**New Initiatives/VOCA Projects Report**

**Reporting Period**

Please check the reporting period covered by this report.

July 1-December 31

January 1-June 30

**Narrative Questions**

Please complete the narratives questions in the space provided. For the goals and objectives section complete as applicable and indicate N/A for any goal not required of your program in the grant application.

*Please provide one narrative example of how program services assisted a crime victim or victims. Please use victim-sensitive language such as "the victim" or "the child survivor" instead of specific ages and do not include names even if they are fictitious.*

Question #1:\*

*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 such as trauma-sensitive yoga, EMDR, art therapy, etc*.

Question #2: \*

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

Please provide an explanation regarding staff turnover and/or new hires.

Optional Question #4:

*Please use this space to discuss the agency's volunteer progress. This space is to discuss special projects or events organized by volunteers, unique volunteer recruitment campaigns, innovative practices or serviced provided by program volunteers*.

Optional Question #5:

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

Optional Question #6:

**Staff Information**

Number of FT Staff in FTEs

Report the number of full time staff as of the last day of the reporting period. A full time staff person works 40 hours a week on average.

Enter Number of Full Time Staff (in Full-Time Equivalents or FTEs)\*

Must enter in FTE

Number of Part-Time Staff in FTEs

Report the part-time staff as of the last day of the reporting period. Count part time staff in 40 hours Full-Time Equivalents (FTE) For example: 3 staff at 20 hours/week = 60 hours = 1.5 FTEs 4 staff at 10 hours/week = 40 hours = 1.0 FTEs

Enter number of Part-Time Staff (in Full-Time Equivalents)\*

Enter in FTE

Total Staff in Full Time Equivalents

The total full time equivalent is the sum of the full-time staff plus the part-time FTE as of the last day of the reporting period. This will automatically calculate for you.

Total Full-Time Equivalent\*

**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 total number of overtime hours reimbursed by CVAD for your contract with the Victim Services Support Program (VSS) for this reporting period. Enter zero if no overtime was reimbursed for this reporting period.

Overtime Hours\*

Amount of Overtime

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

Amount of Overtime\*

**Volunteers**

Number of Unduplicated Volunteers\*

Count Volunteers only once during 12-month contract period.

Indirect volunteer hours are time spent where the volunteer does not have contact with the victim. Examples of indirect volunteer activities are: Conducting a presentation or training, shoveling the walk, office duties, board meetings, etc

**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.

Television (TV)\*

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.

Training:

Training is provided by your agency and given to other professionals outside of the agency. Training is more in-depth than a presentation. Provide the number of people trained and the number of training sessions. Do NOT count training of volunteers or of your own staff members in this section.

Enter the number of training sessions provided by your staff to professionals in other agencies.

Enter the total number of professionals trained.

**New Victims by Type of Victimization**

Each victim is only counted once during a 12-month period. You must determine the primary victimization for each person you serve.

Domestic Abuse Female, including dating violence (18 years and older)

Domestic Abuse Male, including dating violence (18 years and older)

Domestic Abuse Children (0-17 years old)

Teen Dating Violence (13-17 years old)

Sexual Abuse Female Adult (18 years and older)

Sexual Abuse Male Adult (18 years and older)

Sexual Abuse Adolescent (13-17 years)

Sexual Abuse Child (0-12 years)

Adult Survivors, Female, of Child Sexual Abuse and/or Incest (18 years and older)

Adult Survivors, Male, of Child Sexual Abuse and/or Incest (18 years and older)

Arson

Assault including Willful Injury, Terrorism, Hazing and other Assaultive Crimes (All ages)

Bullying (Verbal, Cyber or Physical)

Burglary

Child Physical Abuse (0-17 years old)

Child Pornography

Drunk/Intoxicated Driver Crashes, OTI Victims (All Ages)

Elder Abuse or Neglect by a caretaker or family member

Hate Crime: Racial/Religious/Gender/Sexual Orientation/Other

Human Trafficking, Labor - Adolescent (13-17 years old)

Human Trafficking, Labor - Child (0-12 years old)

Human Trafficking, Labor - Female Adult (18 years old or older)

Human Trafficking, Labor - Male Adult (18 years old or older)

Human Trafficking, Sex - Child (0-12 years old)

Human Trafficking, Sex - Adolescent (13-17 years old)

Human Trafficking, Sex - Female Adult (18 years old or older)

Human Trafficking, Sex - Male Adult (18 years old or older)

Identity Theft/Fraud/Financial Crime

Kidnapping (custodial)

Kidnapping (non-custodial)

Mass Violence (Domestic/International)

Robbery (All ages)

Stalking including Harassment, Cyber-Stalking, Online Harassment (All ages)

Survivors of Homicide Victims, Adult

Survivors of Homicide Victims, Child

Terrorism (Domestic/International)

Violation of Protective Order

Other Violent Crimes (This should be filled out rarely as majority of crimes should be entered above.

Other in Type of Victimization

Define "Other" from Type of Victimization Section

**Demographics**

Complete the demographic information as accurately as possible. The CVAD would never want your agency to alienate a victim from continuing services by requesting any of this information.

Victims most often respond favorably to a statement like: This information is requested by our funders. It also assists us in offering services. The statistics are reported in a group to our funders without your name, address, phone, etc. Additionally, ONLY victims who you work with enough to create a client file should be counted in this area. For example: a crisis call should be counted under crisis calls NOT new client demographics, unless your crisis call became a new client receiving services or you have a client file on this client.

The Race/Ethnicity total, Age total and Gender total should equal each other as well as number of New Victims by Type of Victimization total reported in the previous section. If this does not equal do not submit your report until this is corrected.

**Race/Ethnic Group**

American Indian or Alaska Native

Asian

Black or African American

Hispanic, Latino or Latina

Multi-Race

Native Hawaiian or other Pacific Islander

White or Caucasian

Unknown and Other

**Gender**

The Gender Total should match the number of New Victims by Type of Victimization total reported in the previous section. If this does not equal do not submit your report until this is corrected.

Female

Male

Unknown and Other

**Age**

The Age Total should match the number of New Victims by Type of Victimization total reported in the previous section. If this does not equal do not submit your report until this is corrected.

0-12 years old

13-17 years old

18-24 years old

25-59 years old

60 years and older

Unknown

**Other Demographics**

Enter requested other demographic information. Please note the total in this section does not need to equal the total in the New Victims by Type of Victimization section.

Other Demographics

People with physical or mental disabilities

People with limited English proficiency

People who are immigrants, refugees, or asylum seekers

People who live in rural areas (Population under 50,000)

**Service Statistics and Hours**

In the "Service Statistics" column, count each and every time a service below was provided to a victim. The total number in the Service Statistics column will likely exceed the total number of victims served. In the "Total Hours" column, enter the total number of hours provided for each specific service.

 Service Statistics Total Hours

Civil Legal Advocacy

Crime Victim Compensation Assistance and Advocacy

Criminal Justice Support and Advocacy

Economic Advocacy

Financial Assistance

Group Counseling/Support

Housing Advocacy

Individual Counseling

Information and Referral

Medical Support and Advocacy

Personal Advocacy

Therapy

Transportation

Victim Registration & Notification

**Housing & Economic Justice Services Provided**

Of the victims who received Housing & Economic Justice Advocacy/Support and Financial Assistance during this reporting period, please provide the total number of victims receiving these services as well.

List the number of victims with whom Advocates conducted a Housing/Shelter Needs Assessment.

List the number of victims who were provided with Money (funds) for Rent/Deposit/Utility costs by the Program. This could be with VSS funds or non-VSS funds.

List the number of victims who were provided with other Direct Financial Assistance by the Program. Do not count if provided Rent/Deposit/Utility Assistance as this was counted in question above.

**Service Location by Zip Code**

Upload an aggregated list of services provided by zip code and city.

Upload a list of where the service was provided by type of service, number of times service provided, city and zip code.

**Transportation Trips**

Total number of transportation trips you provided to victims. For example: You took two victims in the same car at the same time to the courthouse for the Civil Pro Se court hearing. After the court hearings the same advocate transported the two victims from the courthouse back to shelter. You can count 1 transportation trip for transporting the two victims from the shelter to the courthouse. You can also count 1 transportation trip for transporting the two victims from the courthouse to the shelter. So the total number of Transportation Trips is 2. You DO NOT multiply the number of transportation trips by the number of victims.

Total number of transportation trips provided to victims.

**Crisis Hotline Calls & Chats/Texts**

In the "Number of Calls/Texts" column enter the total number of crisis calls and chat/text received either on a hotline or a business line. If you complete a contact/call sheet of some kind, then count that contact here. In the "Call/Chat Hours" column list the total hours spent on the crisis line and chat line/texting.

 Number of Calls/Texts Hours Spent on Calls/Texts

Crisis Hotline Call

Chat Line/Text Line

**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 (Specify/define on next question)

Define "Other" from Collaboration Section

**Collaboration Narrative**

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

**Referrals**

Please indicate the number of referrals by type of agency received from your agency (Referrals from) and referral provided to the victim (Referrals To)

 Number of Referral From Number of Referrals To

Community

Correction Official (Jailor, DOC, BEP, etc.)

Courts

Culturally-Specific Program

Domestic Abuse Comprehensive Program

Government Agencies (DHS, etc.)

Healthcare Providers (doctors, clinics, health departments)

Homeless Shelter

Law Enforcement

Legal

Prosecution/Victim Witness Coordinators

Schools, Universities, Colleges, etc.

Sexual Abuse Comprehensive Program

Shelter-Based Victim Service Programs

Social Media

Survivor of Homicide/Other Violent Crime Program

Therapists and Counselors

Walk-In

Define "Other" from Referral Section

**Shelter Statistics**

 Traditional Shelter Safe Home(s) Hotels/Motels

Total Domestic Abuse (DA) Adult Female (18+)

Total Domestic Abuse (DA) Adult Male (18+)

Total DA Children Ages 0-12 years old

Total DA Children Ages 13-17 years old

Total Sexual Abuse Victims Sheltered

Other Crime Victims Sheltered

Totals 0 0 0

**Shelter Nights**

List the number of shelter nights provided in traditional shelter. Total of person housed in traditional shelter (adults & children) multiplied by the number of nights. On this line, count each victim and each child for each traditional shelter night received during this reporting period.

Traditional Shelter (# of Nights)\*

Safe Homes (# of Nights)\*

Hotels/Motels\*

Total Nights of Safety

**Turned Away from Shelter**

 Children/Youth Women Men

Turned Away - Shelter Full

Turned Away - Unsafe

Turned Away - Inappropriate

**Diverted/Diversion from Shelter**

Enter the number of victims diverted from shelter.

 Women Men Children

New Apartment/Home

Staying in their Apartment/Home

Family Permanent Housing

Family Temporary Housing

Friends Permanent Housing

Friends Temporary Housing

Hospital

Psychiatric/Mental Health Facility

Substance Abuse/Detox

Problem-Solving

Financial Assistance (other than Rent/Utility)

Rent/Utility Assistance

Other

**Other in Diverted Section**

Please define/explain "Other" in the Diverted Section.

Other:

**Legal Services/Case Disposition**

Complete Legal Services/Case Disposition section if you received funds to support Legal (attorney) services. Any questions, check with your primary VSS staff contact.

# of Cases Received

# of Cases Accepted

# of Cases Declined

# of Cases in Progress

# of Cases Unsuccessful Outcome/Case Lost

# of Cases Successful Outcome/Case Won

Campus Justice Proceedings

Civil Commitment Hearing

Child Custody

Criminal Justice Proceeding

Dissolution

Emergency Protective Order Filing/Hearing

Emergency Custody Orders & Visitation Rights

Juvenile Justice Proceedings

U Visas/T Visas/Refugee/Immigration Issues

Vacate/Expunging Convictions

Totals

Legal Case Dispositions - Other Civil Actions

**Please list other civil actions by categories not listed in previous section.**

Type of Cases

# of Cases Received

# of Cases Accepted

# of Cases Declined

# of Cases in Progress

# of Cases Unsuccessful Outcomes/Case Lost

# of Cases Successful Outcome/Case Won

**Other Criminal Actions Related to/Direct Result of Victimization**

Type of Other Criminal Case

# of Cases Received

# of Cases Accepted

# of Cases Declined

# of Cases in Progress

# of Cases Unsuccessful Outcome/Case Lost

# of Cases Successful/Case Won