Yes [ ] No If yes, how is eligibility determined:
 |
| * 1. How many youth paid the full amount in FY24?
 |
| * 1. How many youth paid a reduced fee in FY24?
 |
| * 1. How many youth paid no fee/had all fees waived in FY24?
 |
| * 1. Total fees (dollar amount) collected in FY24:
 |
| * 1. Explain how income generated by these fees are spent:
 |

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| **SYSTEM IMPROVEMENT ACTIVITY NARRATIVE** |
| \*Fill out one activity narrative for each system improvement program or service funded in FY23-24\* |
| **Program Title**:      **Agency Name**:       |
| 1. Provide a short summary of the program or service provided, including program operation:
 |
| 1. Provide a short explanation of how the program or service met the goals of the Comprehensive Juvenile Services Plan:
 |
| 1. 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:
 |
| 1. 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:
 |
| 1. 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:
 |
| 1. 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:
 |
| 1. 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:
 |
| 1. Describe any unanticipated challenges when providing these services and how they were addressed?
 |
| 1. Can the Crime Commission offer assistance to address any problems/barriers you identified in question 8? If so, please describe:
 |
| 1. Describe any anticipated changes to the program or service you plan to make going forward and why they need to be made:
 |
| 1. Any other relevant achievements or information:
 |
| 1. 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.

|  |  |  |
| --- | --- | --- |
| **Quarter** | **Yes** | **No** |
| Q1 July 1, 2023 - September 30, 2023 |  |  |
| Q2 October 1, 2023 – December 31, 2023 |  |  |
| Q3 January 2, 2024 – March 31, 2024 |  |  |
| Q4 April 1, 2024 – June 30,2024 |  |  |

 |
| * 1. Provide an explanation for any quarters marked “no” (if necessary):
 |
| * 1. Any other relevant information you would like to provide regarding the FY24 data:
 |