OMB Clearance #1122-0010
Expiration Date: 09/30/2014

U.S. Department of Justice
Office on Violence Against Women

SEMI-ANNUAL PROGRESS REPORT FOR

Grants to State Sexual Assault and Domestic Violence Coalitions Program

Brief Instructions: This form must be completed for each Grants to State Sexual Assault and Domestic Violence Coalitions Program (State Coalitions Program) grant received. The grant administrator or coordinator must ensure that the form is completed fully with regard to all grant activities.

All grantees should read through each section to determine which questions they must answer based on the activities engaged in under this grant during the current reporting period. Sections B and D of this form must be completed by all grantees. In section A, subsection A1 must be answered by all grantees. In subsection A2 and section C, grantees must answer an initial question in each subsection about whether they engaged in certain activities during the current reporting period. If the response is yes, then the grantee must complete that subsection. If the response is no, the rest of that subsection is skipped.

For example, (1) if you only provided training and technical assistance with staff funded under this grant during the current reporting period, you would complete sections A, B, C1, C5, and D (and answer 'no' in C2-C4 and C6-C8); or, (2) if you provided training and technical assistance with staff funded under this grant and grant-funded staff developed products during the current reporting period, you would complete sections A, B, C1, C3, C5, and D (and answer 'no' in C2, C4, C6-C8).

The activities of volunteers or interns should be reported if they were coordinated or supervised by State Coalitions Program-funded staff or if State Coalitions Program funds substantially supported their activities.

For further information on filling out this form, refer to the separate set of instructions, which contains detailed definitions and examples illustrating how questions should be answered.

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SECTION A1

GENERAL INFORMATION

Grant Information

All grantees must complete this subsection.

1. **Date of report** ☐☐☐ *(format date with 6 digits (01/31/04))*

2. **Current reporting period** ☐ **January 1-June 30** ☑ **July 1-December 31** 2014 **(Year)**

3. **Grantee name** IOWA COAL. AGANST. DOM. VIOLENCE

4. **Grant number** *(the federal grant number assigned to your State Coalitions Program grant)*

   2014-DW-AX-0004

5. **Type of grantee organization** *(Check one.)*

   ☐ Dual Sexual Assault/Domestic Violence Coalition
   ☐ Sexual Assault Coalition
   ☐ Domestic Violence Coalition

6. **Point of contact** *(person responsible for the day-to-day coordination of the grant)*

   First Name _____ MI ____ Last Name _____

   Agency/organization name _____

   Address _____

   City _____ State _____ Zip Code _____

   Telephone _____ Facsimile _____

   E-mail _____

7. **What percentage of your total operating budget is funded by the State Coalitions Program grant?** *(Do not include pass-through funding that the coalition awards to local sexual assault or domestic violence programs.)*

   ☐

8. **Coalition members** *(Report the total number of organizational members, including sexual assault programs, domestic violence programs, other victim services agencies, and other organizational members, as applicable to your state coalition. Report the total number of individual members, if applicable to your state coalition. Individual members are individual persons, not programs.)*

Organizational members	Number
Sexual assault programs/rape crisis centers	
Domestic violence programs	
Sexual assault and domestic violence dual programs	
Tribal victim services agencies	
Other victim service providers	
Other organizational members	
Total number of organizational members	0
Total number of individual members	

SECTION A2

Staff Information

Were State Coalitions Program funds used to fund staff positions during the current reporting period?
Check yes if State Coalitions Program funds were used to pay staff, including part-time staff and contractors.

☐ Yes—answer question 9

☐ No—skip to Section B

9. Staff *(Report the total number of full-time equivalent (FTE) staff funded by the State Coalitions Program grant during the current reporting period. Report staff by the function(s) performed, not by title or location. Include employees who are part-time and/or partially funded with these grant funds as well as consultants/contractors. Report grant-funded overtime. If an employee or contractor was employed or utilized for only a portion of the reporting period, prorate appropriately. For example, if you hired a full-time administrator in October who was 100% funded with State Coalitions Program funds, you would report that as .5 FTE. Report all FTEs in decimals, not percentages. One FTE is equal to 1,040 hours—40 hours per week x 26 weeks. See separate instructions for examples of how to calculate FTEs for part-time staff and contractors.)*

Staff	FTE(s)
Administrator *(fiscal manager, executive director)*	
Attorney	
Communications specialist *(public awareness, media relations)*	
Information technology staff	
Paralegal	
Program coordinator *(training coordinator, outreach coordinator)*	
Support staff *(secretary, administrative assistant, accountant, bookkeeper)*	
Systems advocate	
Technical assistance provider	
Trainer	
Translator/interpreter	
Other *(specify)*:	
TOTAL	0.00

SECTION B

PROGRAM ACTIVITIES

All grantees must complete this section.

10. Program activities *(Check all program activities your State Coalition engaged in during the current reporting period. Check the appropriate box to indicate whether the activity was supported with State Coalitions Program funds or another funding source.)*

State Coalitions Program funded	Other funding source	Program activities
☐	☐	Providing technical assistance to member programs.
☐	☐	Expanding the technological capacity of coalitions and/or member programs.
☐	☐	Developing or enhancing appropriate standards of services for member programs, including culturally appropriate services to underserved populations.
☐	☐	Conducting statewide, regional and/or community-based meetings or workshops for victim advocates, survivors, legal service providers, and criminal justice representatives.
☐	☐	Bringing local programs together to identify gaps in services and to coordinate activities.
☐	☐	Increasing the representation of underserved populations in coordination activities, including providing financial assistance to organizations that serve underserved communities to participate in planning meetings, task forces, committees, etc.
☐	☐	Engaging in activities that promote coalition building at the local and/or state level.
☐	☐	Coordinating federal, state and/or local law enforcement agencies to develop or enhance strategies to address identified problems.

11. Other activities *(List all other activities, not included in question 10, that your State Coalition Program grant engaged in during the current reporting period. Check the appropriate box to indicate whether the activity was supported with State Coalitions Program funds or another funding source.)*

State Coalitions Program funded	Other funding source	Activity
☐	☐	a.
☐	☐	b.
☐	☐	c.
☐	☐	d.
☐	☐	e.
☐	☐	f.

SECTION C1

FUNCTION AREAS
Training

Were your State Coalitions Program funds used for training during the current reporting period?

Check yes if State Coalitions Program-funded staff provided training or if State Coalitions Program funds were used to directly support the training.

☐ Yes—answer questions 12-15

☐ No—skip to C2

*For purposes of this reporting form, **training** means providing information on sexual assault, dating violence, domestic violence, and stalking that enables professionals to improve their response to victims/survivors as it relates to their role in the system. **Education** means providing general information that will increase public awareness of sexual assault, dating violence, domestic violence, or stalking. In this subsection, report information on training activities. Educational activities should be reported in subsection C4 Public Awareness.*

12. Type and number of training events provided *(Report the number of statewide, regional, and community-based training events by the type of training that were either provided by State Coalitions Program-grant funded staff or directly supported with State Coalitions Program funds. Staff development training provided to State Coalitions Program-funded staff should not be counted. Use the SA/DV columns if training events focused on both sexual assault and domestic violence.)*

Type of training	Total number of training events								
	Statewide			Regional			Community-based		
	Sexual assault	Domestic violence/ dating violence	SA/ DV	Sexual assault	Domestic violence/ dating violence	SA/ DV	Sexual assault	Domestic violence/ dating violence	SA/ DV
Computer-based training									
Conferences									
Teleconferences									
Videoconferences									
Workshops/seminars									
Other *(specify)*:									

13. Number of people trained *(Report the number of people trained during the current reporting period by State Coalitions Program-funded staff or training supported by State Coalitions Program funds. Use the category that is most descriptive of the people attending the training event. If you do not know how many people to report in specific categories, you may report the overall number in "Multidisciplinary." Please use only as a last resort. State Coalitions Program-funded staff attending training should not be counted. Total person-hours are calculated by multiplying the number of people trained by the length of the individual training event.)*

People trained	Number	Person-hours
Advocacy organization staff *(NAACP, AARP)*		
Attorneys/law students *(does not include prosecutors)*		
Batterer intervention program staff		
Board members		
Child welfare workers/children's advocates		
Corrections personnel *(probation, parole, and correctional facilities staff)*		
Court personnel *(judges, clerks)*		
Educators *(teachers, administrators, etc.)*		
Faith-based organization staff		
Government agency staff *(vocational rehabilitation, food stamps, TANF)*		
Health professionals *(doctors, nurses, does not include sexual assault forensic examiners (SAFE) or sexual assault nurse examiners (SANE))*		
Immigration organization staff		
Law enforcement officers		
Legal services staff *(does not include attorneys)*		
Mental health professionals		
Military command staff		
Multidisciplinary *(various disciplines at same training)*		
Prosecutors		
Sex offender treatment program staff		
Sexual assault forensic examiners/sexual assault nurse examiners *(SAFE/SANE)*		
Social service organization staff *(non-governmental – food bank, homeless shelter)*		
Substance abuse treatment provider		
Translators/interpreters		
Tribal government/tribal government agency staff		
Victim advocates *(non-governmental, includes domestic violence, sexual assault, dual)*		
Victim assistants *(governmental, includes victim-witness specialist/coordinator)*		
Volunteers		
Other *(specify)*:		
TOTAL	0	0.00

14. Training content areas *(Indicate all topics addressed in training events provided with your State Coalitions Program funds during the current reporting period. Check all that apply.)*

Sexual assault, domestic violence, dating violence, and stalking

- ☐ Advocate response
- ☐ Child witnesses
- ☐ Confidentiality
- ☐ Cyberstalking
- ☐ Dating violence overview, dynamics, and services
- ☐ Domestic violence overview, dynamics, and services
- ☐ Drug facilitated sexual assault
- ☐ Forensic evidence collection and documentation
- ☐ Mandatory reporting requirements
- ☐ Response to victims/survivors who are incarcerated
- ☐ Response to victims/survivors who have been trafficked
- ☐ Safety planning for victims/survivors
- ☐ Sexual assault overview, dynamics, and services
- ☐ Stalking overview, dynamics, and services
- ☐ Supervised visitation and exchange
- ☐ Other *(specify)*:

Underserved populations

Issues specific to victims/survivors who:

- ☐ live in rural areas
- ☐ are American Indian or Alaska Native
- ☐ are Asian
- ☐ are black or African American
- ☐ are elderly
- ☐ are Hispanic or Latino
- ☐ are homeless or living in poverty
- ☐ are immigrants, refugees, or asylum seekers
- ☐ are lesbian, gay, bisexual, transgender, or intersex
- ☐ are Native Hawaiian or Other Pacific Islander
- ☐ have disabilities
- ☐ have limited English proficiency
- ☐ have mental health issues
- ☐ have substance abuse issues
- ☐ Other *(specify)*:

Justice system

- ☐ Civil court procedures
- ☐ Criminal court procedures
- ☐ Decreasing dual arrests/identifying predominant aggressor
- ☐ Domestic violence statues/codes
- ☐ Firearms and domestic violence
- ☐ Immigration
- ☐ Judicial response
- ☐ Law enforcement response
- ☐ Pro-arrest policies
- ☐ Probation response
- ☐ Prosecution response
- ☐ Protection orders *(including full faith and credit)*
- ☐ Sexual assault forensic examinations
- ☐ Sexual assault statutes/codes
- ☐ Stalking statutes/codes
- ☐ Tribal jurisdiction and Public Law 280
- ☐ Other *(specify)*:

Organizational community response

- ☐ Board roles and fiduciary responsibilies
- ☐ Collaboration
- ☐ Coordinated community response
- ☐ Community response to sexual assault
- ☐ Discrimination and oppression issues
- ☐ Emergency preparedness
- ☐ Evaluation
- ☐ Outreach to diverse/underserved populations
- ☐ Program accessibility
- ☐ Program rules
- ☐ Response teams *(DART, DVRT, SART)*
- ☐ Safety planning
- ☐ Standards of service
- ☐ Strategic planning
- ☐ Technology
- ☐ Technology safety issues
- ☐ Victim service administration and operations
- ☐ Other *(specify)*:

15. (Optional) Additional information *(Use the space below to discuss the effectiveness of training activities funded or supported by your State Coalitions Program grant and to provide any additional information you would like to share about training activities beyond what you have provided in the data above. An example might include a change in how area hospitals respond to victims of domestic violence, dating violence, sexual assault, and stalking after a state-wide training for hospital staff.) (Maximum - 2000 characters)*

SECTION C2

System Advocacy

Were your State Coalitions Program funds used for system advocacy during the current reporting period? Check yes if State Coalitions Program-funded staff engaged in system advocacy or if State Coalitions Program funds directly supported system advocacy. **System advocacy** is an activity intended to affect policy and/or procedural change in order to improve institutional response to sexual assault and/or domestic violence.

- ☐ Yes—answer questions 16-19
- ☐ No—skip to C3

16. System advocacy activities *(Indicate the system advocacy activities convened or participated in with State Coalitions Program funds during the current reporting period. Check all that apply.)*

Systems advocacy	Sexual assault	Domestic violence/ dating violence
Appointed, state-level commissions	☐	☐
Community, regional, statewide task force/caucus	☐	☐
Multidisciplinary working groups	☐	☐
Project-specific interagency working groups	☐	☐
Tribal systems advocacy	☐	☐
Other *(specify)*: _____	☐	☐

17. Improved system response *(Report the total number of statewide, regional, and local meetings convened and/or attended by State Coalitions Program-funded staff during the current reporting period.)*

Agency/organization	Number of meetings convened		Number of meetings attended	
	Sexual assault	Domestic violence/ dating violence	Sexual assault	Domestic violence/ dating violence
Advocacy organization *(NAACP, AARP)*				
Batterer intervention program				
Child welfare				
Corrections *(probation, parole, correctional facility)*				
Court *(state or local)*				
Crime victim compensation				
Domestic violence program				
Dual sexual assault and domestic violence program				
Educational institution/organization				
Faith-based organization				
Federal criminal justice				
Other federal entities/officials				
Government agency *(Social Security, TANF)*				
Health/mental health organization				
Law enforcement *(state or local)*				
Legal services organization *(legal services, bar association, law school)*				
Multi-disciplinary group/task force				
Organizations representing underserved populations				
Prosecutor's office *(state or local)*				
Sex offender management/sex offender treatment provider				
Sexual assault forensic examiners/sexual assault nurse examiners program *(SAFE/SANE)*				
Sexual assault program				
Social services organization *(non-governmental - food bank, homeless shelter)*				
Substance abuse services				
Tribal government/tribal government agency				
University/school				
Victims/survivors				
Other *(specify)*:				

18. Coordination activities *(Indicate methods used during the current reporting period to coordinate state victim services activities and/or to collaborate and coordinate with federal, state, and local entities engaged in activities to reduce or end violence against women. Check all that apply.)*

- ☐ Email
- ☐ E-mail listserv
- ☐ Facsimile
- ☐ Newsletters
- ☐ Telephone/conference call
- ☐ Toll-free telephone number
- ☐ Tracking availability of victim services
- ☐ U.S. mail
- ☐ Webinar
- ☐ Web site
- ☐ Other *(specify)*:

19. (Optional) Additional information *(Use the space below to discuss the effectiveness of system advocacy activities funded or supported by your State Coalitions Program grant and to provide any additional information you would like to share about your system advocacy activities beyond what you have provided in the data above. An example might include: We convened a multi-disciplinary task force of domestic violence programs, sexual assault programs, and tribal government agencies which met for one in-person and 3 follow-up phone sessions to develop policies and procedures for more effectively serving tribal populations in our state resulting in an on-going collaboration with tribal leaders and a new level of trust.) (Maximum - 2000 characters)*

SECTION C3

Products

Were your State Coalitions Program funds used to develop, substantially revise, or distribute products during the current reporting period? Check yes if State Coalitions Program-funded staff developed products or if State Coalitions Program funds directly supported the development, revision, or distribution of products.

- ☐ Yes—answer question 20
- ☐ No—skip to C4

20. Use of State Coalitions Program funds for product development, substantial revision, or distribution
(Report the number of products developed, substantially revised, or distributed with State Coalitions Program grant funds during the current reporting period. Report the number of new products developed or substantially revised during the current reporting period; the title/topic and intended audience for each product developed, revised, or distributed; and the number of products used or distributed. If a product was created in or translated into a language other than English, including Braille, indicate the language. Report on products that were newly developed or substantially revised during the current reporting period, whether or not they were used or distributed, and on products that were previously developed or revised but were used or distributed during the current reporting period. Do not report the number of products printed or copied; only report the number developed or revised—in most cases that number will be one for each product described —and/or the number used or distributed. See separate instructions for examples of how to report under "developed or revised" and "used or distributed.")

Products	Number developed or revised	Title/topic	Intended audience	Number used or distributed	Other languages
Brochures					
Manuals					
Newsletter					
Training curricula					
Training materials					
Reports					
Fact sheets					
Web site *(report number of page views in the used or distributed colulmn)*					
Videos					
Other *(specify)*:					

SECTION C4

Public Awareness

Were your State Coalitions Program funds used for public awareness activities during the current reporting period? Check yes if State Coalitions Program-funded staff were used to support public awareness activities or if State Coalitions Program funds were used to directly support public awareness activities.

- ☐ Yes—answer questions 21-22
- ☐ No—skip to C5

21. Public awareness activities *(Indicate the activities that were supported with State Coalitions Program funds during the current reporting period. Indicate by checking the appropriate box[es] whether the focus of the activity was sexual assault, domestic violence, dating violence, stalking, or a combination of those issues. Check all that apply.)*

Activities	Sexual assault	Domestic violence/ dating violence	Stalking
Community organizing/community events *(rallies, speak outs, Take Back the Night, vigils)*	☐	☐	☐
Educational exhibits *(Clothesline Project, silent witness, information tables)*	☐	☐	☐
Media campaigns *(press conferences, public service announcements, articles)*	☐	☐	☐
Productions for public awareness *(video series, theater productions)*	☐	☐	☐
Other *(specify)*:	☐	☐	☐

22. (Optional) Additional information *(Use the space below to discuss the effectiveness of public awareness activities funded or supported by your State Coalitions Program grant and to provide any additional information you would like to share about your public awareness activities beyond what you have provided in the data above. An example might include developing a video series documenting the most effective advocacy provided to victims in rural communities, resulting in more awareness of the challenges and successes involved in this work being brought to community events, and training sessions.) (Maximum - 2000 characters)*

SECTION C5

Technical Assistance

Were your State Coalitions Program funds used to provide technical assistance during the current reporting period? Check yes if State Coalitions Program-funded staff provided technical assistance or if State Coalitions Program funds directly supported the provision of technical assistance.

- ☐ Yes—answer questions 23-25
- ☐ No—skip to C6

23. Number of technical assistance activities *(Report the total number of technical assistance activities provided to programs during the current reporting period, indicating whether they were site visits or other types of consultations. Consultations may include in-person, telephonic, electronic, or other types of contact. Each contact should be counted as one activity.)*

Recipients of technical assistance	Number of site visits	Number of other technical assistance consultations
Batterer intervention program		
Corrections *(probation, parole, and correctional facility)*		
Court *(state or local)*		
Disability organization		
Domestic violence program		
Dual sexual assault and domestic violence program		
Elder organization		
Faith-based organization		
Forensic examiner program		
Government agency		
Health care provider *(excluding forensic examiner)*		
Immigration organization		
Law enforcement *(state or local)*		
Legal services/attorneys/law students		
Mental health care provider		
Military command staff		
Other state coalition		
Prosecutor's office *(state or local)*		
Sexual assault program		
Stalking program		
Tribal sexual assault or domestic violence program		
University/school		
Youth program		
Other *(specify)*:		
TOTAL	0	0

24. Topics of technical assistance *(Check the topics that apply to technical assistance provided with State Coalitions Program funds during the current reporting period. The technical assistance provided may be categorized by more than one topic. Check all that apply.)*

Topics of technical assistance	Sexual assault	Domestic violence/ dating violence
Board development	☐	☐
Civil codes	☐	☐
Coordinated community response	☐	☐
Court response	☐	☐
Creating/sustaining diverse organizations	☐	☐
Criminal codes	☐	☐
Curricula and training issues	☐	☐
Developing or enhancing appropriate services for elder victims	☐	☐
Developing or enhancing appropriate services for victims who have disabilities	☐	☐
Developing or enhancing culturally appropriate services for underserved populations	☐	☐
Forensic evidence collection and documentation	☐	☐
Grant writing/reporting	☐	☐
Law enforcement response	☐	☐
Local policies and practices	☐	☐
Program development	☐	☐
Program evaluation	☐	☐
Probation and parole response	☐	☐
Prosecution response	☐	☐
Response to dating violence victims/survivors	☐	☐
Response to domestic violence victims/survivors	☐	☐
Response to sexual assault victims/survivors	☐	☐
Response to stalking victims/survivors	☐	☐
Safety planning	☐	☐
Standards of service	☐	☐
State policies and practices	☐	☐
Technology and technology capacity *(data collection systems and confidentiality)*	☐	☐
Technology safety and security	☐	☐
Victim service administration and operations	☐	☐
Other *(specify)*: _____	☐	☐

25. (Optional) Additional information *(Use the space below to discuss the effectiveness of technical assistance activities funded or supported by your State Coalitions Program grant and to provide any additional information you would like to share about your technical assistance activities beyond what you have provided in the data above. An example might include site visits to organizations working with older women in 3 counties to document best practices when working with older victims of domestic violence, resulting in open conversations with those providing services and requests for more training on effective advocacy for this underserved population) (Maximum - 2000 characters).*

SECTION C6

Standards of Service

Were your State Coalitions Program funds used to develop or enhance standards of service for member programs/agencies during the current reporting period? Check yes if State Coalitions Program-funded staff were used to develop or enhance standards of service or if State Coalitions Program funds were used to directly support the development or enhancement of standards of service.

- ☐ Yes—answer question 26
- ☐ No—skip to C7

26. Development or enhancement of standards of service for member programs/agencies *(Indicate if State Coalitions Program funds were used to develop, implement, or enhance standards of service or provide training on standards of service for member programs. Check all that apply.)*

	Sexual assault	Domestic violence/ dating Violence
Developing standards of service for member programs/agencies	☐	☐
Implementing standards of service for members	☐	☐
Enhancing standards of service for member programs/agencies	☐	☐
Training on standards of service for members	☐	☐

SECTION C7

Underserved Populations

Were your State Coalitions Program funds used to develop or enhance standards of service for underserved populations or to encourage the representation of underserved populations in coordination activities during the current reporting period? Check yes if State Coalitions Program-funded staff were used to develop or enhance services for underserved populations or if State Coalitions Program funds directly supported representation of underserved populations in coordination activities.

- ☐ Yes—answer questions 27-29
- ☐ No—skip to C8

27. Activities addressing underserved populations *(Check all activities in which State Coalitions Program funds were used to develop or enhance services for underserved populations or to encourage the representation of underserved populations in coordination services. Check the boxes in the appropriate columns to indicate whether the activities you engaged in were for sexual assault or domestic violence programs/services.)*

Activity	Sexual assault	Domestic violence/ dating violence
Developing/distributing materials for underserved populations	☐	☐
Developing policy	☐	☐
Identifying gaps in services	☐	☐
Identifying underserved populations	☐	☐
Increasing organizational capacity for anti-oppression work	☐	☐
Supporting representatives of historically underserved groups to participate in meetings	☐	☐
Coordinating a task force/caucus to address issues concerning underserved populations	☐	☐
Training/technical assistance regarding culturally appropriate services for historically underserved populations	☐	☐
Other *(specify)*:	☐	☐

28. Underserved populations *(Indicate which underserved populations were addressed in the activities indicated in question 27. Check all that apply.)*

Victims/survivors who:

- ☐ live in rural areas
- ☐ are American Indian or Alaska Native
- ☐ are Asian
- ☐ are black or African American
- ☐ are elderly
- ☐ are Hispanic or Latino
- ☐ are homeless or living in poverty
- ☐ are immigrants, refugees, or asylum seekers
- ☐ are lesbian, gay, bisexual, transgender, or intersex
- ☐ are Native Hawaiian or Other Pacific Islander
- ☐ have disabilitites
- ☐ have limited English proficiency
- ☐ have mental health issues
- ☐ have substance abuse issues
- ☐ Other *(specify)*:

29. (Optional) Additional information *(Use the space below to discuss the effectiveness of activities to reach underserved populations funded or supported by your State Coalitions Program grant and to provide any additional information you would like to share about your activities beyond what you have provided in the data above. An example might include: We are identifying gaps in service for immigrants and refugees in our state through interviews with service providers for this underserved population. This has resulted in the identification of the need to include immigrants and refugees in two upcoming meetings to develop action steps.) (Maximum - 2000 characters)*

SECTION C8

Organizational Development and Capacity Building

Were your State Coalitions Program funds used for organizational development and/or capacity building during the current reporting period? Check yes if State Coalitions Program-funded staff were used for organizational development and/or capacity building activities or if State Coalitions Program funds were used to directly support organizational development and/or capacity building.

- ☐ Yes—answer questions 30-31
- ☐ No—skip to Section D

30. Coalition development and capacity building *(Check all of the activities that were engaged in with State Coalitions Program funds during the current reporting period.)*

- ☐ Anti-oppression work
- ☐ Board of directors
- ☐ Communication *(TTY, language lines, etc.)*
- ☐ Emergency preparedness
- ☐ Equipment purchase *(computers, printers, faxes, telephones, cell phones, etc.)*
- ☐ Evaluation/outcome measures
- ☐ Identifying gaps in services
- ☐ Internet capacity/e-mail accounts/listserv
- ☐ Office space
- ☐ Outreach to diverse/underserved populations
- ☐ Personnel policies
- ☐ Software purchase or development
- ☐ Staff development
- ☐ Strategic planning
- ☐ Technology security and safety
- ☐ Toll-free telephone line
- ☐ Web site development or enhancement
- ☐ Other *(specify)*: _____

31. Do you consider system privacy and/or security when purchasing or developing software?

- ☐ Yes
- ☐ No

SECTION D

NARRATIVE

All grantees must answer question 32.

Please limit your response in the space provided.

32. **Report on the status of the goals and objectives for the State Coalitions Program grant.** *(Report on the status of the goals and objectives for your grant as of the end of the current reporting period, as they were identified in your grant proposal or as they have been added or revised. Indicate whether the activities related to your objectives for the current reporting period have been completed, are in progress, are delayed, or have been revised. Comment on your successes and challenges, and provide any additional explanation you feel is necessary for us to understand what you have or have not accomplished relative to your goals and objectives. If you have not accomplished objectives that should have been accomplished during the current reporting period, you must provide an explanation.)* Click here to answer

All grantees must answer questions 33 and 34 on an annual basis. Please submit this information on the January to June reporting form only.

Please limit your response to two pages for each question. (Maximum 8000 characters)

33. **What do you see as the most significant areas of remaining need with regard to improving services to victims/survivors of sexual assault, domestic violence, dating violence, and stalking, increasing victim/survivor safety, and enhancing community response (including offender accountability for both batterers and sex offenders)?** *(Consider geographic regions, underserved populations, service delivery systems, types of victimization, and challenges and barriers unique to your state.)* Click here to answer

34. **What has the State Coalitions Program funding allowed you to do or maintain that you could not do without receiving this funding?** *(For example, has the funding enabled you to identify gaps in services, improve culturally appropriate services to underserved populations, staff coalition office full time, or increase the participation rate of historically underserved communities in coordination meetings? Provide specific examples in your answer.)* Click here to answer

Questions 35-36 are optional.

Please limit your response to two pages for each question. (Maximum 8000 characters)

35. **Provide any additional information that you would like us to know about your State Coalitions Program grant and/or the effectiveness of your grant.** *(If you have other data or information regarding your program that would more fully or accurately reflect the effectiveness of your State Coalitions Program grant than the data you have been asked to provide on this form, answer this question. If you have not already done so elsewhere on this form, you may want to report on systems-level changes, community collaboration, the removal or reduction of barriers and challenges for victims/survivors, use of volunteers and/or interns to complete activities, promising practices, and positive or negative unintended consequences.)* Click here to answer

36. **Provide any additional information that you would like us to know about the data submitted.** *(If you have any information that could be helpful in understanding the data you have submitted in this report, please answer this question. For example, if you submitted two different progress reports for the same reporting period, you may explain how the data was apportioned to each report; or if you funded staff—e.g., trainers—but did not report any corresponding training activities, you may explain why; or if you did not use program funds to support either staff or activities during the reporting period, please explain how program funds were used, if you have not already done so.)* Click here to answer

Public Reporting Burden

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete and file this form is 60 minutes per form. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Office on Violence Against Women, U.S. Department of Justice, 800 K Street, NW, Washington, DC 20531.

Report on the status of the goals and objectives for the State Coalitions Program grant. Question 32.

Back to Question

Status
(completed, in progress,delayed, revised)

Goals/Objectives (Describe your goals and objectives, as outlined in your grant proposal, or as revised)

Key Activities

Comments (successes, challenges, explanations)

Status
(completed, in progress,delayed, revised)

Goals/Objectives (Describe your goals and objectives, as outlined in your grant proposal, or as revised)

Key Activities

Comments (successes, challenges, explanations)

Report on the status of the goals and objectives for the State Coalitions Program grant. Question 32 (cont.)

Back to Question

Status
(completed, in progress,delayed, revised)

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Report on the status of the goals and objectives for the State Coalitions Program grant. Question 32 (cont.)

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Report on the status of the goals and objectives for the State Coalitions Program grant. Question 32 (cont.)

Back to Question

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Status
(completed, in progress,delayed, revised)

Goals/Objectives (Describe your goals and objectives, as outlined in your grant proposal, or as revised)

Key Activities

Comments (successes, challenges, explanations)

What do you see as the most significant areas of remaining need with regard to improving services to victims/survivors of sexual assault, domestic violence, dating violence, and stalking, increasing victim/survivor safety, and enhancing community response (including offender accountability for both batterers and sex offenders)? **Question #33** Back to Question

What do you see as the most significant areas of remaining need with regard to improving services to victims/survivors of sexual assault, domestic violence, dating violence, and stalking, increasing victim/survivor safety, and enhancing community response (including offender accountability for both batterers and sex offenders)? **Question #33 (cont.)** Back to Question

What has the State Coalitions Program funding allowed you to do or maintain that you could not do without receiving this funding?

Question #34 Back to Question

What has the State Coalitions Program funding allowed you to do or maintain that you could not do without receiving this funding?
Question #34 (cont.) Back to Question

Provide any additional information that you would like us to know about your State Coalitions Program grant and/or the effectiveness of your grant. **Question #35** Back to Question

Provide any additional information that you would like us to know about your State Coalitions Program grant and/or the effectiveness of your grant. **Question #35 (cont.)** Back to Question

Provide any additional information that you would like us to know about the data submitted. **Question #36** Back to Question

Provide any additional information that you would like us to know about the data submitted. **Question #36 (cont.)**

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OMB Clearance No.: 1122-0010
Expiration Date: 09/30/2014

Validate