

PPSR 1- Progress Report Overview Screen



BJA FY 08 Project Safe Neighborhoods Initiative 2008-GP-CX-5



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Federal Award Number	2008-GP-CX-5
Award Amount	\$78,212.00
Grantee	DEPT. OF JUSTICE
Project Title	Project Safe Neighborhoods
Report Number	2
Reporting Period From	01-Jan-2009
Reporting Period To	30-Jun-2009

Implementing Sub Grantee:	<input type="text"/>
*Report Type:	Regular <input type="button" value="v"/>

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PPSR 2- Progress Report Point of Contact Screen



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*Prefix:	Mr.
Prefix (Other):	
*First Name:	John
Middle Initial:	
*Last Name:	Doe
Suffix:	Suffix
Suffix (Other):	
*Title:	Grants Management Un
*Address Line 1:	33 Capitol Street
Address Line 2:	
*City:	Concord
County:	Merrimack
*State:	New Hampshire
*Zip Code:	03301 -6397
*Phone:	603 -555 -5454 Ext :
Fax:	603 -555 -6000
*E-mail:	

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PPSR 3- Progress Report Performance Metrics Screen



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1. What were your accomplishments within this reporting period?	<input type="text"/>
2. What goals were accomplished, as they relate to your grant application?	<input type="text"/>
3. What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your goals or milestones?	<input type="text"/>
4. Is there any assistance that BJA can provide to address any problems/barriers identified in question #3 above? (Please answer YES or NO only.)	<input type="text"/>
5. Are you on track to fiscally and programmatically complete your program as outlined in your grant application? (Please answer YES or NO. If no, please explain.)	<input type="text"/>
6. What major activities are planned for the next 6 months?	<input type="text"/>

PPSR 4- Progress Report Narrative Screen



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Narratives

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PPSR 5- Progress Report Attachments Screen



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PPSR 6- Progress Report Certification Screen



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To the best of my knowledge and belief, all data in this progress report that I have provided is true and correct, the document has been duly authorized by the governing body of the grantee and the applicant will comply with the attached certifications.

Your typed name, in lieu of your signature represents your legal binding acceptance of the terms of your grant and your statement of the veracity of the representations made in this progress report. The document has been duly authorized by the governing body of the grantee and the grantee will comply with the following:

Prefix:	Ms.
Prefix (Other):	
First Name:	Jane
Middle Initial:	
Last Name:	Smith
Suffix:	Suffix
Suffix (Other):	
Title:	Director of Administration
Address Line 1:	33 Capitol Street
Address Line 2:	
City:	Concord
County:	Merrimack
State:	New Hampshire
Zip Code:	03301 -6397
Phone:	603 -555 -8000 Ext :
Fax:	603 -555 -6000
E-mail:	jane.smith@doj.nh.gov

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U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
OFFICE OF THE CHIEF FINANCIAL OFFICER

- A. The grantee certifies that the appropriated funds were spent for the purpose or purposes of the grant, and only such purpose or purposes;
- B. the terms of the grant, cooperative agreement, or contract were complied with; and,
- C. all documentation necessary for conducting a full and proper audit under generally accepted accounting principles, and any (additional) documentation that may have been required under the grant, cooperative agreement, or contract, have been kept in orderly fashion and will be preserved for not less than 3 years from the date of such close out, termination, or end.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

I have examined the information provided here regarding the signing authority and certify it is accurate. I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority of official, to provide the information requested for this progress report on behalf of this jurisdiction. Information regarding the signing authority, or the delegation of such authority, has been placed in a file and is available on-site for immediate review.