



U.S. Department of Justice

Office of Justice Programs

OJJDP

Data Collection and Technical Assistance Tool (DCTAT)

Data Entry Pages for Juvenile Mentoring Grantees

CSR Incorporated

OJJDP Data Collection and Technical Assistance Tool (DCTAT)



DCTAT Data Entry Pages

Log In and Program Resources

Award Designation

Data Entry

Create a Report

(This is not a data entry page. Upon initiating the creation of this report it helps the grantee to pull saved data into a downloadable report to submit to OJJDP. It is created once a year or 2 times per year, depends on the grant program).



DCTAT Website

DCTAT Home

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PERFORMANCE MEASURES

Data Reporting Tool (DCTAT)

URL: <https://ojjdp-dctat.org>

[DCTAT Reporting Schedule](#) +

Formula and Block Grants

[Contract #11](#) | [Expand #11](#)

[Enforcing Underage Drinking Laws Block Grants Program](#) +

[Juvenile Accountability Block Grants Program](#)

[Title II Formula Grants Program](#)

[Title V Community Prevention Grants Program](#)

Enter your user ID and password to log in.

User ID:

Password:

[Forgot my password](#) [Log in help](#)

Enter your **userID** and **password** to enter the system.
User IDs and passwords are assigned by the helpdesk staff



ONE TIME SETUP
Responses are carried over to the next reporting period

■ Home ■ Profile ■ Reports ■ Help ■ Log Out

Juvenile Mentoring Grant Program 2009-Mentoring-Test July to December 2009 [Switch Grant Program](#)

Subaward Designation

For Award Number 2009-Mentoring-Test, please indicate whether

Your agency provides grant funds to one or more other subgrantees who implement project services and activities

Your agency uses the grant funds to implement project services or activities

[Save](#)

For more information contact ojjdp-dctat@csriincorporated.com
Toll-free Technical Assistance Hotline Number: **1-866-487-0512**

PLEASE NOTE: you will only answer this the first time you log into the system.

ONE TIME SETUP
Responses are carried
over to the next
reporting period

**Enter information about
the award and population
served.**

General Award Information:

ts Help Log Out

Juvenile Mentoring Grant Program 2009-Mentoring-Test July to December 2009 [Switch Grant Program](#)

Award Information [Return to Status Summary Screen for 2009 Mentoring Test](#) [Return to Award Information Summary](#)

Once you have entered the requested information about this Subaward use the buttons at the bottom of the screen to save your changes.

Award Information

Grant Number: 2009-Mentoring-Test	Total amount of grant: 10000.00 (Federal Funds only)
Project Title: Mentoring Test	Solicitation Type:
Organization Name: 2009 Mentoring Test	Implementing Organization Name: Mentor Grant
Award Start Date: 07/01/2009 (mm/dd/yyyy)	Implementing Organization Type: N/A
Award End Date: 06/29/2010 (mm/dd/yyyy)	Federal Congressional District: 01

Click this link to use your zipcode to determine the Federal Congressional District served by the project <http://www.house.gov>

Was the project operational during the reporting period? Yes No

Is the implementing organization a faith-based program? Yes No

Does the subaward implement an evidence-based program? Yes No [Definition](#)

If yes, select one source from which the program model was cited:

If other, please specify:

Data Entry

ONE TIME SETUP
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Target Population

Target Population for this Subgrant
Please check the appropriate boxes to indicate for this Subgrant:
1. The population actually served during the reporting period; and
2. The populations, if any, to which the program offers targeted services.

Targeted services were developed using approaches specifically designed to meet the needs of the population (e.g. gender specific, culturally based, developmentally appropriate services).

Population	1. Did you serve this group during the reporting period?	2. Did this Subgrant provide targeted services for any of the following groups?
R American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
A Asian	<input type="checkbox"/>	<input type="checkbox"/>
C Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
E Hispanic or Latino (of any race)	<input type="checkbox"/>	<input type="checkbox"/>
T Native Hawaiian and Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
H Other Race	<input type="checkbox"/>	<input type="checkbox"/>
N White/Caucasian	<input type="checkbox"/>	<input type="checkbox"/>
I Youth population not served directly	<input type="checkbox"/>	<input type="checkbox"/>
C At-Risk Population (no prior offense)	<input type="checkbox"/>	<input type="checkbox"/>
J First Time Offenders	<input type="checkbox"/>	<input type="checkbox"/>
U Repeat Offenders	<input type="checkbox"/>	<input type="checkbox"/>
S Sex Offenders	<input type="checkbox"/>	<input type="checkbox"/>
T Status Offenders	<input type="checkbox"/>	<input type="checkbox"/>
I Violent Offenders	<input type="checkbox"/>	<input type="checkbox"/>
C Youth population not served directly	<input type="checkbox"/>	<input type="checkbox"/>
G Male	<input type="checkbox"/>	<input type="checkbox"/>
E Female	<input type="checkbox"/>	<input type="checkbox"/>
N Youth population not served directly	<input type="checkbox"/>	<input type="checkbox"/>
D		
R		
		0 - 3 <input type="checkbox"/>
		4 - 5 <input type="checkbox"/>
		6 - 7 <input type="checkbox"/>
		8 - 9 <input type="checkbox"/>
		10 - 11 <input type="checkbox"/>
		12 - 13 <input type="checkbox"/>
		14 - 15 <input type="checkbox"/>
		16 - 17 <input type="checkbox"/>
		18 and over <input type="checkbox"/>
		Youth population not served directly <input type="checkbox"/>
		Rural <input type="checkbox"/>
		Suburban <input type="checkbox"/>
		Tribal <input type="checkbox"/>
		Urban <input type="checkbox"/>
		Youth population not served directly <input type="checkbox"/>
		Mental Health <input type="checkbox"/>
		Pregnant <input type="checkbox"/>
		Substance Abuse <input type="checkbox"/>
		Truant/Dropout <input type="checkbox"/>

These selections will carry over for each reporting period.

Save Cancel

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Toll-free Technical Assistance Hotline Number: **1-866-487-0512**



Data Entry

ONE TIME SETUP
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Mandatory Indicators

You must **select at least 1** of the following target behaviors

Select	Indicator	Type
<input type="checkbox"/>	5A Antisocial behavior	Short Term Outcome
<input type="checkbox"/>	5A Antisocial behavior	Long Term Outcome
<input type="checkbox"/>	5b Family relationships	Short Term Outcome
<input type="checkbox"/>	5b Family relationships	Long Term Outcome
<input type="checkbox"/>	5c Social competence	Short Term Outcome
<input type="checkbox"/>	5c Social competence	Long Term Outcome
<input type="checkbox"/>	5d Gang Resistance Involvement	Short Term Outcome
<input type="checkbox"/>	5d Gang Resistance Involvement	Long Term Outcome
<input type="checkbox"/>	5e Substance use	Short Term Outcome
<input type="checkbox"/>	5e Substance use	Long Term Outcome
<input type="checkbox"/>	5f School attendance	Short Term Outcome
<input type="checkbox"/>	5f School attendance	Long Term Outcome
<input type="checkbox"/>	5g GED	Short Term Outcome
<input type="checkbox"/>	5g GED	Long Term Outcome
<input type="checkbox"/>	5h GPA	Short Term Outcome
<input type="checkbox"/>	5h GPA	Long Term Outcome
<input type="checkbox"/>	5i Perception of social support	Short Term Outcome
<input type="checkbox"/>	5i Perception of social support	Long Term Outcome

Save **Cancel**



Data Entry

SEMI-ANNUAL
DATA ENTRY

Data Entry

[Return to Status Summary Screen for 2009 Mentoring Test](#)

[Return to Award Information Summary](#)

Award Information

Grant Number: 2009-Mentoring-Test	Total amount of grant: \$10,000 (Federal Funds only)
Project Title: Mentoring Test	Solicitation Type:
Organization Name: 2009 Mentoring Test	Implementing Organization Name: Mentor Grant
Award Start Date: 07/01/2009	Implementing Organization Type:
Award End Date: 06/29/2010	Federal Congressional District: 01
Was the project operational during the reporting period? Yes	
Is the implementing organization a faith-based program? No	
Does the subaward implement an evidence-based program? No	
If yes, select one source from which the program model was cited:	
If other, please specify:	

Juvenile Mentoring Grant Program Indicator

December 31, 2009

1. Number and percent of youth with whom an evidence-based practice was used Output	
A. Number of youth served using an evidence-based model or program	<input type="text" value="0"/>
B. The number of youth served	<input type="text" value="0"/>
C. Percent A/B	Calculated Value:
2. Increase in Number of Program Mentors Recruited Output	
A. The increase in number of program mentors recruited (ready for training) during the reporting period	<input type="text" value="0"/>
3. Number and percent of program mentors successfully completing training Output	
A. Number of program mentors successfully completing training during the reporting period	<input type="text" value="0"/>
B. Number of program mentors present during the reporting period	<input type="text" value="0"/>
C. Percent (A/B)	Calculated Value:



Data Entry

SEMI-ANNUAL DATA ENTRY

A. Number of program youth carried over from the previous reporting period, plus new admissions during the reporting period	<input type="text" value="0"/>
3. Number and percent of program youth completing program requirements Short Term Outcome	
A. Number of program youth who exited the program having completed program requirements	<input type="text" value="0"/>
B. Total number of youth who exited the program during the reporting period (both successfully and unsuccessfully)	<input type="text" value="0"/>
C. Percent (A/B)	Calculated Value:
4. Number and percent of program youth who offend or reoffend Short Term Outcome	
A. Number of program youth with a new offense	<input type="text" value="0"/>
B. Number of youth in program	<input type="text" value="0"/>
C. Percent (A/B)	Calculated Value:
4. Number and percent of program youth who offend or reoffend Long Term Outcome	
A. Number of program youth with a new offense	<input type="text" value="0"/>
B. Number of youth in program	<input type="text" value="0"/>
C. Percent (A/B)	Calculated Value:
5h. GPA Short Term Outcome	
A. Number of program youth participating in the program who have exhibited indicated change in behavior	<input type="text" value="0"/>
B. Number of youth served during the reporting period	<input type="text" value="0"/>
C. A/B	Calculated Value:
5h. GPA Long Term Outcome	
A. Total number of youth who exited the program 6-12 months ago who had the noted behavioral change	<input type="text" value="0"/>
B. total number of youth who, during this reporting period, exited the program 6-12 months earlier.	<input type="text" value="0"/>
C. Percent (A/B)	Calculated Value: