

**OFFICE FOR VICTIMS OF CRIME
VICTIM ASSISTANCE FORMULA GRANT PROGRAM
PERFORMANCE MEASURES**

SUBGRANTEE REPORT

Agency:

Grant #:

Reporting Month:

I. POPULATION DEMOGRAPHICS

This section is to be completed each reporting period.

Source of data: Activities conducted at the subgrantee level

1. TOTAL number of individuals who received services during the reporting period

INSTRUCTIONS: Count all individuals served by your organization with the use of VOCA plus match funds during the reporting period. This number should be an unduplicated count of people served during a single reporting period, regardless of the number of services they received or victimization types with which they presented.

Some organizations may be unable to track clients over time due to organizational capacity issues, legal restrictions (e.g., confidentiality laws that limit record-keeping), or the nature of the services they provide (e.g., an anonymous hotline). **If you know that your agency is NOT able to provide a unique count of individuals served within the reporting period, report the number of individuals served to the best of your knowledge AND check the box to indicate that this number may count some individuals more than once.**

Number

- The total number includes individuals who may have been counted more than once during the reporting period.

2. Is your agency able to track individuals throughout the Federal fiscal year?

INSTRUCTIONS: Answer “yes” to this question if, during each quarter and from one quarter to the next throughout the Federal fiscal year, you will be able to identify individuals as either new or continuing since Quarter

- A. Yes (proceed to Question 4)
- B. No

3. Is your agency able to identify “new” individuals who did not receive services from your agency during the previous reporting period?

INSTRUCTIONS: Answer “yes” to this question if your organization is able to track clients **from one reporting period to the next**, even though you cannot track clients from the beginning to the end of the Federal fiscal year.

- A. Yes
- B. No, Not Tracked (proceed to Question 6)

“Not Tracked” means that your organization is unable to submit this data as requested due to the need to change the data collection process, and efforts are underway to track the data as requested.

- C. No, Other Reason (provide explanation, then proceed to Question 6)

“No, Other Reason” provides an opportunity to indicate a different reason that your agency is unable to track individuals over time (e.g., you operate an anonymous hotline that does not allow for the collection of client information).

Explanation (required):

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Explanation

4. Number of NEW individuals who received services from your agency for the first time during the reporting period

INSTRUCTIONS: Report the number of **NEW** individuals served by your organization with the use of VOCA plus match funds **for the first time** during the reporting period. This number should be an unduplicated count of **NEW** clients served during a single reporting period, regardless of the number of services they received or victimization types with which they presented.

If your organization can only track clients **from one reporting period to the next**, and not from the beginning to the end of the Federal fiscal year, report the number of “new” clients who **did not receive services during the previous reporting period**.

For the first reporting period of each fiscal year (Oct.– Dec), **ALL** clients should be counted as **NEW** to establish a baseline for that year.

Number

5. Demographics (for NEW individuals identified in Question 4)

INSTRUCTIONS: Count each **NEW** individual in only one race/ethnicity type as self-reported. Individuals who self-report in more than one race and/or ethnicity category should be counted in the “Multiple Races” category. **The total number of individuals in each demographic category should equal the number of NEW individuals reported in Question 4.** This data is used for statistical purposes to comply with Federal regulations.

If no data is collected for a category, enter the number of new individuals as **Not Tracked** or **Not Reported**.

- **Not Reported** represents that the subgrantee collects this data, but it was not provided or indicated by the person completing the intake form.
- **Not Tracked** represents that the subgrantee is unable to submit this data as requested in the PMT due to the need to change the data collection system. Efforts are underway to track data as requested.
- The value of “0” represents a **true value of zero**.

Category	Population	Number of NEW Individuals
A. RACE/ETHNICITY (self-reported) See Appendix A for definitions of each race/ethnicity category.	American Indian/Alaska Native	Number
	Asian	Number
	Black/African American	Number
	Hispanic or Latino	Number
	Native Hawaiian and Other Pacific Islander	Number
	White Non-Latino/Caucasian	Number
	Some Other Race	Number
	Multiple Races	Number
	Not Reported	Number
	Not Tracked	Number
TOTAL :		
(Must equal number reported in Question 4)		

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B. GENDER (self-reported)	Male	Number
	Female	Number
	Other <i>(brief description, if applicable)</i>	Number
	Not Reported	Number
	Not Tracked	Number
	TOTAL <i>(Must equal number reported in Question 4)</i>	
C. AGE (self-reported) Report the age of the victim at the time of the victimization.	0–12	Number
	13–17	Number
	18–24	Number
	25–59	Number
	60 and Older	Number
	Not Reported	Number
	Not Tracked	Number
	TOTAL <i>(Must equal number reported in Question 4)</i>	

6. Types of Victimizations (for ALL individuals identified in Question 1)

*If no data is collected for a category, enter the number of new individuals as **Not Tracked** or **Not Reported** (see Question 5 for definitions).*

Individuals who received services by victimization type	Victimization Type	A. Number of individuals who received services based on the presenting victimization during the reporting period
INSTRUCTIONS: Enter the count of individuals who received services based on each presenting victimization type during the reporting period. An individual MAY be counted in more than one victimization type. An individual MAY NOT be counted more than once within the same victimization type. See Appendix B for definitions of each	Adult Physical Assault (Includes Aggravated and Simple Assault)	Number
	Adult Sexual Assault	Number
	Adults Sexually Abused/Assaulted as Children	Number
	Arson	Number
	Bullying (Verbal, Cyber, or Physical)	Number
	Burglary	Number
	Child Physical Abuse or Neglect	Number
	Child Pornography	Number
	Child Sexual Abuse/Assault	Number
	Domestic and/or Family Violence	Number
	DUI/DWI Incidents	Number
	Elder Abuse or Neglect	Number
	Hate Crime: Racial/Religious/Gender/	(continued on next Page)

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victimization type.	Sexual Orientation/Other (<i>Explanation Required</i>)		
	Human Trafficking: Labor	Number	
	Human Trafficking: Sex	Number	
	Identity Theft/Fraud/Financial Crime	Number	
	Kidnapping (non-custodial)	Number	
	Kidnapping (custodial)	Number	
	Mass Violence (Domestic/International)	Number	
	Other Vehicular Victimization (e.g., Hit and Run)		
	Robbery	Number	
	Stalking/Harassment	Number	
	Survivors of Homicide Victims	Number	
	Teen Dating Victimization	Number	
	Terrorism (Domestic/International)	Number	
	Violation of a Court (Protective) Order	Number	
	Other	Number	
If other, please explain:			
B. Of the number of individuals receiving services, the number who presented with more than one type of victimization during the reporting period:		Number	
C. Special classifications of individuals (self-reported) INSTRUCTIONS: Enter the number of individuals who self-identify in one or more of these categories.	Deaf/Hard of Hearing	Number	
	Homeless	Number	
	Immigrants/Refugees/Asylum Seekers	Number	
	LGBTQ	Number	
	Veterans	Number	
	Victims with Disabilities: Cognitive/Physical /Mental	Number	
	Victims with Limited English Proficiency	Number	
	Other	Number	
	If other, please explain:		

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II. DIRECT SERVICES

Complete this section each reporting period.

7. Number of individuals assisted with a victim compensation application during the reporting period:

INSTRUCTIONS: Count the number of individuals who received assistance with completing a victim compensation application during the reporting period, even if they did not submit the application. Simply providing an individual with an application does NOT qualify as assistance.

8. Select the types of services provided by your organization during the reporting period:

INSTRUCTIONS: Your selections must match those made in Question 9, "Use of VOCA and Match Funds," of your Subgrant Award Report (SAR).

- A. Information & Referral
- B. Personal Advocacy/Accompaniment
- C. Emotional Support or Safety Services
- D. Shelter/Housing Services
- E. Criminal/Civil Justice System Assistance

9. Total number of individuals who received services by service type AND number of times each service was provided during the reporting period

INSTRUCTIONS: For each category (items A, B, C, D, and E) selected in Question 8, enter the **number of clients** who received services from your agency during the reporting period. For each subcategory within a category (e.g., items A1, A2, A3, and A4), enter the **number of times that service was provided** during the reporting period. Zero is a valid response.

Because some clients may receive multiple services, the total **number of times that services were provided** within a category may be greater than the **number of clients** who received those services.

You must enter data for each of the service types you selected in Question 9, "Use of VOCA and Match Funds," in your Subgrant Award Report (SAR).

A. INFORMATION & REFERRAL

Enter the number of individuals who received services in this category:

Enter the number of times services were provided in each subcategory:

- A1. Information about the criminal justice process

- A2. Information about victim rights, how to obtain notifications, etc.

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A3. Referral to other victim service programs

A4. Referral to other services, supports, and resources (*includes legal, medical, faith-based organizations, address confidentiality programs, etc.*)

B. PERSONAL ADVOCACY/ACCOMPANIMENT

Enter the number of individuals who received services in this category:

Enter the number of times services were provided in each subcategory:

B1. Victim advocacy/accompaniment to emergency medical care

B2. Victim advocacy/accompaniment to medical forensic exam

B3. Law enforcement interview advocacy/accompaniment

B4. Individual advocacy (*assistance in applying for public benefits, return of personal property or effects*)

B5. Performance of medical forensic exam or interview, or medical evidence collection

B6. Immigration assistance (*e.g., special visas, continued presence application, and other immigration relief*)

B7. Intervention with employer, creditor, landlord, or academic institution

B8. Child or dependent care assistance (provided by agency)

B9. Transportation assistance (provided by agency)

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B10. Interpreter services

Number of occurrences

C. EMOTIONAL SUPPORT OR SAFETY SERVICES

Enter the number of individuals who received services in this category:

Number of individuals

Enter the number of times services were provided in each subcategory:

C1. Crisis intervention (in-person, includes safety planning, etc.)

Number of occurrences

C2. Hotline/crisis line counseling

Number of occurrences

C3. On-scene crisis response (e.g., community crisis response)

Number of occurrences

C4. Individual counseling

Number of occurrences

C5. Support groups (facilitated or peer)

Number of occurrences

C6. Other therapy (traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)

Number of occurrences

C7. Emergency financial assistance (includes emergency loans and petty cash, payment for items such as food and/or clothing, changing windows and/or locks, taxis, prophylactic and nonprophylactic medications, durable medical equipment, etc.)

Number of occurrences

D. SHELTER/HOUSING SERVICES

Enter the number of individuals who received services in this category:

Number of individuals

Enter the number of times services were provided in each subcategory:

D1. Emergency shelter or safe house

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Number of occurrences

D2. Transitional housing

Number of occurrences

D3. Relocation assistance

Number of occurrences

E. CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE

Enter the number of individuals who received services in this category:

Number of individuals

Enter the number of times services were provided in each subcategory:

E1. Notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.)

Number of occurrences

E2. Victim impact statement assistance

Number of occurrences

E3. Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)

Number of occurrences

E4. Civil legal attorney assistance in obtaining protection or restraining order

Number of occurrences

E5. Civil legal attorney assistance with family law issues (e.g., custody, visitation, or support)

Number of occurrences

E6. Other emergency justice-related assistance

Number of occurrences

E7. Immigration attorney assistance (e.g., special visas, continued presence application, and other immigration relief)

Number of occurrences

E8. Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness)

Number of occurrences

E9. Law enforcement interview advocacy/accompaniment

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Number of occurrences

E10. Criminal advocacy/accompaniment

Number of occurrences

E11. Other legal advice and/or counsel

Number of occurrences

SUBGRANTEE ANNUALLY REPORTED OUTCOMES

You are asked to answer these questions once a year, at the end of the 12-month period, as of September 30. You may use up to 5,000 characters for each response that requires text.

10. Number of requests for services that were unmet because of organizational capacity issues:

Number

Please explain:

11. Does your organization formally survey clients for feedback on services received?

A. Yes

B. No (*proceed to Question 14*)

12. Number of surveys **distributed (*includes, but is not limited to, those distributed by hand, mail, or other methods*):**

Number

13. Number of surveys **completed:**

Number

14. Please discuss some of the challenges your victim assistance program faced during the course of the Federal fiscal year.

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- 15.** Please describe some of the services that victims needed but you could not provide. What were the challenges that prevented you from providing those services?