

COPS Office Progress Report

June 2024

The performance measure questions presented here are preliminary and may be subject to revision. This document is to be used only for planning and data collection purposes.

All grantees must enter their data in the JustGrants system upon award acceptance.

School Violence Prevention Program (SVPP)

Award Number (e.g., 2017UMWX0021)

Is this a FINAL report?

Phone:

Email address:

- Yes this award is being closed out. [After completing this page, skip to "final performance report" beginning on page 6]
- No this award is still active. [After completing this page, continue to "interim progress report" on page 2]

Enter the contact information of the person completing this report: Title within the organization (e.g., Deputy Director) First name: Last name: Organization: Enter the contact information for the Law Enforcement Executive for this award. Title with the organization (e.g., Chief): First name: Last name: Organization: Phone: Email address: Enter the contact information for the Government Executive for this award. Title within the organization (eg. Mayor, Administrator): First name: Last name: Organization:

School Violence Prevention Program - Interim Progress Report

AWARD IMPLEMENTATION

Please explain:

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1.	During the reporting period, did your agency complete the purchase of all the equipment, technology, training, background investigations and/or other cost items in your approved project budget?							
	YeNo							
	[if YES]							
	1a. How has the purchase of all of the equipment, technology, training, and/or other cost items in your approved project budget increased your agency's capacity to improve security at schools and on school grounds through evidence-based school safety programs? Capacity has increased:							
	5		4	3		2	1	0
		a great	To a large	To some		To a little	Not at all	Too soon to
	ex [if NO]	ktent 	extent	extent		extent		say
	1b. Please provide the purchasing status of all the equipment, technology, training, and/or other cost items in your approved project budget. (check all that apply)							
		Planning	g stage			Purchase del	ayed – technica	al issues
		Purchase	e delayed – chan	ge in		Purchase del	ayed – COVID-	19
		administ	tration			Sole source a	approval neede	d
		Purchase	e delayed – vend	or		Purchasing in	n progress	
		delays				Other		
		Purchase	e delayed –					
		procure	ment issues					
	ſif	OTHER1						

2.	as your agency hired all non-sworn/civilian personnel awarded in your approved project udget?							
	 Yes No N/A – no civilian personnel were approved [if NO] 							
	2a. Please check the reason(s) that best describe(s) the hiring status. (check all that apply)							
	 □ Recruitment/hiring in progress □ Staff turnover □ Lack of qualified candidates □ Other 							
	[if OTHER] 2b. Please explain:							
3.	During the reporting period, has your agency satisfied all the programmatic award requirements?? • Yes • No [if NO]							
	3a. Do you plan to meet the award requirements and fully implement this award in subsequent reporting periods?							
	YesNo							
	[if NO] 3b. Please explain why you do not plan to fully implement this award (2000 characters or less):							
4. Does your agency require programmatic assistance at this time to ensure successful implementation of this project?								
	YesNo[if YES]							
	4a. Please identify what type of programmatic assistance you require. (check all that apply)							
	 □ Award Modification Needed □ Award Extension Needed □ Sole Source Approval Needed □ Community Policing Assistance □ Award Withdrawal (voluntary termination) Needed □ Defersion Issue □ Problems Hiring □ Consultant Rate Approval Needed □ Training and Technical Assistance □ Other 							

[if PROGRAMMATIC ASSISTANCE REQUIRED is OTHER]

Please explain other assistance needed:

[if PROGRAMMATIC ASSISTANCE REQUIRED is MOD, EXTENSION, or WITHDRAWAL]

Please proceed with submission of this report and contact your Grant Program Manager or the COPS Office response center for assistance:

5. Please discuss the status of each goal and program outcome (including project deliverables), as identified in your award package, for the current reporting period. Please include any barriers or challenges you have experienced in implementing your project. (Please explain in 5000 characters or less.)

IMPACT REPORTING

- 6. Did your agency receive COPS Office award funding for equipment or security enhancements?
 - Yes
 - No

[if YES]

6a. Indicate the total number of schools where security enhancements have already been made.

[if YES]

6b. Have you notified your local law enforcement and fire agencies of this award and the nature of safety improvements to be completed?

- Yes
- No
- 7. School Violence Prevention Program (SVPP) awardees must conduct a comprehensive site safety assessment(s) for all schools impacted in the funded project within the period of performance of the award. The specific timeframe for meeting this requirement varies by funding year; see your award package terms and conditions for detailed guidance regarding this requirement. Nonetheless, assessments should be completed as soon as possible to be of most use as strategic evaluation tools. If your agency has already conducted a site safety assessment within the last three years, no new assessment is required.

Has your agency met the comprehensive site safety assessment requirement for all impacted schools?

- Yes
- No

[if YES]

7a. Briefly describe:

[if NO]

7b. Do you anticipate any problems completing the assessment(s) during the award period of performance?

- Yes
- No

[if YES]

7c. Please explain:

- 8. Have you shared the school site safety assessment plan(s) with your local law enforcement and fire agencies?
 - Yes
 - No
 - N/A not completed yet
- 9. Please provide comprehensive school safety assessment data for your SVPP-funded agency. Awardees must complete comprehensive school safety assessments for all schools in the funded project within the time frame required by the award terms and conditions. Number of schools involved in funded project:

Number of schools that have already undergone a comprehensive security assessment as of the end of this reporting period (cumulative to date):

- 10. Did your agency received COPS Office funding under this award to train local law enforcement officers?
 - Yes
 - No

[if YES]

10a. Please indicate the total number of officers trained to date:

- 11. Please share with the COPS Office any best practices or success stories related to your school safety improvement activities. (Note disclaimer information at end of report questionnaire.)
- 12. Please describe how COPS Office award funding has made an impact in your community. In developing your response, consider how impact will be determined and measured.
- 13. How would you rate the impact of COPS Office award funding under this program?

5	4	3	2	1	U
A great	A large	Some impact	A little	No impact	Too soon to
impact	impact		impact		say

Once you have completed the interim progress report questions, skip to "CERTIFICATION AND DISCLAIMER" on page 9.

School Violence Prevention Program - Final Performance Report

Award Number (e.g., 2017UMWX0021)

- 1. Has your agency submitted a final Federal Financial Report (FFR or SF-425)?
 - Yes
 - No

[if NO]

Note: You must submit your final Federal Financial Report (SF-425) and draw down any eligible expenses within the closeout period.

- 2. Did your agency complete the purchase of all of the equipment, technology, training, background investigations and/or other cost items in your approved project budget?
 - Yes
 - No

[if NO]

2a. You have indicated that you have not completed the purchases under your award. Do you need an extension of time to fulfill your award requirements and complete all your purchases?

- Yes
- No

[if NO]

2b. Are you prepared for the COPS Office to close your award and deobligate any remaining funds?

- Yes
- No

[if NO]

Please explain:

7. Number of schools involved in funded project:

3.	Did your agency experience any challenges or difficulties in implementing your project goals and objectives?						
	YesNo[if YES]						
	3a. Please identify the challenges or difficulties your agency experienced. (check all that apply)						
	 □ Staff turnover □ Change in administration □ Training issues □ Temporary hiring freeze □ Lack of qualified candidates □ COVID-19 						
	☐ Procurement issues ☐ Other [if OTHER] Please specify:						
4.	 Did your agency receive COPS Office award funding for equipment or security enhancements? Yes No [if YES] 						
	4a. Enter the total number of schools where security enhancements were made during the award period.						
5.	Did your agency receive COPS Office funding under this award to train local law enforcement officers?						
	YesNo[if YES]						
	5a. Please indicate the total number of officers trained, cumulatively, for the entire award period:						
6.	School Violence Prevention Program (SVPP) awardees must conduct a comprehensive site safet assessment(s) for all schools impacted in the funded project within the period of performance of the award. Did your agency meet the comprehensive site safety assessment requirement for all impacted schools?						
	YesNo[if NO]						
	6a. Please explain:						

- 8. Number of schools that underwent comprehensive school safety assessments during the award period, or in the three years prior to the award start:
- 9. Please provide a summary of the project goals and deliverables that were achieved. Please include any barriers or challenges you experienced in implementing your project. (Please explain in 5000 characters or less.)
- 10. Please explain how COPS Office funding has enhanced your agency's capacity to improve school safety and security for all students through evidence-based school safety programs.
- 11. Please share with the COPS Office any best practices or success stories related to your school safety improvement activities. (Note disclaimer information at end of report questionnaire.)

Once you have completed the final progress report questions, continue to "CERTIFICATION AND DISCLAIMER" on page 9.

CERTIFICATION AND DISCLAIMER

Enter the contact information of the person completing this Report.

Title within the organization (e.g., Deputy Director)*
First name:*
Last name:*
Phone:*
Email address:*
Please type your name here in place of your signature

□ I certify that the information provided on this form is true and accurate to the best of my knowledge and belief. I understand that false statements or claims made in connection with COPS Office awards may result in fines, imprisonment, disbarment from participating in federal awards or contracts, and/or any other remedy available by law to the Federal Government. Please be advised that a hold may be placed on COPS Office awards if it is deemed that the agency is not in compliance with federal civil rights laws and/or is not cooperating with an ongoing federal civil rights investigation. Please also be advised that remedies for noncompliance with award requirements may include but are not limited to repayment of expended award funds, suspension or termination of award funds, ineligibility to receive additional COPS Office funding, or placement on the U.S. Department of Justice's High Risk List.*

□ Project Implementation Status Disclaimer: Please click the box if you agree to the following: "The COPS Office may use/publish your written statement(s), or any portion of the written statement(s) (herein known as "works"), as references, success stories, and best practices. They may also be used in any COPS Office marketing, publications, and/or training materials. In the event the COPS Office publishes your agency's 'works,' the COPS Office will send to the point of contact a link of the 'works' or an attachment of the "works" via electronic mail."

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