

**BUREAU OF JUSTICE ASSISTANCE**  
**STRENGTHENING THE MEDICAL EXAMINER-CORONER SYSTEM PROGRAM**  
**PERFORMANCE MEASURES QUESTIONNAIRE**

**GENERAL AWARD ADMINISTRATION**

1. Is this the last reporting period for which the award will have data to report? *For example, all funds have been expended and the award is in the process of closing out in the Justice Grants (JustGrants) system.*

A. Yes/No

2. Was there grant activity during the reporting period? *There is grant activity when the grantee has obligated, expended, or drawn down grant funds to implement objectives proposed in the Bureau of Justice Assistance (BJA)-approved grant application. If Yes, the program becomes operational and should remain so until the grant closes out.*

A. Yes/No

B. If No, select from the following responses:

Reason(s) for no grant activity during the reporting period	Select all that apply
In procurement	<input type="checkbox"/>
Project or budget not approved by agency, county, city, or state governing agency	<input type="checkbox"/>
Seeking subcontractors (request for proposal stage only)	<input type="checkbox"/>
Waiting to hire project manager, additional staff, or coordinating staff	<input type="checkbox"/>
Paying for the program using prior federal funds	<input type="checkbox"/>
Administrative hold (e.g., court case pending)	<input type="checkbox"/>
Still seeking budget approval	<input type="checkbox"/>
Waiting for partners or collaborators to complete the application	<input type="checkbox"/>
Other	<input type="checkbox"/>
If Other, explain:	

3. Please indicate your agency's purpose area.

A. Purpose Area 1: Forensic Pathology Fellowship *(complete the sections for Forensic Pathology Fellowship).*

B. Purpose Area 2: Medical Examiner-Coroner Office Accreditation *(complete the sections for Medical Examiner-Coroner Office Accreditation).*

REVISED September 2024

This document is only to be used for planning and data collection purposes.  
All grantees must enter their data in the JustGrants system upon award acceptance.

## BASELINE

This section's purpose is to collect baseline information about your award. These questions are only required during the first reporting period.

4. Is this the first time you have completed a performance report under this award?
- A. Yes/No *(If Yes, please answer the following Baseline questions).*

### Purpose Area 1: BJA Forensic Pathology Fellowship

5. Total number of death investigations performed by the medical examiner-coroner office during the 6-month period prior to the award start date.

---

6. Total number of autopsies performed by the medical examiner-coroner office during the 6-month period prior to the award start date.

---

### Purpose Area 2: Medical Examiner-Coroner Office Accreditation

7. Number of individuals in the medical examiner-coroner office in medicolegal death investigation supporting positions at the beginning of the award.

---

8. Number of certified individuals in the medical examiner-coroner office in medicolegal death investigation supporting positions at the beginning of the award.

---

9. Target number of individuals to be certified with Strengthening the Medical Examiner-Coroner System Program funding at the beginning of the award.

---

## PURPOSE AREA 1: BJA FORENSIC PATHOLOGY FELLOWSHIP

10. The number of participants who began a forensic pathology fellowship training under the Strengthening the Medical Examiner-Coroner System Program over the course of the entire award (not only this reporting period).

---

11. The number of forensic pathology fellowship participants in the medical examiner-coroner

REVISED September 2024

This document is only to be used for planning and data collection purposes.  
All grantees must enter their data in the JustGrants system upon award acceptance.

office (to include the fellowship funded by the Strengthening the Medical Examiner-Coroner System Program).

---

12. The number of participants who completed forensic pathology fellowship training under the Strengthening the Medical Examiner-Coroner System Program over the course of the entire award (not only this reporting period).
- 

13. If possible to report, provide the number of forensic pathology fellowship participants under the Strengthening the Medical Examiner-Coroner System Program who became board-certified forensic pathologists over the course of the entire award (not only this reporting period).
- 

14. Total number of death investigations performed by the medical examiner-coroner office during the reporting period.
- 

15. Total number of death investigations performed by the BJA-funded forensic pathology fellow(s) during the reporting period.
- 

16. Total number of autopsies performed by the medical examiner-coroner office during the reporting period.
- 

17. Total number of autopsies performed by the BJA-funded forensic pathology fellow(s) during the reporting period.
- 

## **PURPOSE AREA 2: MEDICAL EXAMINER-CORONER OFFICE ACCREDITATION**

18. Has your office applied for accreditation with an appropriate medical examiner-coroner accrediting agency during the reporting period?

A. Yes/No

19. Was accreditation obtained from an appropriate medical examiner-coroner accrediting agency using Strengthening the Medical Examiner-Coroner System Program funding during the reporting period?

A. Yes/No

REVISED September 2024

This document is only to be used for planning and data collection purposes.  
All grantees must enter their data in the JustGrants system upon award acceptance.

20. If so, upload accreditation documentation from the medical examiner-coroner accrediting agency.

21. If accreditation was applied for but not achieved, what were the challenges with meeting accreditation?

---

22. Number of individuals who initiated the certification process with Strengthening the Medical Examiner-Coroner System Program funding during the reporting period.

---

23. Number of individuals who achieved certification with Strengthening the Medical Examiner-Coroner System Program funding during the reporting period.

---

24. Reasons why individual(s) did not achieve certification, if applicable.

---

25. Which agency are you using for accreditation?

- A. National Association of Medical Examiners (NAME)
- B. International Association of Coroners and Medical Examiners (IACME)
- C. Other (list) \_\_\_\_\_

26. Which of the following inspection areas is your office working toward with the Strengthening the Medical Examiner-Coroner System Program funding? *Select all that apply.*

- A. Medicolegal facility and office practices (e.g., safety and security, workspace for employees, quality assurance, policies and procedures).
- B. Investigations and investigative practices.
- C. Morgue facilities and operations (e.g., body handling, body receiving areas, autopsy areas).
- D. Laboratory services (including histology, toxicology, radiology, and crime laboratory).
- E. Reports and record keeping.
- F. Forensic specialists, support services, and consultants,

27. Provide a short description of the progress made during this reporting period.

---

28. Provide a short description of the challenges faced during this reporting period.

---

## SEMIANNUAL NARRATIVE QUESTIONS

Please answer the following questions every semiannual reporting period (January and July of each year), based on your grant-funded activities. Please ensure your responses are complete, comprehensive, and specific to this award.

In this module, you will consider the goals you hope to achieve with your funding. Your goals should align with your approved application and program budget. Once submitted, these goals should remain unchanged throughout the life of the award, unless discussed with your grant manager.

Set **S·M·A·R·T** goals to clarify the scope of your priorities.

- **Specific**
- **Measurable**
- **Achievable**
- **Relevant**
- **Time-bound**

If you have multiple goals, please provide updates on each one separately.

1. What were your accomplishments, including any progress made toward achieving your grant-funded program goals during the reporting period? *Your response should outline any actions executed by your agency in the overall implementation of your award, administrative or programmatic. Please ensure your program goals relate back to your approved application and program budget. Generally, you should describe more than one accomplishment.*

---

2. What challenges did you encounter, if any, within the reporting period that prevented you from reaching your goals or milestones?

---

3. Is there any assistance that BJA (or a TTA provider) can provide to address any challenges identified in Question 2?

A. Yes/No

B. If Yes, explain: \_\_\_\_\_

4. Are you on track to achieve the goals you hope to achieve with your grant funding, both fiscally and programmatically as outlined in your grant application? *(If No, please provide an explanation as to why your agency is not on-track and what your plans are to address the delay.)*

C. Yes/No

D. If No, explain: \_\_\_\_\_

REVISED September 2024

This document is only to be used for planning and data collection purposes.  
All grantees must enter their data in the JustGrants system upon award acceptance.

5. What major activities are planned for the next 6 months? *Your response should address the goals and objectives as outlined in the Program Narrative and provide an update on the planned activities in the next 6 months under each goal.*

---

6. Based on your knowledge of the criminal justice field, are there any innovative programs/accomplishments that you would like to share with BJA?

---

**THANK YOU FOR PARTICIPATING!**

REVISED September 2024

This document is only to be used for planning and data collection purposes.  
All grantees must enter their data in the JustGrants system upon award acceptance.