APPENDIX N

Annual Report & Sub-grant Award Report Forms

VICTIMS OF CRIME ACT (VOCA)
VICTIM ASSISTANCE GRANT PROGRAM
ANNUAL PERFORMANCE REPORT

REPORT TIMEFRAME

THE VICTIM ASSISTANCE AGENCY RECEIVING FUNDS UNDER THE VICTIMS OF CRIME ACT (VOCA) IS REQUIRED TO SUBMIT A STATE PERFORMANCE REPORT 60 DAYS AFTER THE END OF THE GRANT PERIOD. THE PERFORMANCE REPORT PROVIDES INFORMATION ON THE EFFECT THE VOCA FUNDS HAD ON SERVICES TO CRIME VICTIMS IN THE STATE. THIS REPORT SHOULD BE SUBMITTED UPON REQUEST BY THE DIVISON OF JUSTICE AND COMMUNITY SERVICES, **1204 KANAWHA BOULEVARD, EAST, CHARLESTON, WEST VIRGINIA, 25301-2901**

SECTION I

INDICATE REPORTING PERIOD: **OCTOBER 1, _____ THROUGH SEPTEMBER 30, _____ .**

A. PROJECT NUMBER: _____

B. GRANTEE NAME: _____

STREET/P.O. BOX: _____

CITY/STATE/ZIP CODE: _____

C. CONTACT PERSON: _____ TELEPHONE: _____

SECTION II
VICTIM STATISTICS

A. INDICATE THE NUMBER OF VICTIMS SERVED BY TYPE OF VICTIMIZATION:
NOTE: Indicate the number of victims served by VOCA funds during the grant period. Each victim should be counted only once, i.e., a victim of a series of spouse abuse assaults should be counted more than once only as a result of separate and unrelated crimes.

NO. OF VICTIMS SERVED		NO. OF VICTIMS SERVED	
	1. CHILD PHYSICAL ABUSE		7. ADULTS MOLESTED AS CHILDREN
	2. CHILD SEXUAL ABUSE		8. SURVIVORS OF HOMICIDE VICTIMS
	3. DUI/DWI CRASHES		9. ROBBERY
	4. DOMESTIC VIOLENCE		10. ASSAULT
	5. ADULT SEXUAL ASSAULT		11. OTHER *(Specify)*
	6. ELDER ABUSE		Stalking
			Dating Violence
	TOTAL		

SECTION III
VICTIM STATISTICS *(Continued)*

B. INDICATE THE NUMBER OF VICTIMS WHO RECEIVED THE FOLLOWING SERVICES
(See instructions for service definitions)

NO. OF VICTIMS SERVED		NO. OF VICTIMS SERVED	
	1. CRISIS COUNSELING		8. EMERGENCY FINANCIAL ASSISTANCE
	2. FOLLOWUP		9. EMERGENCY LEGAL ADVOCACY
	3. THERAPY		10. ASSISTANCE IN FILING COMPENSATION CLAIMS
	4. GROUP TREATMENT		11. PERSONAL ADVOCACY
	5. SHELTER/SAFEHOUSE		12. TELEPHONE CONTACT INFORMATION/REFERRAL
	6. INFORMATION/REFERRAL (IN PERSON)		13. OTHER *(Specify)*
	7. C J SUPPORT/ADVOCACY		
	TOTAL		

SECTION IV
PROGRAM IMPLEMENTATION

PLEASE PROVIDE A NARRATIVE DESCRIPTION RESPONDING TO THE FOLLOWING QUESTIONS.

A. WHAT ARE THE MAJOR ISSUES, IN YOUR REGION, IF ANY, THAT HINDERS THE ASSISTANCE OF CRIME VICTIMS IN FILING FOR COMPENSATION BENEFITS AND IN UNDERSTANDING STATE VICTIM COMPENSATION ELIGIBILITY REQUIREMENTS?

B. BRIEFLY DESCRIBE EFFORTS TO PROMOTE COORDINATED PUBLIC AND PRIVATE EFFORTS WITHIN THE COMMUNITY TO AID CRIME VICTIMS.

C. INCLUDE AND/OR ATTACH ANECDOTAL INFORMATION AND INDIVIDUAL CASE HISTORIES ILLUSTRATING AT LEAST ONE WAY IN WHICH VOCA FUNDS HAVE BEEN USED TO ASSIST CRIME VICTIMS. (LETTERS FROM CRIME VICTIMS ARE HELPFUL.) PLEASE ENSURE VICTIM CONFINDENTIALITY!

D. IDENTIFY ANY EMERGING ISSUES OR NOTABLE TRENDS IMPACTING CRIME VICTIM SERVICES IN YOUR REGIO

E. BRIEFLY DESCRIBE EFFORTS TAKEN TO SERVE FEDERAL CRIME VICTIMS, (I.E., COORDINATION, ETC.)

F. HOW MANY VICTIMS EVALUATED FELT THEIR SAFETY ISSUES WERE ADDRESSED?

G. HOW DID VICTIMS OR FAMILY MEMBERS FIND OUT ABOUT THE PROGRAM (Public Awareness)?

VICTIMS OF CRIME ACT
VICTIM ASSISTANCE GRANT PROGRAM
ANNUAL PERFORMANCE REPORT
INSTRUCTION – DEFINITIONS

The victim's assistance agency receiving funds under the Victims of Crime Act (VOCA) is required to submit a state performance report 60 days after the end of the grant period. This Performance Report provides information on the effect VOCA funds has on services to crime victim sin the state. **This report should be submitted upon request by the Division of Justice and Community Services, 1204 Kanawha Boulevard East, Charleston, West Virginia, 25301-2901.**

IMPORTANT NOTE REGARDING VICTIMS SERVICES: A VOCA project refers to activities and services supported by VOCA funds plus required match. Except where otherwise indicated, the information in the Annual Performance Report must be based solely on the VOCA funded projects, not on all other services and activities provided by the victim services agency.

SECTION I. STATE IDENTIFICATION

Complete all items in this section

SECTION II. VICTIMS STATISTICS

A. Indicate the number of victims served by type of victimization. For Item 11, you may submit an additional sheet of paper to identify and record the number of victims served.

B. Provide the number of victims receiving each type of service. Note: Review the description on each service prior to completing this question.

1. ***Counseling*** refers to in-person crisis intervention, emotional support, and guidance and counseling provided by advocates, counselors, mental health professionals, or peers. Such counseling may occur at the scene of a crime, immediately after a crime, or be provided on an on-going basis.

2. ***Follow-up*** refers to in-person contacts, telephone contacts, and written communications with victims to offer emotional support, provide empathetic listening, check on victims progress, etc.

3. ***Therapy*** refers to intensive professional psychological and/or psychiatric treatment for individuals, couples, and family members related to counseling to provide emotional support in crisis arising from the occurrence of a crime. This includes the evaluation of mental health needs, as well as the actual deliver of psychotherapy.

4. ***Group Treatment/Support*** refers to the coordination and provision of supportive group activities and includes self-help, peer, social support, etc.

5. ***Shelter/Safe House*** refers to offering short and long-term housing and related support services to victims and families following victimization.

6. ***Information/Referral (In-Person)*** refers to in-person contacts with victims during which time, services, and available support are identified.

7. ***Criminal Justice Support/Advocacy*** refers to support, assistance, and advocacy provided to victims at any state of the criminal justice process, to include post-sentencing services and support.

8. ***Emergency Financial Assistance*** refers to cash outlays for transportation, food, clothing, emergency housing, etc.

9. ***Emergency Legal Advocacy*** refers to filing temporary restraining orders, injunctions, and other protective orders, elder abuse petitions, and child abuse petitions but does not include criminal prosecution or the employment of attorneys for non-emergency purposes, such as custody disputes, civil suite, etc.

10. ***Assistance in Filing Compensation Claims*** includes making the victim aware of the availability of the crime victim compensation, assisting the victim in completing the required forms, gathering the needed documentation, etc. It also may include follow-up contact with the victim compensation agency on behalf of the victim.

11. ***Personal Advocacy*** refers to assisting victims in securing rights, remedies, and services from other agencies; locating emergency financial assistance, intervening with employers, creditors, and others on behalf of the victim; assisting in filing for losses covered by public and private insurance programs including workers compensation, unemployment benefits, welfare, etc.; accompanying the victim to the hospital; etc.

12. ***Telephone Contact*** refers to contacts with victims during which time services and available support are identified. This does not include calls during which counseling is the primary function of the telephone call.

13. ***Other*** refers to other VOCA allowable services and activities not listed.

SECTION III. PROGRAM IMPLEMENTATION

Please prepare a detailed narrative describing how your program has addressed each of the questions listed. You may provide supporting statements or materials from crime victims.

VOCA

SUBGRANT AWARD REPORT

The purpose of this report is to collect basic information on subgrant recipients and their programs in a manner that is convenient to report and analyze. This report must be completed in full and submitted by the State agency (grantee) within ninety (90) days from the date of the award of a subgrant to a local victim assistance program. A Subgrant Award Report must be completed for each program receiving Victims of Crime Act funding. Send the original and one (1) copy to: WVDCJS, 1204 Kanawha Blvd. East, 2nd Floor Charleston, WV 25301.

1. a. SUBGRANTEE AGENCY NAME AND ADDRESS *(Including Zip Code)*:

b. TELEPHONE NUMBER AND AREA CODE:

c. CONGRESSIONAL DISTRICT:

2. FEDERAL GRANT NUMBER:

3. PURPOSE OF VOCA SUBGRANT AWARD: *(Check one)*

a. ☐ START UP A NEW VICTIM SERVICES PROJECT
b. ☐ CONTINUE A VOCA FUNDED VICTIM PROJECT FUNDED IN A PREVIOUS YEAR
c. ☐ EXPAND OR ENHANCE AN EXISTING PROJECT NOT FUNDED BY VOCA IN THE PREVIOUS YEAR
d. ☐ START UP A NEW NATIVE AMERICAN VICTIM SERVICES PROJECT
e. ☐ EXPAND OR ENHANCE AN EXISTING NATIVE AMERICAN PROJECT

4. a. CRIME VICTIM ASSISTANCE FUNDS AWARDED: $ _____
b. STATE AWARD NUMBER: _____
c. PROJECT BEGIN DATE: _____
d. PROJECT END DATE: _____

5. SUBGRANT MATCH *(Financial support from other sources)*:
a. VALUE OF IN-KIND MATCH: $ _____
b. CASH MATCH: $ _____
c. TOTAL MATCH: $ _____

6. THESE VOCA FUNDS WILL PRIMARILY BE USED TO: *(Check one)*
a. ☐ EXPAND SERVICES INTO A NEW GEOGRAPHIC AREA
b. ☐ OFFER NEW TYPES OF SERVICES
c. ☐ SERVE ADDITIONAL VICTIM POPULATIONS
d. ☐ CONTINUE EXISTING SERVICES TO CRIME VICTIMS
e. ☐ OTHER

7. FOR THIS VICTIM SERVICES PROGRAM INDICATE:
a. NUMBER OF PAID STAFF_____ *(Full-time equivalents)*
b. HAS THE VICTIM SERVICES PROGRAM RECEIVED A VOLUNTEER WAIVER?
1. ☐ YES ☐ NO
2. IF NO, INDICATE THE NUMBER OF VOLUNTEER STAFF _____ *(Full-time equivalents)*

8. IDENTIFY ANY OR ALL OF THE VOCA GRANT THAT WILL BE USED TO MEET THE PRIORITY AND UNDERSERVED REQUIREMENTS
a. CHILD ABUSE $ _____
b. DOMESTIC VIOLENCE $ _____
c. SEXUAL ASSAULT $ _____
d. UNDERSERVED
1. DUI/DWI CRASHES $ _____
2. SURVIVORS OF HOMICIDE VICTIMS $ _____
3. ASSAULT $ _____
4. ADULTS MOLESTED AS CHILDREN $ _____
5. ELDER ABUSE $ _____
6. ROBBERY $ _____
7. OTHER VIOLENT CRIMES $ _____

9. TYPE OF IMPLEMENTING AGENCY *(Check the appropriate boxes)*
a. ☐ CRIMINAL JUSTICE - GOVERNMENT:
1. ☐ LAW ENFORCEMENT 4. ☐ COURT
2. ☐ PROSECUTION 5. ☐ CORRECTIONS
3. ☐ PROBATION 6. ☐ OTHER
b. ☐ NONCRIMINAL JUSTICE - GOVERNMENT:
1. ☐ SOCIAL SERVICES 4. ☐ HOSPITAL
2. ☐ MENTAL HEALTH 5. ☐ OTHER
3. ☐ PUBLIC HOUSING
c. ☐ PRIVATE NON-PROFIT:
1. ☐ HOSPITAL 4. ☐ SHELTER
2. ☐ RAPE CRISIS 5. ☐ MENTAL HEALTH AGENCY
3. ☐ RELIGIOUS ORGANIZATION 6. ☐ OTHER
7. ☐ FAITH BASED
d. ☐ NATIVE AMERICAN TRIBE OR ORGANIZATION:
1. ☐ ON RESERVATION 2. ☐ OFF RESERVATION
e. ☐ OTHER:

10. PLEASE PROVIDE THE TOTAL AMOUNTS OF FUNDING ALLOCATED TO VICTIM SERVICES BASED ON THE SUBRANTEE'S CURRENT FISCAL YEAR BUDGET

FUNDING SOURCES	CURRENT YEAR
a. FEDERAL *(Excluding VOCA)*	
b. VOCA FUNDS	
c. STATE	
d. LOCAL	
e. OTHER	

11. IDENTIFY THE VICTIM(S) TO BE SERVED THROUGH THIS VOCA-FUNDED PROJECT *(VOCA grant plus Match)* BY CHECKING THE TYPE OF CRIME(S):

a.		CHILD PHYSICAL ABUSE	g.		ADULTS MOLESTED AS CHILDREN
b.		CHILD SEXUAL ABUSE	h.		SURVIVORS OF HOMICIDE VICTIMS
c.		DUI/DWI CRASHES	i.		ROBBERY
d.		DOMESTIC VIOLENCE	j.		ASSAULT
e.		ADULT SEXUAL ASSAULT	k.		OTHER VIOLENT CRIMES
f.		ELDER ABUSE	l.		OTHER

12. CHECK THE SERVICES TO BE PROVIDED BY THIS VOCA-FUNDED PROJECT *(VOCA grant plus Match)*

a.		CRISIS COUNSELING	h.		CRIMINAL JUSTICE SUPPORT/ADVOCACY
b.		FOLLOWUP CONTACT	i.		EMERGENCY FINANCIAL ASSISTANCE
c.		THERAPY	j.		EMERGENCY LEGAL ADVOCACY
d.		GROUP TREATMENT	k.	✓	ASSISTANCE IN FILING COMPENSATION CLAIMS
e.		CRISIS HOTLINE COUNSELING	l.		PERSONAL ADVOCACY
f.		SHELTER/SAFE HOUSE	m.		TELEPHONE CONTACTS *(Information and referral)*
g.		INFORMATION AND REFERRAL *(In-person)*	n.		OTHER

(continued on the reverse)

SUBGRANT AWARD REPORT INSTRUCTIONS

DEFINITIONS:

The following words are defined to provide consistency in completing the Subgrant Award Report Form.

Child - A person under the age of 18 or as otherwise defined by State law.

Elder Abuse - abuse perpetrated by a caretaker upon an elderly individual who depends on others for support and assistance.

Victim Services Program - all services and activities offered on behalf of victims of crime, including the VOCA grant and match.

VOCA - Funded Project - VOCA funds plus match.

1. a. Provide the name and a two-line address of the agency receiving the VOCA funds. This item refers to the agency providing the direct services to victims of crime, not a pass-through or conduit agency.

   b. Provide the area code and telephone number.

   c. List the Congressional District and any other District(s) affected by the VOCA-funded program or project.

2. Provide the Federal grant award number from which this subgrant is made. This number can be found in "item 4" of the OJP "Award" document, Form 4000/2. Note: If funds are awarded from more than one Federal VOCA grant award to this victim agency, a Subgrant Award Report must be completed and submitted for each award.

3. Check the appropriate box.

4. a. Provide the total dollar amount of VOCA funds awarded. Do not report sums less than one dollar.

   b. Provide the State award number assigned to this VOCA award. Note: Each number must be different.

   c. Indicate the date the VOCA-funded project begins.

   d. Indicate the date the VOCA-funded project ends.

5. a. Provide the value of in-kind match.

   b. Provide the value of cash match.

   c. Indicate the total match available to this VOCA-funded project. Note: Do not report sums less than one dollar.

   All VOCA awards must be matched (20 percent), either with in-kind or cash match, except for VOCA subgrants made in the Virgin Islands, Puerto Rico, American Samoa, Guam, Northern Marianas, and Palau. Match must run concurrently with the VOCA-funded project and must be designated exclusively for direct victim services as determined by VOCA. No Federal funds may be used to match this VOCA subgrant.

   This is computed by dividing the amount of the award from item 4.(a) by .80 and subtracting the amount of the award from the figure obtained. (For example, a $30,000 award divided by .80 equals $37,500, less $30,000 award equals $7,500 match.)

   Native American Tribe/Organization Match is 5%, if the Tribe or Organization is located on a reservation. This is computed by dividing the amount of the award from item 4.(a) by .95 and subtracting the amount of the award from the figure obtained. (For example, a $30,000 award divided by .95 equals $31,579, less $30,000 award equals $1,579 match.)

6. Check the box that indicates how the VOCA funds will, primarily, be used. If it will be used equally for two or more items, select 6.(e), "Other."

7.a.b. Within the victim services program, which includes the VOCA funds and match, indicate the number of paid staff (7.a.) and whether or not a volunteer waiver has been given (7.b.). If "No," indicate the number of volunteer staff. Use full-time equivalents when responding to these questions and round fractions to the nearest whole number. These numbers may be estimated or prorated.

8. Indicate the amount of VOCA funds that are allocated to the priority and underserved victims of crime.

9. Check the appropriate boxes that best describe the agency listed in item 1.

10. Report the total budget available to the victim services program, by source of funding. Do not report the entire agency budget, unless the entire budget is devoted to victim services. For example, if VOCA funds are awarded to support a victim advocate unit in a prosecutor's office, then only report the budget for the victim advocate unit. Note: *Do not include in-kind match.* Do not report sums less than one dollar.

11. Check the box(es) that best identify type(s) of victims the VOCA-funded project will serve. "Other" in this category refers to victims of non-violent crime, i.e., burglary, white collar, etc. Please specify.

12. Check the box(es) that best identifies the types of services or activities that will be provided by the VOCA-funded project, as described below. Note: Report only those services actually provided by the VOCA-funded project. Do not report services offered by another agency.

    a. *Crisis Counseling* refers to in-person crisis intervention, emotional support, and guidance and counseling provided by advocates, counselors, mental health professionals, or peers. Such counseling may occur at the scene of a crime, immediately after a crime, or be provided on an on going-basis.

    b. *Followup Contact* refers to in-person contacts, telephone contacts, and written communications with victims to offer emotional support, provide empathetic listening, check on a victim's progress, etc.

    c. *Therapy* refers to intensive professional psychological and or psychiatric treatment for individuals, couples, and family members related to counseling to provide emotional support in crisis arising from the occurrence of crime. This includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy.

    d. *Group Treatment* refers to the coordination and provision of supportive group activities and includes self-help, peer, social support, etc.

    e. *Crisis Hotline Counseling* typically refers to the operation of a 24-hour telephone service, 7 days a week, which provides counseling, guidance, emotional support, information and referral, etc.

    f. *Shelter/Safe House* refers to offering short-and long-term housing and related support services to victims and families following a victimization.

    g. *Information and Referral (in-person)* refers to in-person contacts with victims during which time services and available support are identified.

    h. *Criminal Justice Support/Advocacy* refers to support, assistance, and advocacy provided to victims at any stage of the criminal justice process, to include post-sentencing services and support.

    i. *Emergency Financial Assistance* refers to cash outlays for transportation, food, clothing, emergency housing, etc.

    j. *Emergency Legal Advocacy* refers to the filing of temporary restraining orders, injunctions, and other protective orders, elder abuse petitions, and child abuse petitions but *does not* include criminal prosecution or the employment of attorneys for non-emergency purposes, such as custody disputes, civil suits, etc.

    k. *Assistance in Filing Compensation Claims* includes making victims aware of the availability of crime victim compensation, assisting the victim in completing the required forms, gathering the needed documentation, etc. It may also include follow-up contact with the victim compensation agency on behalf of the victim.

    l. *Personal Advocacy* refers to assisting victims in securing rights, remedies, and services from other agencies; locating emergency financial assistance, intervening with employers, creditors, and others on behalf of the victim; assisting in filing for losses covered by public and private insurance programs including workman's compensation, unemployment benefits, welfare, etc.; accompanying the victim to the hospital; etc.

    m. *Telephone Contacts* refers to contacts with victims during which time services and available support are identified

    n. *Other* refers to other VOCA allowable services and activities not listed.