



Office of the Chief Information Officer

Applicant Progress Reporting

OJP

AGENDA

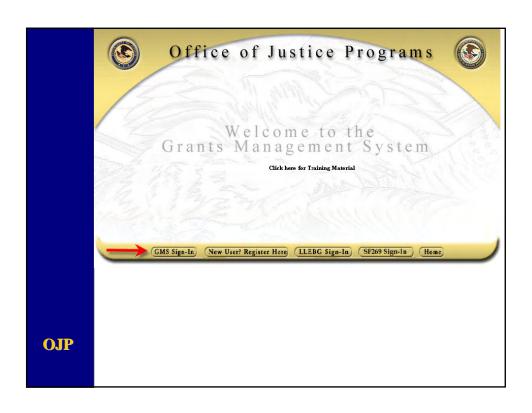
- Accessing Reporting Module
- Performance vs. Progress Reporting
- Applicant Reporting Procedures
- Questions

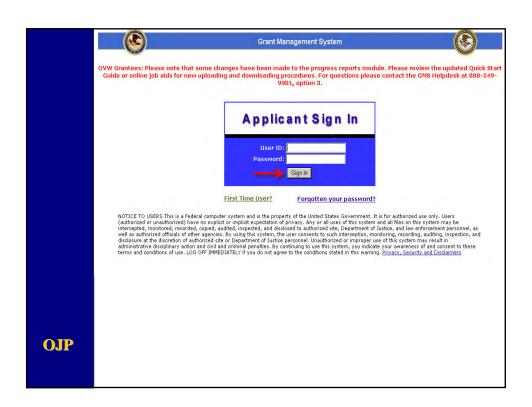
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Module Capabilities

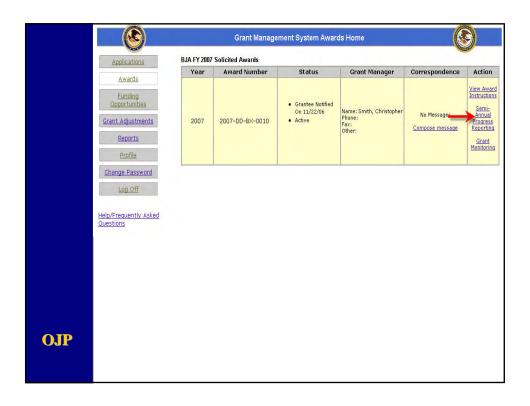
- Types of Reports
- Point of Contact Information
- Performance Metrics
- Narratives
- Certification

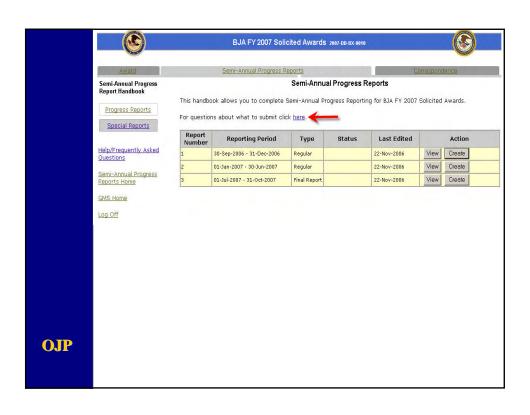
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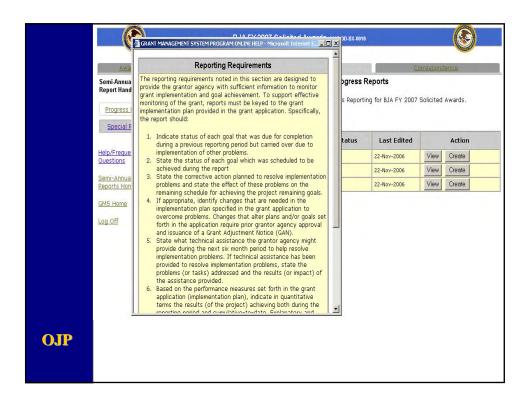


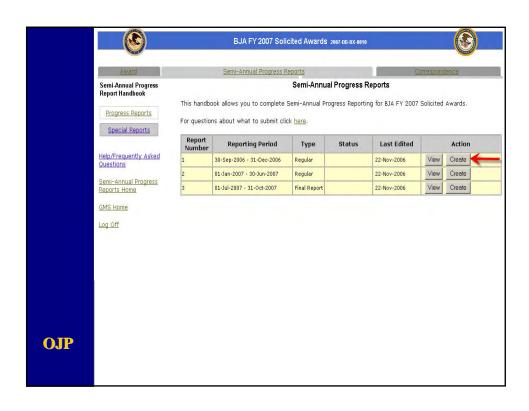








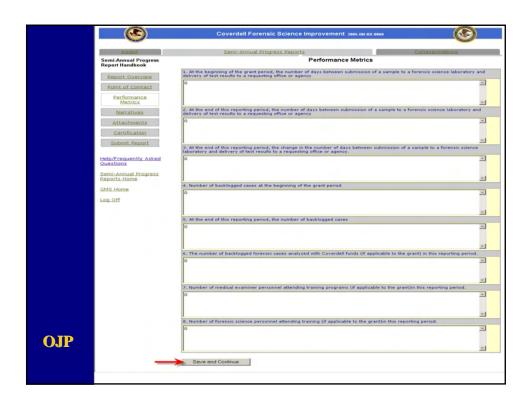






<u>Award</u>	Semi-x	annual Progress Reports Corresponde
Semi-Annual Progress Report Handbook		Semi-Annual Progress Report's Point of Contact
Report Overview	*Prefix:	Dr.
	Prefix (Other):	
Point of Contact	*First Name:	Jane
Performance Metrics	Middle Initial:	
Narratives	*Last Name:	Doe
Attachments	Suffix	Suffix 💌
	Suffix (Other):	
Certification	*Title:	Executive Director
Submit Report	*Address Line 1:	1234 Main Street
Help/Frequently Asked	Address Line 2:	
Questions	*City:	Anywhere USA
Semi-Annual Progress	County:	
Reports Home	*State:	Delaware
GMS Home	*Zip Code:	12345 -6789
Log Off	*Phone:	123 -123 -1245 Ext :
	Fax:	321 - 321 - 4321
	*E-mail:	DoeJ@Justice.com



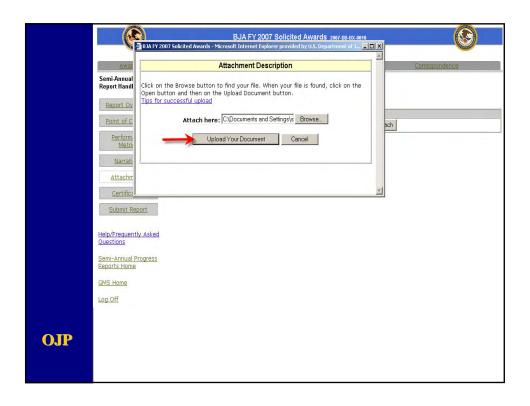
















	(S)	BJA FY 2007 Solicited Awards 2897 00 8X 8916			
	Award	Semi-Annual Progress Reports Correspondence			
	Semi-Annual Progress Report Handbook	Certification			
	Report Overview Point of Contact Performance Metrics	To the best of my knowledge and belief, all data in this progress report that I have provided 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 will deep rantee will comply with the following:			
	Narratives	*Prefix:			
	Attachments	Prefix (Other):			
	Certification	*First Name: John			
	Submit Report	Middle Initial:			
	Submit Report	*Last Name: Doe			
Help/Frequently Asked	Suffix Suffix 💌				
	Questions	Suffix (Other):			
	Semi-Annual Progress Reports Home	*Title: Director			
	GMS Home	*Address Line 1: 1234 Main Street			
		Address Line 2:			
	Log Off	*City: Anywhere USA			
		County:			
		"State: Delaware			
		"Zip Code: [12345] - 6789			
		*Phone: [123 - 1234 Ext :			
		Fax: 321 -321 -4321			
		*E-mail: [JDoe@Justice.com			
OJP		U.S. DEPARTMENT OF JUSTICE OFFICE OF SUSTICE PROGRAMS OFFICE OF THE COMPTROLLER 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 featine 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 required 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 efficial, 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, his been placed in a file and is available on-site for immediate review. Accept and Continue.			



