

Send to: State of Nevada Juvenile Justice Programs Office  
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Quarterly Report for: Community Corrections Partnership (CCP)  
 Block Grant (State General Funds)

Grant ID # \_\_\_\_\_

COUNTY/JURISDICTION: \_\_\_\_\_

PROJECT NAME/S: \_\_\_\_\_

QUARTER REPORT #: \_\_\_\_\_

FINAL REPORT: ☐ YES ☐ NO

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#### REQUEST FOR FUNDS

|                        |          |
|------------------------|----------|
| Award Given            | \$ _____ |
| - Prior Funds Received | _____    |
| - Funds Requested      | _____    |
| = Funds Remaining      | \$ _____ |

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Certification: I hereby certify that, to the best of my knowledge, the data reported represents actual receipts and actual expenditures which have been incurred in accordance with the approved sub-grant documents, and are based on official accounting records and supporting documents which will be maintained for purposes of audit.

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\_\_\_\_\_  
 Signature of Person Completing Form

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Fax Number

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For Office Use Only

\_\_\_\_\_  
 Leslie Bittleston, Juvenile Justice Program Chief

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Amount Approved

\_\_\_\_\_  
 BA Number

\_\_\_\_\_  
 Draw Number

\_\_\_\_\_  
 Total Award

\_\_\_\_\_  
 Requested Amount

\_\_\_\_\_  
 Remaining Balance

Instructions: Please fill out form completely. For Categories that do not apply, write N/A. Be sure all numbers are correct, and if there are discrepancies provide an explanation. If you submit the report on a form other than the one provided, the text of all questions on this form must be included. This section includes information on those served in programs funded by this block fund for the county.

**PARTICIPANT INFORMATION:**

|   | 1 <sup>ST</sup><br>QUARTER | 2 <sup>ND</sup><br>QUARTER | 3 <sup>RD</sup><br>QUARTER | 4 <sup>TH</sup><br>QUARTER | YEAR TO DATE<br>TOTAL |
|---|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------|
| Number of new participants served this quarter using Community Services Block Grant Funds   |                            |                            |                            |                            |                       |
| Number of carry-over participants from the last reporting quarter. Participants are counted until the complete or are discharged from program in this line.                 |                            |                            |                            |                            |                       |
| Number of participants who completed the program successfully in this quarter.  |                            |                            |                            |                            |                       |
| Percentage of successful participants who were satisfied with program or project. Total Satisfied/Total successful (Total successful is from the line above)                |                            |                            |                            |                            |                       |
| Percentage of successful participants who reoffended within 30 days: Total reoffended /Total Successful   |                            |                            |                            |                            |                       |
| Within 90 days: Total reoffended /Total Successful  |                            |                            |                            |                            |                       |
| Within 180 days: Total reoffended /Total Successful   |                            |                            |                            |                            |                       |
| Number of participants who completed the program unsuccessfully.  |                            |                            |                            |                            |                       |
| Number of participants who were discharged from program prior to completion for medical purposes or other reasons. These are those who were not successful or unsuccessful. |                            |                            |                            |                            |                       |

SPECIAL INSTRUCTIONS: Count all participants as new in Quarter #1, even if they are carry overs from the previous fiscal year, assuming they will utilize some of the current years funding. This form should always indicate ZERO in Number of Carry Over and Program Completion for quarter number 1.

**BRIEF DESCRIPTION OF PROJECT/S:**

**PROJECT GOAL:**

**PROJECT OBJECTIVES:**

**YOUTH INFORMATION:** May use a separate Word or Excel Document for this.

| Youth Number | Primary Charge/Reason | Gender M/F and Age | Race * | Placing County | # of Times Youth has been Placed out of the Home Prior to this placement – List of other placements | Current Placement or Project Name | Estimated Length of Time for Current Placement or Project | Completion of Project ** | Number of Re-offences while participating in the program or project | Substance Abuse Diagnosis | Mental Health Diagnosis |
|--------------|-----------------------|--------------------|--------|----------------|---|-----------------------------------|---|--------------------------|---|---------------------------|-------------------------|
|              |                       |                    |        |                |   |                                   |   |                          |   |                           |                         |
|              |                       |                    |        |                |   |                                   |   |                          |   |                           |                         |
|              |                       |                    |        |                |   |                                   |   |                          |   |                           |                         |
|              |                       |                    |        |                |   |                                   |   |                          |   |                           |                         |
|              |                       |                    |        |                |   |                                   |   |                          |   |                           |                         |
|              |                       |                    |        |                |   |                                   |   |                          |   |                           |                         |
|              |                       |                    |        |                |   |                                   |   |                          |   |                           |                         |
|              |                       |                    |        |                |   |                                   |   |                          |   |                           |                         |
|              |                       |                    |        |                |   |                                   |   |                          |   |                           |                         |
|              |                       |                    |        |                |   |                                   |   |                          |   |                           |                         |

**Race \*** Caucasian = C, Latino or Hispanic = H, African American = AA, American Indian or Alaska Native = NA, Asian or Pacific Islander = A, Other Mix = O, Unknown = U

**Completion of Project \*\*** Successful = S, Unsuccessful = U, Other Discharge = D

**This should be a running list and by the end, all the youth served would be on this list. Completion of program or project will be the last columns to be completed. Add new youth to the bottom of the list each quarter.**

**STAFF INFORMATION:** Some programs use Block Grant Funds to supplement staff positions or staff training. If this is the case, please use this section.

|  | 1 <sup>St</sup><br>QUARTER | 2 <sup>ND</sup><br>QUARTER | 3 <sup>RD</sup><br>QUARTER | 4 <sup>TH</sup><br>QUARTER | YEAR TO DATE<br>TOTAL |
|--|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------|
| Number of staff positions funded   |                            |                            |                            |                            |                       |
| Average number of hours per week staff members were funded with Block Grant Funds  |                            |                            |                            |                            |                       |
| Average number of youth these staff members see or work with per week  |                            |                            |                            |                            |                       |
| Average monthly salary of staff members funded with Block Grant Funds  |                            |                            |                            |                            |                       |
| Average length of time staff members stay in the position/s funded with Block Grant Funds (Please indicate what measure, ie days, months, years) |                            |                            |                            |                            |                       |

**STAFF TRAINING INFORMATION:**

|   | 1 <sup>St</sup><br>QUARTER | 2 <sup>ND</sup><br>QUARTER | 3 <sup>RD</sup><br>QUARTER | 4 <sup>TH</sup><br>QUARTER | YEAR TO DATE<br>TOTAL |
|---|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------|
| Number of trainings conducted during the quarter  |                            |                            |                            |                            |                       |
| Number of staff trained this quarter  |                            |                            |                            |                            |                       |
| Percentage of staff trained as compared to total number of staff<br>total number of staff/staff trained                 |                            |                            |                            |                            |                       |
| Percentage of staff trained who were satisfied with the training<br>total number of staff satisfied/total staff trained |                            |                            |                            |                            |                       |

**PROGRAM/PROJECT INFORMATION:**

|   | 1 <sup>St</sup><br>QUARTER | 2 <sup>ND</sup><br>QUARTER | 3 <sup>RD</sup><br>QUARTER | 4 <sup>TH</sup> QUARTER | YEAR TO DATE<br>TOTAL |
|---|----------------------------|----------------------------|----------------------------|-------------------------|-----------------------|
| Did county meet stated quota (number served staff salary, or staff trained) for this reporting period Y/N |                            |                            |                            |                         |                       |
| Did county achieve desired outcome/s for this reporting period Y/N  |                            |                            |                            |                         |                       |
| If no to either, why not:   |                            |                            |                            |                         |                       |