**Statewide Biannual Performance Report**

Instructions

The Biannual Performance Report has instructions throughout each section. Complete all required fields. If you have any questions regarding completing your performance report entries, please call or email your primary VSS contact person.

**Narrative Questions**

Please complete the narratives questions in the space provided.

*Use this space to discuss innovative projects, program successes, and/or positive changes. Please use victim-sensitive language such as "the victim" or "the child survivor" instead of actual names or ages. Be sure to discuss any non-traditional or alternative methods being used by the program to promote victim healing, improve training or technical assistance, etc.*

Question #1: \*

GOALS PROGRESS: If the agency did not outline 2 Short Term Goals, and 3 Long Term Goals in the grant application, please use the following goals sections to correct that error. If you have questions, please reach out to your primary VSS staff contact.

*Use the following section to discuss the progress of Short Term program goals and objectives as identified in your grant application. Please restate Short Term Goal 1 and provide a concise update on the progress of this goal. If the agency has not made any progress on Short Term Goal 1, explain why, and what the plan is to get back on track.*

Question #2, Short Term Goal #1:\*

*Use the following section to discuss the progress of Short Term program goals and objectives as identified in your grant application. Please restate Short Term Goal 2 and provide a concise update on the progress of this goal. If the agency has not made any progress on Short Term Goal 2, explain why, and what the plan is to get back on track.*

Question #2, Short Term Goal #2:\*

*Use the following section to discuss the progress of Long Term program goals and objectives as identified in your grant application. Please restate Long Term Goal 1 and provide a concise update on the progress of this goal. If the agency has not made any progress on Long Term Goal 1, explain why, and what the plan is to get back on track.*

Question #2, Long Term Goal #1:\*

*Use the following section to discuss the progress of Long Term program goals and objectives as identified in your grant application. Please restate Long Term Goal 2 and provide a concise update on the progress of this goal. If the agency has not made any progress on Long Term Goal 2, explain why, and what the plan is to get back on track.*

Question #2, Long Term Goal #2:\*

*Use the following section to discuss the progress of Long Term program goals and objectives as identified in your grant application. Please restate Long Term Goal 3 and provide a concise update on the progress of this goal. If the agency has not made any progress on Long Term Goal 3, explain why, and what the plan is to get back on track.*

Question #2, Long Term Goal #3:\*

Discuss any trainings or public presentations provided by your agency during this reporting period.

Optional Question #3:

Response to Correcting Report Inquiries/Questions:

If a Victim Services Support (VSS) staff sends your report back for correcting or to provide an explanation, please use this section to provide the explanation. This section only needs to be completed if a VSS staff sends back your report for correcting.

Response:

**Overtime**

Report on the number of overtime hours and the amount of funds representing those overtime hours paid with Victim Services Support Program Funds or matching funds.

Overtime Hours

Please enter the dollar amount representing the overtime CVAD reimbursed for this reporting period. Enter zero if no overtime was reimbursed.

Amount of Overtime\* $0.00

**Media Contacts**

Media contacts are any contacts your agency or program has had with the media (newspaper, radio, television, etc.) about violence against women, homicide, and other violent crimes or about the agency or program for which you receive funding from the Crime Victim Assistance Division.

Enter the number of times program has contact with internet media.

Enter the number of times program has contact with print media.

Enter the number of times program has contact with TV media.

Enter the number of times program has contact with radio media.

**Presentations & Training**

Complete this section regarding statistics on how you gather information that informs and educates your community about your program and about crime victims.

*Presentations:*

Presentations are given to the general public to share information about crime, services and the program. Provide the number of presentations made and total number of persons in the audience.

Enter the number of presentations given to the public by your staff and volunteers to share information about your program.

Enter the total number of attendees at the presentation.

Total Number of Individuals in the Audience\*

*Detailed Training Provided:*

Please provide detailed information about the professionals trained. Please do not leave fields blank but place zeros instead in order to save the reports.

# of Training Sessions # of Professionals Trained

New Law Enforcement Cadet Training

Law Enforcement Officers (not going through Academy)

Sexual Assault Nurse Examiners (SANEs)

Medical Professionals (Nurses, Doctors, etc.)

Clerk of Court Personnel/Staff

Judges

Magistrates

Other Court Personnel (not included above)

Other Professional Trained (not already counted above)

Total

**Purchase of Equipment for Law Enforcement Only**

Did your agency purchase equipment with your Victim Services Support Program (VSS)funds during this reporting period? (Yes or No)

Purchase Equipment:

Summarize Equipment Purchase:

**Collaborations**

Please indicate the number and types of collaborative partners that you met with during this reporting period and include the number of meetings attended with these partners.

Number of Agencies Number of Meetings

Courts

Correction Officials (Jailor, Dept. of Corrections staff, BEP, etc.)

Domestic Abuse Comprehensive Programs

Government: Dept. of Human Services, etc.

Healthcare Providers: Clinics, Health Dept., Dr. etc.

Law Enforcement

Prosecution/Victim Witness Coordinators

Schools, Universities, Colleges, etc.

Sexual Abuse Comprehensive Programs

Shelter-Based Victim Service Shelters

Therapists and Counselors

Other

Other in Collaborations Section Defined

Please define the "Other" field in Collaboration Section.

**Collaboration Narrative**

Please provide a concise update on new and/or enhanced community collaborations during the reporting period.

Explanation:\*

**Technical Assistance Provided by Statewide Programs**

Please enter the number of times technical assistance (TA) was provided to other agencies through phone calls, emails and in-person meetings.

Number of Times Provided TA for:

Court Personnel

General Public (include media, survivors, families, etc.)

Law enforcement (officers, investigators, sheriffs, chiefs, etc.)

Medical Field (nurses, doctors, hospital administrators, SANEs, etc.)

Prosecutors, Victim Witness Coordinators and other Prosecutor Personnel

Victim Service Programs or Advocates

Other Agencies (staff from Dept. of Corrections, businesses, mental health agencies, state agencies, universities, etc.)

 Examples of TA Provided

Describe examples of Technical Assistance (TA) topics provided:

Examples of TA:\*