

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

**Victim of Crime Act 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:

Status:

MTD: __ YTD: __

Objective 2:

Status:

MTD: __ YTD: __

Objective 3:

Status:

MTD: __ YTD: __

Goal 2:

Objective 1:

Status:

MTD: __ YTD: __

Objective 2:

Status:

MTD: __ YTD: __

Objective 3:

Status:

MTD: __ YTD: __

Goal 3:

Objective 1:

Status:

MTD: __ YTD: __

Objective 2:

Status:

MTD: __ YTD: __

Objective 3:

Status:

MTD: __ YTD: __

Goal 4:

Objective 1:

Status:		MTD: ___ YTD: ___
Objective 2:		
Status:		MTD: ___ YTD: ___
Objective 3:		
Status:		MTD: ___ YTD: ___

*Grantee is to supply both the **MTD** (Month to Date Total) and **YTD** (Year to Date Total) for each objective.

Please complete the following questions *(if left blank, the document will be returned to the grantee and will delay the reimbursement process):*

Was there volunteers utilized for the VOCA Project this month?

*Grantee is required to utilize at least 1 volunteer during the grant cycle and must provide notification about use or planned use of a volunteer by **January's** report.

- Yes.** If yes, please attach a copy of the Volunteer Log or DJCS Volunteer Timesheet.
- No.** If no, please **indicate which month** a volunteer will be utilized: _____

Has the VOCA funded advocate(s) met the 8 hour Minimum Training Requirement:

*Each VOCA funded advocate is required to attend 8 hours of DJCS pre-approved training per grant cycle and must provide notification about pre-approved trainings attended or provided a date for planned trainings by **January's** report.

- Yes.** If yes, list the pre-approved training and date of completion for each VOCA funded advocate.

Date	Training	Advocate

- NO.** If no, please list upcoming trainings the advocate(s) will be attending and include a formal request for pre-approval. If requesting reimbursement with travel/training funds, the letter is to include a breakdown of the costs.

Upcoming Training: _____ **Date:** _____

Did the VOCA funded advocate(s) attend a training this month?:

- Yes.** If yes, attach a copy of the certificate of attendance from the DJCS pre-approved training (if no, grantee is to list upcoming training and dates above).

Was there a Board Meeting/County Commission Meeting this month?

- Yes.** Please indicate the date of the meeting here: _____

(Please be sure to attach a copy of the corresponding meeting minutes with this report. Note: All Board Meeting Minutes must be submitted).

- NO.** Please indicate the **date of your next BOARD/COUNTY COMMISSION scheduled meeting** here: _____

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.