## BYRNE JAG

**AUTHORITY:** 1935 PA 59, as amended.

**COMPLIANCE:** Voluntary, however, grant funds will be withheld if not submitted on a quarterly basis.

## PROSECUTION

## QUARTERLY PROGRAM REPORT

* Use this form to provide a **complete** description of all project activities during this quarterly reporting period.
* All Quarterly Program Reports are fill-in enabled using Microsoft Word.
* Additional copies of Quarterly Program Reports can be obtained from the Michigan State Police (MSP), Grants and Community Services Division website at [www.michigan.gov/cjgrants](http://www.michigan.gov/odcplawenforcement). To download these reports, click on “Byrne JAG & RSAT Grant Application and General Information” and then “Forms.”
* **This Quarterly Program Report is due to the MSP no later than 20 days following the end of the quarterly report period**. Unless prior arrangements have been made with your grant advisor, the report is due on **January 20, April 20, July 20, and October 20**.
* Failure to submit the report by the due date will cause the MSP to withhold the release of funds.
* If you have any questions regarding this form, please contact the Grants and Community Services Division at

517-284-3208.

|  |  |  |  |
| --- | --- | --- | --- |
| Grantee Name | | | MSP Project Number |
| Project Title | | | |
| Project Start Date | | Project End Date | |
| Report Quarter  **1st  2nd  3rd  4th** | | Report Period Ending Date | |
| Person Completing this Report (Name and Title) | | | |
| Telephone Number | Fax Number | Email Address: | |

|  |
| --- |
| 1. **Staff/Personnel Information:**   1. Are prosecutions of drug offenses handled by a separate prosecutorial unit in the office?   **YES**  **NO**  b. If yes, how many total assistant prosecutors (FTEs) are assigned to the unit?   1. How many prosecutors (FTEs) were grant funded this year? |
| 2. **Program Data for this Quarter:**  a. Number of warrant requests made to charge defendants for drug offenses  b. Number of defendants that were charged with drug offenses  c. Number of defendants meeting the criteria for drug offense prosecution  d. Number of defendants that were filed on as drug offense criminals   1. Number of defendants charged with being a habitual offender 2. Number of defendants charged with felony possession of firearms   g. Number of drug offense defendants' cases that have been adjudicated   1. Number of defendants convicted   **Of those convicted, how many were:**  Convicted of all charges filed against them?  Convicted of the most serious charge filed?  i. What was the average minimum sentence length for those incarcerated?   1. Other dispositions (describe below and give amounts): |

**Fields 3-8 have unlimited input and will expand if filled in on screen.**

|  |
| --- |
| 3. Describe the degree to which vertical prosecution is utilized for drug defendants. |
| 4. Describe your criteria to convict mid- and upper-level drug dealers, major conspirators, and repeat drug and career criminal offenders. |
| 5. Describe the system and the occurrences where prompt and accurate legal assistance to police officers is provided. |
| 6. Describe training sessions provided to police officers. |
| 7. Provide both the number and dollar value of forfeitures during this grant period. |
| 8. Other comments/highlights: |

**\* \* IMPORTANT \* \***

* You are **required** to file, along with this Quarterly Program Report, one of the following documents:
  + Program Income Waiver (GRANTS-208A)
  + Program Income Report (GRANTS-208B)
* Attached to this form is a Program Income Report (GRANTS-208B). If you have already filed with our office a Program Income Waiver (GRANTS-208A), disregard this form.

**PROGRAM INCOME REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Grantee** | | | |
| **MSP Project Number** | **Project Start Date** | **Project End Date** | **Reporting Quarter**  **1st  2nd  3rd  4th** |

**1. BALANCE AT THE BEGINNING OF QUARTER:**

The amounts within this section should agree with the amounts reported for the ending balance on any prior report.

|  |  |
| --- | --- |
| A. Total Beginning Balance: |  |

**2. PROGRAM INCOME FOR PERIOD & YEAR TO DATE (YTD):**

The amounts reported within this section should correspond to the accounting records of the reporting agency. Furthermore, this section does not correspond to any federal funds received by the agency.

|  |  |  |  |
| --- | --- | --- | --- |
| A. Income for Quarter: |  | B. Income YTD: |  |
| 1. Forfeitures |  | 1. Forfeitures |  |
| 2. Fees |  | 2. Fees |  |
| 3. Interest |  | 3. Interest |  |
| 4. Other |  | 4. Other |  |
| 5. TOTAL: |  | 5. TOTAL: |  |

**3. PROGRAM EXPENDITURES FOR PERIOD & YEAR TO DATE (YTD):**

The amounts reported within this section should correspond to the accounting records of the reporting agency. Do not include federal portions of grant expenditures.

|  |  |  |  |
| --- | --- | --- | --- |
| A. Expenditures for Quarter: |  | B. Expenditures YTD: |  |
| 1. Grant Match |  | 1. Grant Match |  |
| 2. Equipment |  | 2. Equipment |  |
| 3. Personnel |  | 3. Personnel |  |
| 4. Other |  | 4. Other |  |
| 5. TOTAL: |  | 5. TOTAL: |  |

**4. BALANCE AT THE END OF THE PERIOD:**

The amounts within this section should be calculated from above data. The total beginning balance plus total income for the period, less total expenditures for the period, must equal total ending balance. (1a + 2a(5) - 3a(5) = 4a)

|  |  |
| --- | --- |
| A. Total Ending Balance: |  |

**5. SUBMISSION OF PROGRAM INCOME REPORT:**

This report is submitted with your Quarterly Progress Report via the MAGIC system.

**Due dates are: January 20, April 20, July 20 and October 20**

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