

# 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:

\*Report Type:

Regular

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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



Semi-Annual Progress Report Handbook

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1. What were your accomplishments within this reporting period?

2. What goals were accomplished, as they relate to your grant application?

3. What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your goals or milestones?

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.)

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.)

6. What major activities are planned for the next 6 months?

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# PPSR 4- Progress Report Narrative Screen



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## Narratives

Use the narratives to enter any additional information you would like you provide.

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# PPSR 5- Progress Report Attachments Screen



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## Attachments

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Click on the Attach Button to upload an attachment

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# PPSR 6- Progress Report Certification Screen



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## Certification

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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 Administratio |
| * 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     |

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.

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