

APPENDIX E

VAWA Report Forms



Division of
Justice &
Community
Services

Subgrantee Reference Handbook

Revised 5/1/12

Preface

The intent of this document is to serve as a reference tool for the Division of Justice and Community Services (DJCS) subgrantees. Enclosed are standard policies and/or procedures utilized by DJCS. While most areas discussed in this reference book apply to all of the grant programs administered by the Division, there may be a few exceptions. This document is NOT meant to replace contact with the program specialist.

Request For Proposal (RFP) Process

Grant programs that have an open solicitation release an annual Request for Proposal (RFP). In most cases the RFP is a paper brochure with information for the grant program, eligible applicants, allowable expenses and a deadline for the application as well as instruction on how to access an application kit. In addition to the paper RFP, the application kit is also posted on the WV DJCS website on the Current Funding Opportunities page. <http://www.djcs.wv.gov/>

Grant Program Committees and Grant Review

Most grant programs administered by the Division are required to or the Division chooses to utilize a grant oversight committee. The level of oversight and name of each committee varies from one program to another with the common thread being that grant applications are reviewed by these committees and funding recommendations are made to the Governor's Office for final review and award. For more information on a specific oversight committee, please see the administrative manual for the respective program.

Once the application deadline has passed a grant review is held where each application is reviewed by the oversight committee along with Division staff.

Division of Justice & Community Services (DJCS) Terms

- Program Specialist-DJCS employee that administers the subgrant.
- Accountant-DJCS employee that is the second tier of the reimbursement process and requests payment from the Auditor's office.
- Request for Proposal (RFP)-Announcement of available grant funds for a particular program. This may be in paper or e-mail format as well as listed on the DJCS website.
- Open Solicitation-The allowance for agencies, that were not subgrantees the previous funding year, to make application for grant funds.
- Closed Solicitation-Not allowing agencies that were not subgrantees the previous year to apply for funding.
- Application Kit-The application that is required to apply for grant funds.
- Match-Local funds or in-kind goods/services that are used to enhance subgrantee funds. The percentage of match is based upon the grant program and will be announced in the Request for Proposal and grant application instructions. Federal funds may not be matched with Federal funds.
- Grant Oversight Committee-Group of individuals tasked with reviewing the subgrant applications at grant review.
- Grant Review-The meeting at which the subgrantee applications are discussed and reviewed. The subgrantee may be required to attend or be available via telephone to answer questions related to the applications. Appropriate notice will be given to applicants.
- Grant Contract-The document that affects the "relationship" between DJCS and the subgrantee. This document is signed by the Director of DJCS and the subgrant Authorized Official.
- Project Number-Unique number assigned by DJCS that is specific to the subgrant. This number can be found on the contract. This number will be on each report submitted to DJCS.
- Deobligation-The act of "removing" grant funds from a subgrantee either for non-compliance of the contract/special conditions or unexpended funds at the end of the grant period.

- Grant Adjustment Notice (GAN)-A DJCS document that is completed at the request of a subgrantee when anything from the original grant application changes such as a budget adjustment, expenditure approval, grant period extension, change in grant officials, etc.
- Change Orders-A DJCS document that is completed in conjunction with certain Grant Adjustment Notices. Subgrantees never see a Change Order.
- Monthly Reports-Financial and Progress Reports related to the subgrant that are due the 20th day of the following month to DJCS.
- Subgrantee-Applicant agency that has been awarded grant funds by DJCS.
- Administrative Manual-Program guidelines that are specific to each grant program.
- State Fiscal Year-July 1 through June 30
- Federal Fiscal Year-October 1 through September 30

Applications

As the applications are received, page one of the application will be date stamped by DJCS. Late, faxed, e-mailed or post marked applications will not be accepted. The Program Specialist will review the application for completeness and accuracy.

All three grant officers (Project Director, Fiscal Officer and Authorized Official) are different individuals.

The Authorized Official (AO) must be the agency head responsible for the grantee agency and authorized to enter into contract for the grant in question. The Authorized Official should be the agency director, board director, mayor or county commissioner, whichever is applicable.

The Project Director (PD) should be the individual responsible for the administration of the grant program. This is the first point of contact for general questions or problems regarding the grant in question.

The Fiscal Officer (FO) should be the individual responsible for the financial administration of the grant program. This is the point of contact for issues regarding grant expenditures and documentation for the grant in question.

- a. The application checklist should be followed very closely to avoid incomplete applications.
- b. Beginning July 1, 2012, budget narratives are required to be very specific. Each grant funded position must be designated as full-time, part-time, or overtime. Each position is required to have benefit rates associated with each position if benefits are being requested to be paid by grant funds. Please refer to the detailed example budget narrative that was included in each grant application packet.
- c. Written correspondence, fax or e-mail will be sent to the Project Director regarding any missing, incorrect, and/or unclear documentation.
 - i. An additional 5 to 10 working days will be given to applicants to correct or complete the submitted application.
 - ii. The written correspondence sent to the PD, will give a due date. This due date will be strictly enforced.
 - iii. If an applicant has expressed difficulty meeting the deadline, the Specialist has the discretion to give an extension to the due date if the applicant is in contact with the specialist.
 - iv. However, if the required documentation is not returned, then the application must be reported to the subcommittee as being "incomplete".

Start of New Grant Cycle

Grant Award Process

If funded, the Authorized Official will receive an award letter from the Office of the Governor. This may be done during an awards ceremony where the subgrantee will be invited to accept the award letter in person or simply mailed. The awards ceremony time and location may vary from year to year and is subject to the discretion of the Office of the Governor.

Shortly following the release of the Governor's award letter a grant contract and related documents will be sent to the Authorized Official named on the grant with the Project Director being copied on that correspondence. The contract and other documents must be signed by the Authorized Official with the original document returned to the Division to be affected. Once all documents are finalized the Program Specialist will send a copy of the approved grant. This correspondence will include the grant application, approved budget and signed contract and other related documents. At a minimum, the project director and fiscal officer should each maintain a copy of the approved grant.

1. Any subgrantee that has not completed/returned all application and contract requirements within 30 days of the start of the grant, will be contacted in writing and be given a strict deadline (5 working days) to have them complete. After the deadline, the Program Specialist has the discretion to deobligate funds after a discussion with the immediate supervisor and the deputy director.
2. Any subgrantee that is not in full operation within 60 days of the start of the grant period must notify DJCS in writing of the following:
 - A valid explanation of the delay in implementation
 - A detailed plan of action to address the delay
 - A date the project is planned to begin
3. Any subgrantee that is not in full operation within 90 days of the start of the grant period must submit a **second** written notification DJCS. At that time, following a discussion with the Immediate Supervisor and the Deputy Director, the Program Specialist has the discretion to deobligate all funds and close the grant.
 - A valid explanation as to why the plan of action failed and the implementation deadline was not met must be submitted.

Monthly Reports

Due to DJCS by 20th of the following month

Grant programs are required to submit several program reports (monthly, quarterly, semi-annual and annual reporting depending upon the grant program) throughout the grant period. For information on a specific grant program's reporting requirements please reference the respective administrative manual and/or program guidelines.

All subgrantees are required to submit monthly reports by the 20th day of the following month of activity. Each should be submitted monthly regardless of the level of activity.

General Guidelines:

- All Monthly Reports will be processed by specialists within **5-7 working days** of date (received) stamped and by the accounting staff within **10 working days**. PLEASE NOTE, due to circumstances beyond the control of the Division this timeframe cannot always be met.
- The Financial and Project Reports should be submitted in one package.
- Reports not received in a timely manner:
 1. Program Specialists will contact the Project Director via e-mail or fax to make them aware that the report is past due. Outstanding reports(s) are to be submitted by a due date of no more than 5 working days.
 2. If reports have not been submitted after the revised due date, a letter will be sent to the Authorized Official (c: Project Director) referring to Special Conditions and Assurances (reporting requirements) of applicable grant. The letter will indicate funds may be deobligated and the grant file closed. A copy of the letter will be placed in the grant file.
 3. If no response – funds **may** be deobligated and grant file closed after a discussion with the Immediate Supervisor and Deputy Director.
- Incomplete reports:
 1. The subgrantee (contact listed on the Project Financial Report or the Monthly Progress Report, whichever is appropriate) will be notified immediately by written correspondence (via email or fax) with a due date of no more than 5 working days.
 2. If no response is received within 5 working days of first written notification, a "Final Notice" informing subgrantee Authorized Official (c: Project Director) they have 3 additional working days to rectify problem and then DJCS will (i.e. mark off or deobligate).
 3. If documentation is not received by the final due date, then the missing information will be marked off of the Request for Reimbursement. If the missing documentation is a Progress Report or Statistical Report, then the

Program Specialist cannot process the report and has the option to deobligate funds after a discussion with the Immediate Supervisor and Deputy Director.

Monthly Progress Reports:

- Reports must have all required contact information completed.
- Report must list a brief summary of activities as they relate to the goals, status of objectives and any other relevant activities of the applicable grant.
- A monthly Statistical Report must also be sent with Progress Report if applicable.
- Copies of all Board Meeting Minutes (including county commission, Board of Directors, etc.) must also be sent with monthly progress report if applicable, unless the progress report indicates there was not a meeting for the reporting month.
- **The monthly progress report is required to process financial requests.**

Financial Reports:

- To process a financial report, the corresponding progress report must be on file.
- **Financial Requests must follow the approved budget** unless a Grant Adjustment Notice (GAN) has been requested and approved.
- Steps to process:

1. **Request for Reimbursement** page must be signed by either the Authorized Official or Fiscal Officer as listed on Page 1 of the Grant Application or any changes made through adjustments. This must be an original signature; **NO COPIES OR STAMPED SIGNATURES WILL BE ACCEPTED.**

- Subgrantee information must be the same as on the processed grant. Please note that the address on the Request for Reimbursement must match the address on the approved grant application. All reimbursement checks will be mailed to this address.
- Project number – the number DJCS has assigned
- FEIN # - can be found on the Budget Pages in the application
- Period the report covers – typically should only be for one month timeframe
- Total amount requested – will verify total at the end.
- DJCS will not process Request for Reimbursements that are less than \$100. If a request is sent in totaling less than \$100, the request will be held until the following month.

2. **Project Financial Report**

- Top section should be completed by subgrantee. The contact person listed on this page must be the person who actually completed the financial report.

- Approved Budget Columns – should match the approved grant budget. Budget amounts can only be adjusted through a written or e-mailed request and a written grant adjustment completed by DJCS.
- Expended This Period Column – Total amount the subgrantee is seeking for reimbursement this reporting period.
- Expended to Date Columns – running total calculated by the grantee as to what has been expended during the grant cycle.

3. Recap Page (REQUIRED)

- Shows in detail what is being requested for reimbursement.
- Subgrantee is not required to use the standard DJCS Recap page, however the subgrantee Recap page must be similar and must contain all information encompassed in DJCS page.

4. If payroll / contractual expenses are requested:

- All expenses must match approved budget.
- Effective July 1, 2012, ALL subgrantees must utilize the standard DJCS timesheet.
- A timesheet must be submitted for each grant funded employee and signed by the employee and their supervisor each month. Original signatures are not necessary, however stamped or typed signatures will not be accepted. A timesheet will be submitted with the ENTIRE month's hours. Hours that are being requested to be reimbursed should be listed under the Program Hours, and hours that are being requested to be utilized for Match should be listed under the Regular Hours. Keep in mind only hours not reimbursed through the grant AND directly related to the program can be used as Match. The timesheet should always reflect the total number of hours in the month the employee worked.
- Proof of payment must be attached for timeframe the subgrantee is requesting payment – proof of payment includes either copies of the check stubs or a copy of the payroll register. If actual checks are attached to the check stubs, they must have ALL appropriate signatures. If a payroll register is submitted, at minimum, these must include the employee's name, check date, check number, and benefits taken out (if applicable).
- The information on the Recap Page must match the pay stubs.
- EXAMPLE of what is required by a subgrantee: Month of July: Timesheet with all hours worked by the grant funded employee in the month of July (1-31). This particular subgrantee gets paid every other Friday so they will attach paystubs for July 1, 15, & 29. The Recap Sheet will request payment for the period July 1st through July 29th as this is the period the paystubs cover. Month of August: Submit again the entire month of July timesheet (note 29 days were previously requested) and the entire month of August

(1-31). The subgrantee will also submit paystubs for August 12th and 26th. The August 12th paystub will cover July 30-August 12 period, and the August 26th paystub will cover August 13-August 26. The Recap Sheet will request payment from July 30th through August 26th. NOTE: It is still acceptable to request the entire month of reimbursement as opposed to the above scenario.

- Effective July 1, 2012, DJCS would recommend that Workers Compensation and Unemployment be requested monthly, however no less than quarterly, based on the percentage set in the approved budget.
- Effective July 1, 2012, proof of Health Insurance premiums paid for each requested employee must be provided monthly. This may be done by providing a copy of a ledger, report, invoice, etc. A certification from the County Clerk, County Commission or city Fiscal Officer WILL NOT be accepted.
- Effective July 1, 2013, Workers Compensation, Unemployment and Retirement MUST be verified with the July 2013 pay (first pay of the grant cycle). This may be done by providing a copy of a ledger, report, invoice, etc. A certification from the County Clerk, County Commission or city Fiscal Officer WILL NOT be accepted.

5. If Travel / Training expenses are requested:

- Must match approved budget.
- A travel voucher/expense sheet must be submitted. Employee signature and supervisor signature is required.
- Proof of payment must be attached - typically a copy of the check showing payment. If charges were placed on an agency/business credit card, a copy of the credit card bill and a copy of the check showing the card was paid. If the expense was charged on a personal credit card, the credit card statement is NOT needed. This is the actual statement mailed to the card holder. Proof of payment is required, this may be a copy of the check "cut" to the individual from the grantee agency.
- Meal Allowances – must follow State guidelines and comply with Federal Per Diem rates. Receipts are not required.
- Federal Regulations regarding allowable food for training has changed. ANY food expenditure for ANY training must be pre-approved through the Feds. State programs are exempt.
- Lodging, car rental, fuel receipts, must have receipt/voucher and proof of payment and must be consistent with State travel guidelines.
- To be reimbursed for attendance at training events – the training must be pre-approved in the budget or through a written grant adjustment.
- Use of agency debit cards require a bank statement for payment.

- If the subgrantee is a State agency and utilizes a purchasing card (P-Card) the subgrantee should contact the Specialist/Accountant for instructions on reimbursement.

6. If Other/Equipment/Supplies are requested:

- Must match approved budget.
 - Receipts showing items purchased must be submitted – copies are acceptable. Purchase orders or packing slips are **not** acceptable.
 - If charges were placed on an agency/business credit card, a copy of the credit card bill and a copy of the check showing the card was paid. If the expense was charged on a personal credit card, the credit card statement is NOT needed. This is the actual statement mailed to the card holder. Proof of payment is required, this may be a copy of the check “cut” to the individual from the grantee agency.
 - Proof of payment must be attached – usually a copy of the check showing payment.
 - If a computer, office equipment, vehicle, etc. is purchased by the grant, then an Equipment Listing Form must be attached.
 - Use of agency debit cards require a bank statement for payment.
 - If the subgrantee is a State agency and utilizes a purchasing card (P-Card) the subgrantee should contact the Specialist/Accountant for instructions on reimbursement.
- If something is requested for reimbursement that is not approved in the original budget or in a written grant adjustment, then the requested item(s) and amount(s) will be marked off. Accountants will check with the Program Specialist prior to marking off any requested expense. Subgrantee will be contacted as to why this expense was not allowable.
 - Totals from **Recap page** must match the amount listed in the Expended This Period Column of the **Project Financial Report**. If different, appropriate corrections will be made and the subgrantee will be notified.
 - Total from **Project Financial Report** (Expended This Period Column) should match amount listed on **Request for Reimbursement** form. Important note – the Request for Reimbursement Form total only includes funds being requested through the grant. Match calculations are not included on this form. Match should be monitored and noted on the Project Financial Report.
 - If match is applicable to the program, match may be monitored on a monthly basis, but no less than on a quarterly basis. If a subgrantee is not up-to-date with their match, a letter will be sent to the Project Director (c: Fiscal Officer) and inform them that no future Request for Reimbursements will be processed until the match is current.
 - If any changes are made to the totals on the **Project Financial Report** once processed by the Accountants, a corrected form will be faxed or e-mailed to the

subgrantee for their records by the Program Staff person responsible for the administration of the grant.

- Match documentation must be submitted in the same manner as reimbursable expenses. Match must be documented on the Monthly Project Financial Report Form and must have proper backup documentation. Match may differ based upon the grant program. For Federal programs that do not allow food to be purchased with grant funds, the subgrantee MAY utilize these expenses as match.
- DJCS does not use QuickBooks so all calculations are done on a calculator. It is standard DJCS practice that the accounting staff will check the requested amount. If there is a difference of only a few pennies, and it is NOT an addition issue that has already been identified, the accountant will always carry out the decimal point at least three places.
- Grant funds (if allowable under individual grant Federal guidelines) and depending upon availability of funds within the subgrant, may be used to pay an annual leave balance to a subgrant funded employee when employment is terminated during the subgrant period. Reimbursement is proportionate based upon the time funded under the grant. If the employee has 240 hours of annual leave, however only 150 hours were accrued during the time the employee was employed by the grant, then that is the grant can reimburse 150 hours.
- Grant funds do not pay bonuses or increment payments.
- Supplanting-To deliberately reduce state or local funds because of the existence of federal funds. In order to prevent supplanting the subgrantee will have to backfill. Backfill is simply the process of hiring an additional individual to prevent replacing the local or state funds with federal funds. Example 1: Applicant requests funding for a "new" position that has NO local or state funds budgeted for that "type" of position. Victim Advocate in Prosecutor's Office=NOT SUPPLANTING Example 2: Applicant requests funding for a new position that it does have local or state funds already budgeted for that "type" of position. City of County requesting funds for another officer=MUST BACKFILL Subgrantee will be notified at the time of application whether or not the requested position will need to be backfilled if the grant is funded.
- Specific, NOT ALL, grant programs administered by DJCS allow only units of government to apply for these funds. Due to this regulation, private and/or non-profit organizations wishing to implement a project utilizing these funds must develop a relationship with a unit of local or state government. This unit of government would then apply on behalf of the private and/or non-profit organization, who would actually implement the project. Please note that the unit of government does not have to use funds from their budget, but can accept the private and/or non-profit organization's invoices and checks as backup documentation. This documentation must be submitted by the unit of government (subgrantee). Reimbursement will be made back to the unit of government (subgrantee).
- All subgrants will be monitored for grant compliance. No changes will be approved/disapproved by the monitor.

- Any corporation, association, or other organization in West Virginia that is not a local government which received funds from the WV Division of Justice and Community Services in the amount of \$15,000 or more shall file an audit of the disbursement of funds with the WV Legislative Auditor's Office. This audit shall be filed within two years of the disbursement of funds by the Division to the entity and shall be made by an independent, certified public accountant at the cost of the entity and show that the funds were spent for the purposes intended. An entity failing to file a required audit within the two-year time period is barred from subsequently receiving funds from the State until the entity has filed the audit and is otherwise in compliance with Chapter 12, Article 4, Section 14 of the West Virginia Code, as amended.

Grant Adjustments and Change Orders

Grant Adjustments are completed after submission of a written request, e-mail, or fax by the Grant Project Director (or the Program Director or Fiscal Officer after consultation with Grant Project Director). The adjustment request must be clear, detailed, and must be allowable under all State, Federal and DJCS funding guidelines.

All adjustments (financial or programmatic) to the initial approved grant application MUST have the Program Specialist's written approval prior to any modifications by subgrantee or the submission of the monthly reports by subgrantee.

1. A written response must be generated within 5 working days of receipt of the written request.
2. If the requested change is not allowable under grant conditions, then a written response letter must be sent to the Project Director detailing the reason for the denial of the grant adjustment request.
3. In the event a request may be allowable, but the Program Specialist has not received appropriate proof of justification or proper documentation, the subgrantee must be sent written notification of documentation needed to process the request. This notification must be sent within the 5 working days of receiving the request and must be attached to the initial request.

Grant Closing Procedures

1. When the final (typically June) financial reports are submitted, the Program Specialist must review the reports carefully to make sure the match requirement is up to date if applicable. If match has not been submitted, then notice must be sent immediately giving the subgrantee a 3-5 working day deadline to submit the match. **If match is not submitted at that time then the June request will be used as match instead of reimbursed.**

2. Most of the June reports will be marked as Final Report (top of the Project Financial Report Forms). If not marked, the program specialist must call the subgrantee to confirm they will not have a supplemental request. If the program specialist approves a supplemental request the program specialist must mark the Request for Reimbursement as "supplemental". A supplemental request does not require an extension.

WEST VIRGINIA Division of Justice and Community Services	Request for Reimbursement
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RECEIVED (For DJCS Use Only)	Subgrantee: _____
	Address: _____ _____ _____
	Project #: _____
	FEIN#: _____
	Funds are hereby requested to cover expenditures FROM: _____ TO: _____

PROJECT CASH EXPENDITURES

Account #	Amount
TOTAL	

CERTIFICATION:

I certify that this report presents actual receipts and expenditures of funds for the period covered and for the total grant budget to date, made in accordance with the approved budget for this grant.

All documentation is available at our office.

BY: _____ TYPED NAME & TITLE _____ SIGNATURE _____ DATE _____
 (Authorized Official or Grant Financial Officer ONLY)

DJCS USE ONLY

ADMINISTRATIVE APPROVAL:

This request is approved in the amount of \$ _____
Initials Date

Pursuant to the authority vested in me, I certify that this request is correct and proper for payment.

_____ Date _____ Program Accountant

WEST VIRGINIA DIVISION OF JUSTICE & COMMUNITY SERVICES	FINANCIAL RECAP PAGE
GRANTEE:	PROJECT #
PREPARED BY:	MONTH:

PERSONNEL/CONTRACTUAL CALCULATION

NAME _____
Total Salary/Wages \$ _____
Total Fringe Benefits \$ _____
 (%) FICA \$ _____
 (%) W/C \$ _____
 (%) U/C \$ _____
TOTAL \$ _____

HLTH INSURANCE \$ _____
 LIFE INSURANCE \$ _____
 RETIREMENT \$ _____
 OTHER \$ _____

NAME _____
Total Salary/Wages \$ _____
Total Fringe Benefits \$ _____
 (%) FICA \$ _____
 (%) W/C \$ _____
 (%) U/C \$ _____
TOTAL \$ _____

HLTH INSURANCE \$ _____
 LIFE INSURANCE \$ _____
 RETIREMENT \$ _____
 OTHER \$ _____

NAME _____
Total Salary/Wages \$ _____
Total Fringe Benefits \$ _____
 (%) FICA \$ _____
 (%) W/C \$ _____
 (%) U/C \$ _____
TOTAL \$ _____

HLTH INSURANCE \$ _____
 LIFE INSURANCE \$ _____
 RETIREMENT \$ _____
 OTHER \$ _____

TOTAL PERSONNEL/CONTRACTUAL CHARGED TO GRANT THIS MONTH \$ _____

TRAVEL/TRAINING CALCULATION

Name(s)	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL TRAVEL/TRAINING CHARGED TO GRANT THIS MONTH \$ _____

SPACE CALCULATION

_____ \$ _____
 _____ \$ _____

TOTAL SPACE CHARGED TO GRANT THIS MONTH \$ _____

OTHER CALCULATION

Explanation/Purchases	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL OTHER CHARGED TO GRANT THIS MONTH \$ _____

TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT THIS MONTH (Should match the total amount requested on front reimbursement page)	\$ _____
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* Use additional sheets as necessary.

Subgrantee: _____ Prepared By: _____ Project #: _____
 Address: _____ Phone #: _____
 _____ Date Prepared: _____
 _____ Signature: _____

BUDGET SUMMARY PAGE

CATEGORY	APPROVED BUDGET (If Applicable to Program)		EXPENDED THIS PERIOD (If Applicable to Program)		EXPENDED TO DATE (If Applicable to Program)		UNPAID OBLIGATIONS Grant Funds ONLY
	Grant Funds	Cash Match	Grant Funds	Cash Match	Grant Funds	Cash Match	
Personnel/ Contractual							
Travel/ Training							
Equipment							
Space							
Other							
TOTALS							

INSTRUCTIONS

The following instructions should be observed when preparing a Project Financial Report:

DUE DATES: Reports are due in the Division of Justice and Community Services by the C.O.B. on the 20th day of the month following the period of this report.

SUBGRANTEE: Enter the name and address of the State Agency, Unit of Local Government, or Non-Profit Agency that is designated as the grant recipient.

PREPARED BY: Type the name and phone number (including extension) of the person preparing this report. The preparer must sign in the space provided.

FOR PERIOD _____ to _____: Enter the month(s) covered by this report.

FINAL REPORT: Check this block if this is the last report.

DATE PREPARED: Enter the date this report was prepared.

PROJECT #: Enter the number assigned by the Division of Justice and Community Services.

APPROVED BUDGET: Enter the latest approved project budget.

EXPENDED THIS PERIOD: Enter expenditures made during this reporting period. Expenditure information should be based on actual disbursements and should not be rounded.

Copies of the appropriate documentation supporting this period's expenditures must be attached to this form.

REPORT #: Assign consecutive numbers as each report is submitted.

EXPENDED TO DATE: Enter cumulative expenditures to date based on actual disbursements and not rounded.

UNPAID OBLIGATIONS: Enter all obligations that have been incurred during this reporting period that have not been paid. This is for DJCS use ONLY.

Submit original report to:

Sarah Brown
 Division of Justice and Community Services
 1204 Kanawha Boulevard, East
 Charleston, West Virginia 25301

QUESTIONS: Phone 558-8814 ext. 53337
 between 8:00 a.m. and 4:00 p.m.

Subgrantee: _____ Prepared By: _____ Project #: _____
 Address: _____ Phone #: _____
 _____ FAX: _____
 For Period: _____ to _____
 Date Prepared: _____
 Signature: _____

VICTIM SERVICES BUDGET PAGE (a)

CATEGORY	APPROVED BUDGET (If Applicable to Program)			EXPENDED THIS PERIOD (If Applicable to Program)			EXPENDED TO DATE (If Applicable to Program)			UNPAID OBLIGATIONS Grant Funds ONLY
	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	
Personnel/ Contractual										
Travel/ Training										
Equipment										
Space										
Other										
TOTALS										

INSTRUCTIONS

The following instructions should be observed when preparing a Project Financial Report:

DUE DATES: Reports are due in the Division of Justice and Community Services by the C.O.B. on the 20th day of the month following the period of this report.

DATE PREPARED: Enter the date this report was prepared.

REPORT #: Assign consecutive numbers as each report is submitted.

SUBGRANTEE: Enter the name and address of the State Agency, Unit of Local Government, or Non-Profit Agency that is designated as the grant recipient.

PROJECT #: Enter the number assigned by the Division of Justice and Community Services.

EXPENDED TO DATE: Enter cumulative expenditures to date based on actual disbursements and not rounded.

PREPARED BY: Type the name and phone number (including extension) of the person preparing this report. The preparer must sign in the space provided.

APPROVED BUDGET: Enter the latest approved project budget.

UNPAID OBLIGATIONS: Enter all obligations that have been incurred during this reporting period that have not been paid.

FOR PERIOD _____ to _____: Enter the month(s) covered by this report.

Submit original report to:
 Sarah Brown

Division of Justice and Community Services
 1204 Kanawha Boulevard, East
 Charleston, West Virginia 25301

FINAL REPORT: Check this block if this is the last report.

QUESTIONS: Phone 558-8814 between 8:30 a.m. and 4:30 p.m.

Subgrantee: _____ Prepared By: _____ For Period _____ to _____ Project #: _____
 Address: _____ Phone #: _____ Date Prepared: _____
 FAX: _____ Signature: _____

CULTURAL SPECIFIC ORGANIZATION BUDGET PAGE (b)

CATEGORY	APPROVED BUDGET (If Applicable to Program)			EXPENDED THIS PERIOD (If Applicable to Program)			EXPENDED TO DATE (If Applicable to Program)			UNPAID OBLIGATIONS Grant Funds ONLY
	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	
Personnel/										
Contractual										
Travel/										
Training										
Equipment										
Space										
Other										
TOTALS										

INSTRUCTIONS

The following instructions should be observed when preparing a Project Financial Report:

- DUE DATES:** Reports are due in the Division of Justice and Community Services by the C.O.B. on the 20th day of the month following the period of this report.
- DATE PREPARED:** Enter the date this report was prepared.
- PROJECT #:** Enter the number assigned by the Division of Justice and Community Services
- APPROVED BUDGET:** Enter the latest approved project budget.
- EXPENDED THIS PERIOD:** Enter expenditures made during this reporting period. Expenditure information should be based on actual disbursements and should not be rounded. Copies of the appropriate documentation supporting this period's expenditures must be attached to this form.
- REPORT #:** Assign consecutive numbers as each report is submitted.
- FOR PERIOD _____ to _____:** Enter the month(s) covered by this report.
- FINAL REPORT:** Check this block if this is the last report.
- UNPAID OBLIGATIONS:** Enter all obligations that have been incurred during this reporting period that have not been paid.
- EXPENDED TO DATE:** Enter cumulative expenditures to date based on actual disbursements and not rounded UNPAID
- Submit original report to:** Sarah J. Brown
Division of Justice and Community Services
1204 Kanawha Boulevard, East
Charleston, West Virginia 25301
Sarah Brown
- QUESTIONS:** Phone 558-8814 between 8:30 a.m. and 4:30 p.m.

WEST VIRGINIA

Division of Justice and Community Services

Project Financial Report

Final Report

Page _____ of _____

Report #: _____

Subgrantee: _____ Address: _____ Prepared By: _____ Phone #: _____ FAX: _____	For Period _____ to _____ Date Prepared: _____ Signature: _____ Project #: _____
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PROSECUTION BUDGET PAGE (c)

CATEGORY	APPROVED BUDGET (If Applicable to Program)			EXPENDED THIS PERIOD (If Applicable to Program)			EXPENDED TO DATE (If Applicable to Program)			UNPAID OBLIGATIONS Grant Funds ONLY
	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	
Personnel/ Contractual										
Travel/ Training										
Equipment										
Space										
Other										
TOTALS										

INSTRUCTIONS

The following instructions should be observed when preparing a Project Financial Report:

- DUE DATES:** Reports are due in the Division of Justice and Community Services by the C.O.B. on the 20th day of the month following the period of this report.
- SUBGRANTEE:** Enter the name and address of the State Agency, Unit of Local Government, or Non-Profit Agency that is designated as the grant recipient.
- PREPARED BY:** Type the name and phone number (including extension) of the person preparing this report. The preparer must sign in the space provided.
- FOR PERIOD** _____ to _____: Enter the month(s) covered by this report.
- FINAL REPORT:** Check this block if this is the last report.
- DATE PREPARED:** Enter the date this report was prepared.
- PROJECT #:** Enter the number assigned by the Division of Justice and Community Services.
- APPROVED BUDGET:** Enter the latest approved project budget.
- EXPENDED THIS PERIOD:** Enter expenditures made during this reporting period. Expenditure information should be based on actual disbursements and should not be rounded.
- Copies of the appropriate documentation supporting this period's expenditures must be attached to this form.**
- REPORT #:** Assign consecutive numbers as each report is submitted.
- EXPENDED TO DATE:** Enter cumulative expenditures to date based on actual disbursements and not rounded.
- UNPAID OBLIGATIONS:** Enter all obligations that have been incurred during this reporting period that have not been paid.
- Submit original report to:
 Division of Justice and Community Services
 1204 Kanawha Boulevard, East
 Charleston, West Virginia 25301
- QUESTIONS:** Phone 556-8814 between 8:30 a.m. and 4:30 p.m.

Subgrantee: _____ Prepared By: _____ For Period _____ to _____ Project #: _____
 Address: _____ Phone #: _____ Date Prepared: _____
 FAX: _____ Signature: _____

LAW ENFORCEMENT BUDGET PAGE (d)

CATEGORY	APPROVED BUDGET (If Applicable to Program)		EXPENDED THIS PERIOD (If Applicable to Program)		EXPENDED TO DATE (If Applicable to Program)		UNPAID OBLIGATIONS Grant Funds ONLY
	Grant Funds	Cash Match	Grant Funds	Cash Match	Grant Funds	Cash Match	
Personnel/ Contractual							
Travel/ Training							
Equipment (\$5,000/unit ONLY)							
Space							
Other							
TOTALS							

INSTRUCTIONS

The following instructions should be observed when preparing a Project Financial Report:

DUE DATES: Reports are due in the Division of Justice and Community Services by the C.O.B. on the 20th day of the month following the period of this report.

SUBGRANTEE: Enter the name and address of the State Agency, Unit of Local Government, or Non-Profit Agency that is designated as the grant recipient.

PREPARED BY: Type the name and phone number (including extension) of the person preparing this report. The preparer must sign in the space provided.

FOR PERIOD _____ to _____: Enter the month(s) covered by this report.

FINAL REPORT: Check this block if this is the last report.

DATE PREPARED: Enter the date this report was prepared.

PROJECT #: Enter the number assigned by the Division of Justice and Community Services.

APPROVED BUDGET: Enter the latest approved project budget.

EXPENDED THIS PERIOD: Enter expenditures made during this reporting period. Expenditure information should be based on actual disbursements and should not be rounded. Copies of the appropriate documentation supporting this period's expenditures must be attached to this form.

REPORT #: Assign consecutive numbers as each report is submitted.

EXPENDED TO DATE: Enter cumulative expenditures to date based on actual disbursements and not rounded.

UNPAID OBLIGATIONS: Enter all obligations that have been incurred during this reporting period that have not been paid.

Submit original report to:

Division of Justice and Community Services
 1204 Kanawha Boulevard, East
 Charleston, West Virginia 25301

QUESTIONS: Phone 558-8814 between 8:30 a.m. and 4:30 p.m.

Subgrantee: _____ Prepared By: _____ For Period: _____ to _____ Project #: _____
 Address: _____ Phone #: _____ Date Prepared: _____
 _____ FAX #: _____ Signature: _____

DISCRETIONARY BUDGET PAGE (e)

CATEGORY	APPROVED BUDGET (If Applicable to Program)		EXPENDED THIS PERIOD (If Applicable to Program)		EXPENDED TO DATE (If Applicable to Program)		UNPAID OBLIGATIONS Grant Funds ONLY
	Grant Funds	Cash Match	Grant Funds	Cash Match	Grant Funds	Cash Match	
Personnel/ Contractual							
Travel/ Training							
Equipment							
Space							
Other							
TOTALS							

INSTRUCTIONS

The following instructions should be observed when preparing a Project Financial Report:

DUE DATES: Reports are due in the Division of Justice and Community Services by the C.O.B. on the 20th day of the month following the period of this report.

DATE PREPARED: Enter the date this report was prepared. **PROJECT #:** Enter the number assigned by the Division of Justice and Community Services.

EXPENDED TO DATE: Enter cumulative expenditures to date based on actual disbursements and not rounded.

SUBGRANTEE: Enter the name and address of the State Agency, Unit of Local Government, or Non-Profit Agency that is designated as the grant recipient.

APPROVED BUDGET: Enter the latest approved project budget.

UNPAID OBLIGATIONS: Enter all obligations that have been incurred during this reporting period that have not been paid.

PREPARED BY: Type the name and phone number (including extension) of the person preparing this report. The preparer must sign in the space provided.

EXPENDED THIS PERIOD: Enter expenditures made during this reporting period. Expenditure information should be based on actual disbursements and should not be rounded.

Submit original report to:

FOR PERIOD _____ to _____: Enter the month(s) covered by this report.

Copies of the appropriate documentation supporting this period's expenditures must be attached to this form.

Division of Justice and Community Services
 1204 Kanawha Boulevard, East
 Charleston, West Virginia 25301

FINAL REPORT: Check this block if this is the last report.

REPORT #: Assign consecutive numbers as each report is submitted.

QUESTIONS: Phone 558-8814 between 8:30 a.m. and 4:30 p.m.

WEST VIRGINIA

Division of Justice and Community Services

Project Financial Report

Final Report

Page _____ of _____

Report #: _____

Subgrantee: _____ Prepared By: _____ to _____ Project #: _____
 Address: _____ Phone #: _____
 _____ Date Prepared: _____
 _____ Signature: _____
 _____ FAX #: _____

COURTS PAGE (f)

CATEGORY	APPROVED BUDGET (If Applicable to Program)			EXPENDED THIS PERIOD (If Applicable to Program)			EXPENDED TO DATE (If Applicable to Program)			UNPAID OBLIGATIONS Grant Funds ONLY
	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	Grant Funds	Cash Match	In-Kind Match	
Personnel/										
Contractual										
Travel/										
Training										
Equipment (\$5,000/unit ONLY)										
Space										
Other										
TOTALS										

INSTRUCTIONS

The following instructions should be observed when preparing a Project Financial Report:

DUE DATES: Reports are due in the Division of Justice and Community Services by the C.O.B. on the 20th day of the month following the period of this report.

SUBGRANTEE: Enter the name and address of the State Agency, Unit of Local Government, or Non-Profit Agency that is designated as the grant recipient.

PREPARED BY: Type the name and phone number (including extension) of the person preparing this report. The preparer must sign in the space provided.

FOR PERIOD _____ to _____: Enter the month(s) covered by this report.

FINAL REPORT: Check this block if this is the last report.

DATE PREPARED: Enter the date this report was prepared.
PROJECT #: Enter the number assigned by the Division of Justice and Community Services.

APPROVED BUDGET: Enter the latest approved project budget.

EXPENDED THIS PERIOD: Enter expenditures made during this reporting period. Expenditure information should be based on actual disbursements and should not be rounded.

Copies of the appropriate documentation supporting this period's expenditures must be attached to this form.

REPORT #: Assign consecutive numbers as each report is submitted.

EXPENDED TO DATE: Enter cumulative expenditures to date based on actual disbursements and not rounded.

UNPAID OBLIGATIONS: Enter all obligations that have been incurred during this reporting period that have not been paid.

Submit original report to:

Division of Justice and Community Services
 1204 Kanawha Boulevard, East
 Charleston, West Virginia 25301

QUESTIONS: Phone 558-8814 between 8:30 a.m. and 4:30 p.m.

West Virginia Division of Justice & Community Services		Overtime and Salary Timesheet
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Employee:	Agency:	
Month/Year:	Grant Number:	

			Program 1 STOP VAWA Reg.	Program 2 STOP VAWA Sexual Assault	Program 3	Program 4
Date	Reg. Hours	OT Hours				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
TOTAL						

The undersigned certifies that the above named employee was paid for the above listed salary or overtime

Employee

Supervisor

*****List ALL hours worked in the month.**

West Virginia Division of Justice & Community Services	Volunteer Timesheet
---	----------------------------

Volunteer:		Agency:	
Month/Year:		Grant Number:	

	Date	Vol. Hours	Description of Volunteer Activities.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
TOTAL			

The undersigned certifies that the above named volunteer was NOT paid for the above listed time and that the time was utilized to provide services to Victims of Crime.

Volunteer

Supervisor

Volunteer In-Kind Match Rate (if Applicable)

\$ _____ /hr.

VAWA Match Certification

***Grant Period: July 1, 20__ to June 30, 20__**

Name:

Agency:

Grant Number:

Certification:

I certify that all submitted materials, donations, office space/rent, etc. for the purpose of “Match” for the VAWA funded project are used directly for the victims who are provided services rendered by the agency. For example, any donations received by this agency are for the VAWA funded project as direct services to crime victims, not for the overall administration of the grant.

I also certify that all matching funds come from state, county and/or local sources and are not federal funds.

Signature (Project Director or Fiscal Officer)

Date

GRANT COMPUTER & OFFICE EQUIPMENT LISTING FORM

INSTRUCTIONS

The following instructions should be observed when preparing computer & office equipment listing form:

DUE DATES:

Monthly, within twenty (20) days after the end of the month in which equipment was purchased. Must be submitted with the corresponding grant financial report.

SUBGRANTEE:

Enter the name of the Agency or Unit of Local Government that is designated as the grant recipient.

PREPARED BY:

Type the name, address, phone and fax number of the person preparing this report, and sign.

PROJECT #:

Enter the number assigned by the Division of Justice and Community Services.

PROJECT TITLE:

Enter the same title of the project that was used in the grant application.

FOR PERIOD FROM/THROUGH:

Enter the period of time covered by this report.

REPORT #:

Assign consecutive numbers as each report is submitted.

DATE PREPARED:

Enter the date this report was prepared.

DESCRIPTION OF EQUIPMENT:

Enter a concise but complete description of each piece of equipment purchased in whole or in part with grant funds.

FROM WHOM PURCHASED:

Enter the name of the vendor the equipment was purchased from.

TOTAL COST:

Enter the total funds used to purchase the equipment including federal and subgrantee funds.

DATE PURCHASED:

Enter the date the equipment was ordered.

SERIAL NUMBER:

Enter the serial number of the manufacturer. If none is available, enter the model number.

CONDITION:

Enter either new or used depending on status at time of order.

LOCATION:

Enter the exact location of the equipment.

ADDITIONAL INFORMATION (COMPUTER PURCHASES ONLY)

1. Please describe how the computer equipment enhances services to victims.
2. How has the computer equipment been integrated into and/or enhance your current system?
3. What was the cost of installation?
4. What was the cost of training staff to use the computer equipment?
5. What was or will be the on-going operational costs, such as maintenance agreements, supplies, etc.? How will these additional costs be supported?

**WEST VIRGINIA
DIVISION OF JUSTICE AND
COMMUNITY SERVICES**

**STOP Violence Against Women
Grant Program
Monthly Progress Report**

Grantee:

Project Number:

Address:

Report Period:

Prepared By:

Telephone Number:

PART 1: Status of Goals and Objectives. *(List each Goal and Objective and report on the status of the goals and objectives for your grant as of the end of the current reporting month, as they are **identified in your approved grant proposal** or as they have been added or revised. Indicate whether the activities related to your objectives for the current reporting month 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 WVDJCS 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 month, you must provide an explanation.) Add more goals and objectives as needed.*

Goal 1:

Objective 1:

**Monthly
Status:**

Yearly Total:

Objective 2:

**Monthly
Status:**

Objective 3:

**Monthly
Status:**

Yearly Status:

Goal 2:

Objective 1:

**Monthly
Status:**

Yearly Status:

Objective 2:

**Monthly
Status:**

Yearly Status:

Objective 3:

**Monthly
Status:**

Yearly Status:

List any additional trainings needed for staff:

Due by the 20th day of each month. Delinquent project reports will result in a delay in the processing of requests for reimbursement. Attach additional sheets as necessary.

Courts

Project #		Reporting Period:	
Agency:			
Contact Person:			
Phone:			

Number of criminal cases

(Report the total number of new sexual assault, domestic violence, dating violence, and/or stalking-related cases filed during the current reporting period.)

Misdemeanor and felony domestic violence cases include any assaults, battery, vandalism, or other offenses that occurred in a domestic violence incident. Your state law or tribal code does not have to name the offense "domestic violence" for it to be counted here. Similarly, sexual assault and stalking cases should be counted under the appropriate sexual assault or stalking offense listed below (e.g., felony sexual assault), even if your state law uses another name for these types of offenses, such as "sexual battery" or "harassment."

Type of Case	New Cases Filed during the current reporting period
Misdemeanor sexual assault	
Felony Assault	
Homicide related to sexual assault, domestic violence/dating violence or stalking	
Domestic Violence/Dating Violence	
Misdemeanor domestic violence/dating violence	
Felony domestic violence/dating violence	
Stalking ordinance	
Misdemeanor Stalking	
Felony Stalking	
Violation of Protection order	
Violation of Bail	
Violation of Probation/parole	

Violation of Court Order	
TOTAL	

Disposition of criminal cases *(Report the disposition of any sexual assault, domestic violence/dating violence, or stalking cases resolved during the current reporting period.)*

Type of Case	Number dismissed	Number of deferred adjudications	Number Convicted	Number Acquitted
Misdemeanor sexual assault				
Felony sexual assault				
Homicide related to sexual assault, domestic violence/dating violence, or stalking				
Domestic violence/dating violence ordinance				
Misdemeanor domestic violence/dating violence				
Felony domestic violence/dating violence				
Stalking ordinance				
Misdemeanor stalking				
Felony stalking				
Violation of protection order				
Violation of bail				
Violation of probation/parole				
Violation of other court order				
Total				

Judicial monitoring

(Report the number of sexual assault, domestic violence, dating violence, and/or stalking offenders whose cases were reviewed by the court for compliance with conditions of probation or other court-ordered conditions, or for violations of those conditions, during the current reporting period. Also report the total number of individual review hearings conducted. The number of review hearings is the number of individual hearings held for each offender, even when that offender is reviewed during the same monitoring sessions as other offenders. For example, if 10 offenders were reviewed at the same three sessions during the reporting period, the number of offenders reviewed would be 10 and the number of review hearings conducted would be 10 multiplied by 3, or 30.)

Number of offenders Reviewed	Number of Individual Review Hearings Conducted

Disposition of violations

(Report the number of sexual assault, domestic violence, dating violence, and/or stalking cases in which there were dispositions of violations during the current reporting period. The violation does not have to have occurred during this reporting period, only the disposition. A case may be counted more than once if there were multiple violations.)

Violation	No Action taken	Verbal/Written Warning	Fine	Conditions Added	Partial revocation of probation	Probation revoked/ incarceration
Protection Order						
New Criminal Behavior						
Failure to attend batterer intervention program (BIP)						
Failure to attend mandated offender treatment (does not include BIP)						

Other conditions of probation or parole						
Total						

Victims/survivor referrals to victim services

(Report the total number victim/survivor referrals to victim services during the current reporting period. "Governmental" refers to victim services provided by victim-assistants or victim-witness specialists/coordinators employed by criminal justice agencies, such as law enforcement, prosecution, courts, or probation. "Non-governmental" refers to services provided by non-profit community-based agencies to victims/survivors of domestic violence, dating violence, sexual assault, and/or stalking.)

	Governmental Victim Services	Non-governmental victim services
Number of Victim/Survivor referrals		

(Optional) Additional information

(Use the space below to discuss the effectiveness of probation activities funded or supported by your STOP Program sub-grant and to provide any additional information you would like to share about those activities beyond what you have provided in the data above. An example might include a decrease in caseload and higher number of contacts with offenders as a result of funding a specialized domestic violence probation officer.)

CRIMINAL JUSTICE SYSTEM Law Enforcement

Project #:		Reporting Period:	
STOP Team Name:			
Agency:			
Contact:		Phone:	

1. Activities

(Report the number of STOP Program-funded activities related to sexual assault, domestic violence/dating violence, and/or stalking cases/incidents for the current reporting period. If an activity relates to a case/incident involving more than one type of crime, the activity should be counted only once under the primary victimization.)

Activity	Sexual assault	Domestic violence/ dating violence	Stalking
Calls for assistance <i>(All 911 and other calls made to law enforcement)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Incident reports <i>(All responses to an incident as reported on an incident report)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cases/incidents investigated <i>(All cases in which evidence was collected/witnesses interviewed relating to an incident)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forensic medical evidence <i>(All cases in which rape kits were processed)</i>	<input type="text"/>		
Arrests <i>(All arrests made by law enforcement, except dual arrests)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dual arrests <i>(Responses by law enforcement in which the two parties involved in the incident are arrested)</i>		<input type="text"/>	
Protection/ex parte/temporary restraining orders served <i>(All instances in which these types of orders were served on offenders)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Arrests for violation of bail bond <i>(All instances in which arrests were made of offenders who violated conditions set out in their bail bonds)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enforcement of warrants <i>(All instances in which warrants relating to these incidents were enforced)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Arrests for violation of protection order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Protection orders issued <i>(All orders directly issued by law enforcement in jurisdictions where law enforcement officers are so authorized)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Referrals of cases to prosecutor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Referrals of federal firearms charges to federal prosecutor	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Victim/survivor referrals to victim services

(Report the total number of victim/survivor referrals to victim services during the current reporting period. "Governmental" refers to victim services provided by victim assistants or victim-witness specialists/coordinators employed by criminal justice agencies, such as law enforcement, prosecution, courts, or probation that are targeted to victims/survivors of domestic violence, dating violence, sexual assault, and/or stalking. "Non-governmental" refers to services provided by non-profit community-based agencies to victims/survivors of domestic violence, dating violence, sexual assault, and/or stalking.)

	Governmental victim services			Non-governmental victim services		
Number of victim/survivor referrals						

3. Protection orders

(Report the total number of temporary and/or final protection orders requested and granted for which STOP Program-funded law enforcement staff provided assistance to victims/survivors during the current reporting period. These orders may also be referred to as restraining orders, anti-harassment orders, or no-contact or stay-away orders.)

Sexual assault protection orders	Temporary orders	Final orders
Number requested	<input type="text"/>	<input type="text"/>
Number granted	<input type="text"/>	<input type="text"/>

Domestic violence/dating violence protection orders	Temporary orders	Final orders
Number requested	<input type="text"/>	<input type="text"/>
Number granted	<input type="text"/>	<input type="text"/>

Stalking protection orders	Temporary orders	Final orders
Number requested	<input type="text"/>	<input type="text"/>
Number granted	<input type="text"/>	<input type="text"/>

4. (Optional) Additional information

(Use the space below to discuss the effectiveness of law enforcement activities funded or supported by your STOP Program subgrant and to provide any additional information you would like to share about these activities beyond what you have provided in the data above. An example might include an increase in the number of cases accepted for prosecution as the result of a STOP Program-funded specialized investigator focused on domestic violence/dating violence, sexual assault, and stalking.) (Maximum 2000 characters)

A large, empty rectangular box with a thin black border, intended for providing additional information as described in the text above.

Prosecution

Project #:		Reporting Period:	
STOP Team Name:			
Agency:			
Contact:		Phone:	

1A. Number of cases received, accepted for prosecution, declined, or transferred

(Report the number of domestic violence/dating violence, sexual assault, or stalking-related case referrals received during the current reporting period—including cases already charged before reaching the prosecutor's office. Of those cases referred, report the number that were accepted and the number that were declined for prosecution during the current reporting period. A case should be characterized by the most serious offense and may include numerous charges or counts. In most instances, a case will refer to one victim, one offender, and one incident. It is strongly suggested that you refer to the separate instructions for examples of how to count and characterize cases.)

Misdemeanor and felony domestic violence cases may include any assaults, battery, vandalism, or other offenses that occurred in a domestic violence incident. Your state law does not have to name an offense "domestic violence" for a case addressing that offense to be counted here. Similarly, cases addressing sexual assault and stalking offenses should be counted, even if your state law uses other names for these types of offenses, such as "sexual battery" or "harassment."

Received/accepted/declined/transferred	Domestic violence/ dating violence	Sexual assault	Stalking
a. Number of case referrals received	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Number of cases accepted for prosecution	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Number of cases declined	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Transferred to higher or lower court that is outside grant-funded jurisdiction	<input type="text"/>	<input type="text"/>	<input type="text"/>

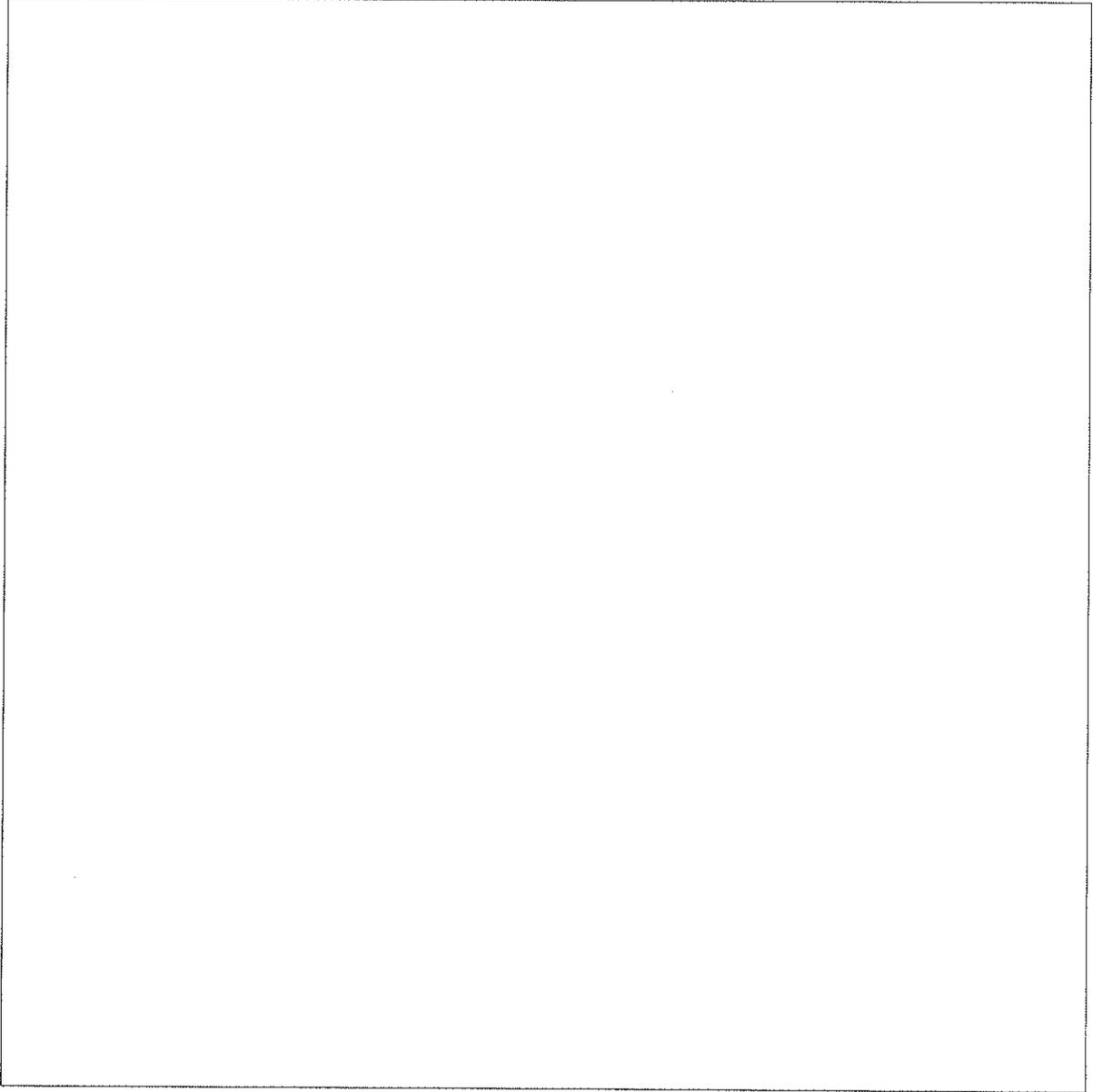
1B. Reasons for declining cases

(Of those cases reported in line c of question 1A, as declined, report only the primary reason for the decision to decline prosecution. Please see separate instructions for further explanation of the reasons and for examples of how to apply them.)

Reason for declining	Domestic violence/ dating violence	Sexual assault	Stalking
Insufficient evidence (returned for further investigation)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Insufficient evidence/victim unavailable (no further action requested)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Request of victim/victim safety	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify): <input style="width: 80%;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. (Optional) Other issues present in cases that reached disposition

(If possible, use the space below to discuss the extent to which cases that were characterized as domestic violence, dating violence, sexual assault, and/or stalking also included additional charges or elements of domestic violence, dating violence, sexual assault, and/or stalking. For example, cases reported above as domestic violence felony cases may also have included counts of misdemeanor sexual assault, and cases reported as felony sexual assaults may also have included stalking charges. The purpose of this question is to gather information on how often multiple crimes were present in the cases reported. If detailed information is not available, feel free to provide estimates based on your experience.) (Maximum 2000 characters)

A large, empty rectangular box with a thin black border, intended for the user to provide their response to question 3. The box is currently blank.

4. Victim/survivor referrals to victim services

(Report the total number victim/survivor referrals referred to victim services during the current reporting period. "Governmental" refers to victim services provided by victim assistants or victim-witness specialists/coordinators employed by criminal justice agencies, such as law enforcement, prosecution, courts, or probation that are targeted to victims/survivors of domestic violence, dating violence, sexual assault, and/or stalking. "Non-governmental" refers to services provided by non-profit community-based agencies to victim/survivors of domestic violence, dating violence, sexual assault, and/or stalking.)

	Governmental victim services	Non-governmental victim services
Number of victim/survivor referrals	<input type="text"/>	<input type="text"/>

5. Protection orders

(Report the total number of temporary and/or final protection orders STOP Program-funded prosecutors requested and the number granted during the current reporting period. These orders may also be referred to as protection from abuse or protection from harassment orders, restraining orders, or no-contact or stay-away orders.)

Sexual assault protection orders	Temporary orders	Final orders
Number requested	<input type="text"/>	<input type="text"/>
Number granted	<input type="text"/>	<input type="text"/>

Domestic violence/dating violence protection orders	Temporary orders	Final orders
Number requested	<input type="text"/>	<input type="text"/>
Number granted	<input type="text"/>	<input type="text"/>

Stalking protection orders	Temporary orders	Final orders
Number requested	<input type="text"/>	<input type="text"/>
Number granted	<input type="text"/>	<input type="text"/>

6. (Optional) Additional Information

*(Use the space below to discuss the effectiveness of prosecution activities funded or supported by your STOP Program subgrant and to provide any additional information you would like to share about those activities beyond what you have provided in the data above. An example might include expedited prosecution of felony domestic violence and sexual assault cases as a result of funding a specialized prosecutor to handle those cases.)
(Maximum 2000 characters)*

A large empty rectangular box provided for entering the additional information.

VICTIM SERVICES

Project #:		Reporting Period:	
STOP Team Name:			
Agency:			
Contact:		Phone:	

1. Number of primary victims/survivors served, partially served, and victims/survivors seeking services who were not served

Please do not answer this question without referring to the separate instructions for further explanation and examples of how to distinguish among these categories. (Report the following, to the best of your ability, as an unduplicated count for each category during the current reporting period. This means that each victim/survivor who was seeking or who received services during the current reporting period should be counted only once in that reporting period. For purposes of this question, victims/survivors are those against whom the sexual assault, domestic violence, dating violence, and/or stalking was directed. If the victim/survivor experienced more than one victimization, that person should be counted only once under the primary victimization. Do not report secondary victims here.)

Primary victims/survivors	Sexual assault	Domestic violence/ dating violence	Stalking	TOTAL
A. Served: Victims/survivors who received the service(s) they requested, if those services were funded by your STOP Program subgrant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Partially served: Victims/survivors who received some service(s), but not all of the services they requested, if those services were funded by your STOP Program subgrant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL SERVED and PARTIALLY SERVED 1A and 1B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Victims/survivors seeking services who were not served: Victims/survivors who sought services and did not receive the service(s) they were seeking, if those services were funded by your STOP Program subgrant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Number of secondary victims served

Please do not answer this question without referring to the separate instructions for further explanation and for examples of how and when to report secondary victims. (Report the following, to the best of your ability, as an unduplicated count for each category during the current reporting period. This means that each secondary victim who received services during the current reporting period should be counted only once and in only one of the listed categories, which should correspond to the category of victimization of the primary victim/survivor. For purposes of this question, secondary victims are those who are indirectly affected by the domestic violence/dating violence, sexual assault, and/or stalking—i.e., children, siblings, spouses or intimate partners, grandparents, other affected relatives, friends, neighbors, etc.)

Secondary victims	Sexual assault	Domestic violence/ dating violence	Stalking	TOTAL
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Secondary victims who received service(s) funded by your STOP Program subgrant

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. Reasons that primary victims/survivors seeking services were not served or were partially served
(Check all that apply.)

Reasons not served or partially served

- Conflict of interest
- Did not meet statutory requirements
- Hours of operation
- Insufficient/lack of culturally appropriate services
- Insufficient/lack of language capacity (*including sign language*)
- Insufficient/lack of services for people with disabilities
- Lack of child care
- Program reached capacity
- Program rules not acceptable to victim/survivor
- Program unable to provide service due to limited resources/priority-setting
- Services inappropriate or inadequate for victims/survivors with mental health issues
- Services inappropriate or inadequate for victims/survivors with substance abuse issues
- Services not appropriate for victim/survivor
- Services not available for victims/survivors accompanied by male adolescents
- Transportation
- Other (*specify*): _____

4. Demographics of primary victims/survivors served or partially served

(Based on the primary victims/survivors reported in 1A and 1B report the total numbers for all that apply. Because victims/survivors may identify in more than one category of race/ethnicity, the total for "Race/ethnicity" may exceed the total number of victims/survivors reported in 1A and 1B. However, the total number of victims/survivors reported under "Race/ethnicity" should not be less than the total number of victims/survivors reported in 1A and 1B. The total number of victims/survivors reported under "Gender" and the total number reported under "Age" should equal the total number of victims/survivors reported in 1A and 1B. Those victims/survivors for whom gender, age, and/or race/ethnicity are not known should be reported in the "Unknown" category. Do not report demographics for secondary victims.)

Race/ethnicity <i>(Victims/survivors should not be counted more than once in either the category "American Indian and Alaska Native" or in the category "Native Hawaiian and other Pacific Islander.")</i>	Number of victims/survivors
American Indian and Alaska Native	<input type="text"/>
Asian	<input type="text"/>
Black or African American	<input type="text"/>
Hispanic or Latino	<input type="text"/>
Native Hawaiian and other Pacific Islander	<input type="text"/>
White	<input type="text"/>
Unknown	<input type="text"/>
TOTAL RACE/ETHNICITY <i>(should not be less than the sum of 1A and 1B)</i>	<input type="text"/>
Gender	Number of victims/survivors
Female	<input type="text"/>
Male	<input type="text"/>
Unknown	<input type="text"/>
TOTAL GENDER <i>(should equal the sum of 1A and 1B)</i>	<input type="text"/>
Age	Number of victims/survivors
0-12	<input type="text"/>
13-17	<input type="text"/>
18-24	<input type="text"/>
25-59	<input type="text"/>
60+	<input type="text"/>
Unknown	<input type="text"/>
TOTAL AGE <i>(should equal the sum of 1A and 1B)</i>	<input type="text"/>
Other demographics	Number of victims/survivors
People with disabilities	<input type="text"/>
People with limited English proficiency	<input type="text"/>
People who are immigrants/refugees/asylum seekers	<input type="text"/>
People who live in rural areas	<input type="text"/>

5. Victims/survivors' relationships to offender by victimization

(For those primary victims/survivors reported as served and partially served in **1A and 1B** , report the victim/survivor's relationship to the offender by type of victimization. If a victim/survivor experienced more than one type of victimization and/or was victimized by more than one perpetrator, count the victim/survivor in all categories that apply. The total number of relationships in the sexual assault column must be at least [insert sum of sexual assault victims reported in **1A and 1B**]; the total number in the domestic violence/dating violence column must be at least [insert sum of domestic violence/dating violence victims reported in **1A and 1B**]; and the total number in the stalking column must be at least [insert sum of stalking victims reported in **1A and 1B**]. **1A and 1B** Do not report relationships to offender for secondary victims.)

Victim/survivor's relationship to offender	Number of victim/survivor relationships by victimization		
	Sexual assault	Domestic violence/dating violence	Stalking
Current or former spouse or intimate partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other family or household member	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dating relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>
Acquaintance (neighbor, employee, co-worker, student, schoolmate, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stranger	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship unknown	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>

6A. Victim services

(Report the number of primary victims/survivors from **1A and 1B** who received STOP Program-funded services. Count each victim/survivor only once for each type of service that victim received during the current reporting period; do not report the number of times that service was provided to the victim. The total for each type of service should not be higher than the total of **1A and 1B** [insert total of **1A and 1B**]. Shelter services should be reported in Question **6B**. Do not report secondary victims receiving services in this question.)

Type of service	Number of victims/survivors served
Civil legal advocacy/court accompaniment (Assisting a victim/survivor with civil legal issues, including preparing paperwork for a protection order and accompanying victim/survivor to a protection order hearing, administrative hearing, or other civil court proceeding. Does not include advocacy by attorneys and/or paralegals.)	<input type="text"/>
Civil legal assistance (Civil legal services provided by an attorney and/or a paralegal.)	<input type="text"/>
Counseling services/support group (Individual or group counseling or support provided by a volunteer, peer, or professional)	<input type="text"/>
Criminal justice advocacy/court accompaniment (Assisting a victim/survivor with criminal legal issues including notifying the victim/survivor of case status, hearing dates, plea agreements, and sentencing terms; preparing paperwork such as victim impact statements; accompanying a victim/survivor to a criminal court proceeding or law enforcement interview; and all other advocacy within the criminal justice system.)	<input type="text"/>
Crisis intervention (Crisis intervention is a process by which a person identifies, assesses, and intervenes with an individual in crisis so as to restore balance and reduce the effects of the crisis in her/his life. In this category, report crisis intervention that occurs in person and/or over the telephone.)	<input type="text"/>
Forensic exam (Exam conducted by a sexual assault nurse examiner or by a sexual assault forensic examiner)	<input type="text"/>
Hospital/clinic/other medical response (Accompanying a victim survivor to or meeting a victim/survivor at a hospital, clinic, or medical office)	<input type="text"/>
Language services (Interpretation, translation)	<input type="text"/>
Transportation	<input type="text"/>
Victim/survivor advocacy (Actions designed to assist the victim/survivor in obtaining support, resources, or services, including employment, housing, shelter services, health care, victim's compensation, etc.)	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>

6B. Shelter services

(Report the number of victims/survivors and accompanying family members who received emergency shelter and/or transitional housing provided with STOP Program funds during the current reporting period. This should be an unduplicated count for both victims/survivors and for family members. This means that each victim/survivor and each family member who received shelter services during the current reporting period should be counted only once. Report the total number of bed nights provided in emergency shelter and/or transitional housing to victims/survivors and family members. The number of bed nights is computed by multiplying the number of victims and family members by the number of nights they stayed in the shelter. The number of bed nights will typically be significantly higher than the number of victims and family members. For example, one victim and her three children all stayed in the shelter for 10 nights. The number of bed nights would be 4 x 10, or 40.)

Shelter service	Number of victims/survivors	Number of family members	Number of bed nights
Emergency shelter	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transitional housing	<input type="text"/>	<input type="text"/>	<input type="text"/>

6C. Hotline calls

(Report the number of hotline calls received from primary victims, and the total number of hotline calls received, on phone lines paid for with STOP Program funds or answered by STOP Program-funded staff, during the current reporting period. Primary victims whose calls are reported here should not be reported as victims served in question 1 unless they also received at least one of the services listed in question 6A. Victim Services or question 6B. Shelter Services. Victims/survivors who receive services such as crisis intervention or victim advocacy over the telephone, in addition to basic hotline information and/or referrals, should also be reported in question 6A. Hotline calls that include victim advocacy or crisis intervention services are those that require more time than the average call and involve a more intensive focus on the immediate needs and situation of the victim. For examples of when to report only the hotline call and when to report both the hotline call and a service or services in question 6A. see separate instructions.)

	Number of calls from victims/survivors	Total number of calls
Hotline calls (Crisis or information and referral calls received by an agency's hotline or office telephone)	<input type="text"/>	<input type="text"/>

6C. Victim-witness notification/outreach to victims/survivors

(Report the number of unsolicited letters, phone calls, or visits to victims/survivors of specific incidents of sexual assault, domestic violence, dating violence, and stalking identified in police reports or court documents, informing them of services and/or providing information about the criminal justice system. Victims/survivors who are the recipients of these notification/outreach activities should not be reported as victims/survivors served in question 1 unless they also received at least one of the services reported in question 6A. Victim Services or question 6B. Shelter Services. Victims/survivors who receive services such as criminal justice advocacy over the telephone should be reported in question 6A.)

	Number of notification/outreach activities to victims/survivors
Victim-witness notification/outreach to victims/survivors (unsolicited letters, phone calls, or visits)	<input type="text"/>

7. Protection orders

(Report the total number of temporary and/or final protection orders requested and granted for which STOP Program-funded victim services staff provided assistance to victims/survivors during the current reporting period. These orders may also be referred to as protection from abuse, protection from harassment or anti-harassment orders, restraining orders, or no-contact or stay-away orders.)

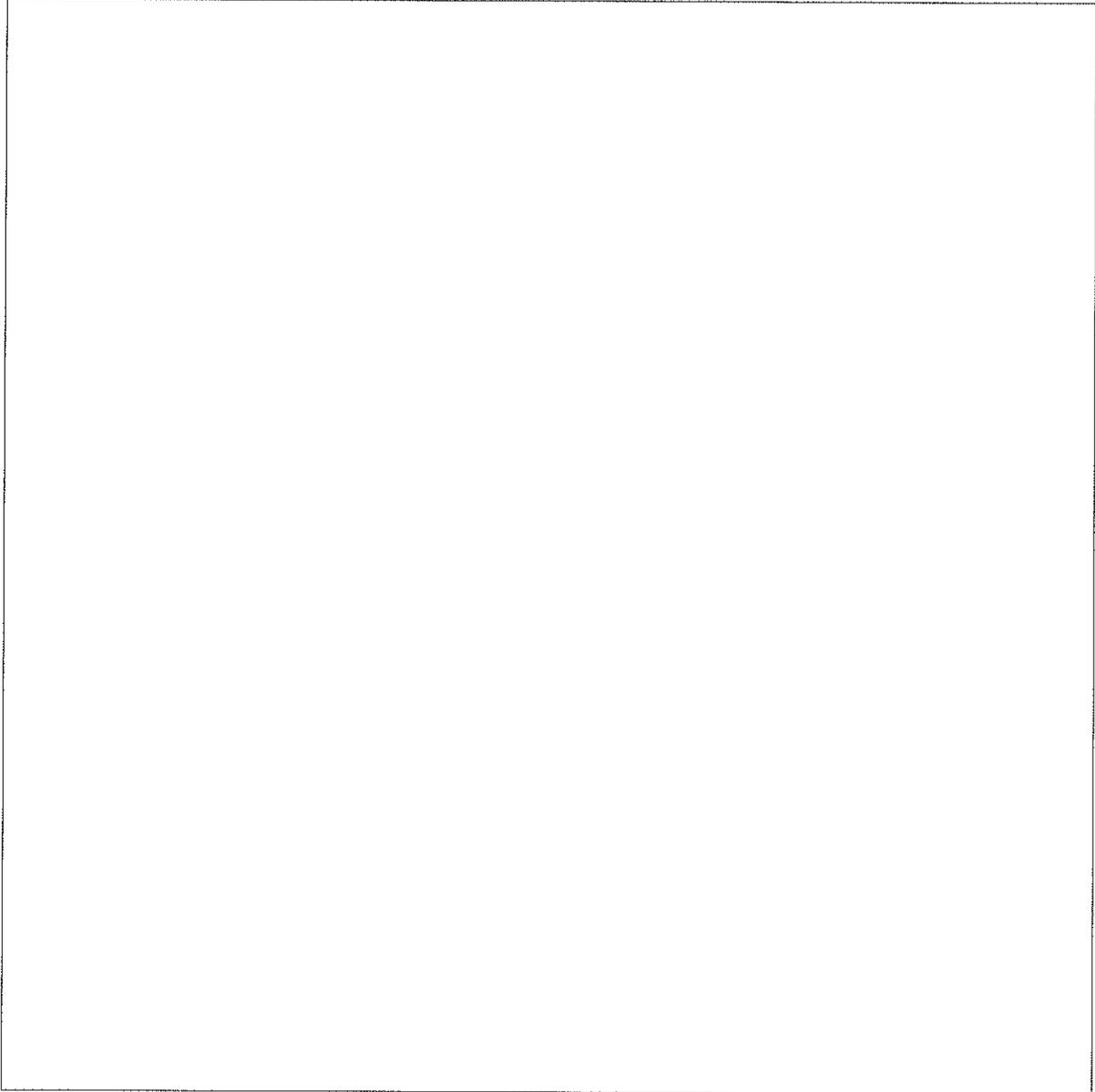
Sexual assault protection orders	Temporary orders	Final orders
Number requested	<input type="text"/>	<input type="text"/>
Number granted	<input type="text"/>	<input type="text"/>

Domestic violence/dating violence protection orders	Temporary orders	Final orders
Number requested	<input type="text"/>	<input type="text"/>
Number granted	<input type="text"/>	<input type="text"/>

Stalking protection orders	Temporary orders	Final orders
Number requested	<input type="text"/>	<input type="text"/>
Number granted	<input type="text"/>	<input type="text"/>

8. (Optional) Additional information

(Use the space below to discuss the effectiveness of victim services funded or supported by your STOP Program subgrant and to provide any additional information you would like to share about your victim services activities beyond what you have provided in the data above. An example might include that your agency, as a result of STOP Program-funding, was able to provide medical accompaniment to an increased percentage of sexual assault survivors. This resulted in a higher percentage of victims/survivors seeking additional support services.) *(Maximum 2000 characters)*

A large, empty rectangular box with a thin black border, intended for the user to provide additional information as requested in the text above. The box is currently blank.

STOP Team Meeting Sign-in Sheet

Name	Agency	Title	Date

**Make more copies if needed*