Performance Progress Report (PPR)

Family Violence Prevention and Services Act (FVPSA Program) / Family and Youth Services Bureau (FYSB) / Administration on Children, Youth and Families (ACYF) / Administration for Children and Families (ACF) / U.S. Department of Health and Human Services (HHS)

State/Territory Grant Report Cover Page

1. Federal Agency and Organization Element to Which Report is Submitted FVPSP/FYSB/ACYF/ACF/HHS	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS Number 3b. EIN
4. Recipient Organization (Name and Complete Address Including Zip Code)		5. Recipient Identifying Number or Account Number
6. Project Reporting Period Start Date: *(Month, Day, Year)* 10/1/2013 End Date: *(Month, Day, Year)* 9/30/2014	7. Reporting Period End Date *(Month, Day, Year)* 9/30/2014	8. Final Report? ☒ Yes ☐ No 9. Report Frequency ☒ *annual* ☐ *semi-annual* ☐ *quarterly* ☐ *other*

10. Performance Narrative

Attach a separate document with the labeled responses to each of the elements in Section H.

11. Other Attachments

Attach a spreadsheet of the subawardees awarded under this grant. Only list each subawardee once.
Column 1 - Name of Subawardee
Column 2 - Mailing Address [Do not include if it is a confidential location and there is no PO Box.]
Column 3 - City
Column 4 - Zip Code
Column 5 - FVPSA Funding Amount
Column 6 - Indicate categories: shelter, non-shelter, coalition, tribal, culturally-specific (indicate which, e.g., Latin@)

12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.

12a. Typed or Printed Name and Title of Authorized Certifying Official	12c. Telephone *(area code, number and extension)* 12d. Email Address
12b. Signature of Authorized Certifying Official	12e. Date Report Submitted *(Month, Day, Year)*
	13. Agency Use Only

OMB Approval Number: 0970-0280
Expiration Date: 9/30/2017

1. Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS Number 0
FVPSP/FYSB/ACYF/ACF/HHS	0	3b. EIN 0

Section SP - State Portion
Information on FVPSA grants/funds awarded should include any funds awarded by the state during the federal fiscal year reporting period. For example, during the past federal fiscal year (Oct- Sep), the State made awards to subgrantees in July. The State should report on the grants and funds awarded in July and any other funds awarded during the federal fiscal year reporting period. The State's aggregate report of services provided by FVPSA subgrantees should include all services/grant activities that occurred throughout the federal fiscal year reporting period (Oct – Sep).

Label	Additional Information on Grantee or Grant Project	Response
SP-01	Total funds awarded to subgrantees by the State	
SP-02	Total number of subgrants awarded	
SP-03	Total amount of state administrative costs	
SP-04	Total number of subgrants to programs with shelters	
SP-05	Total number of subgrants to programs without a shelter facility	
SP-06	Total number of subgrants to culturally and linguistically specific services programs	

Comments on responses to above section (optional)

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Subgrantee Information

1. Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS Number
FVPSP/FYSB/ACYF/ACF/HHS	0	0
		3b. EIN 0

(This line is for subgrantee use only)	Subgrantee organization name	Subgrantee location

Subgrantee Information: This information in sections A-I should be collected by each subgrantee and compiled by the state into this one section. This report is a compilation of ***all domestic violence services*** *regardless of* funding source, not just FVPSA funds, used to provide the below services to victims. For the narrative responses (section H), the State should chose what information to include from the subgrantees and may include information about FVPSA funds retained by the State.

Section A – General Program Information

Label	Information Requested	Response	Explanation (optional)
A-01	Total domestic violence program budget		
A-02	FVPSA grant amount		
A-03	Number of shelter facilities		
A-04	Number of non-shelter service sites		
A-05	Number of volunteers		
A-06	Number of volunteer hours		

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Subgrantee Information (continued)

1. Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS Number
FVPSP/FYSB/ACYF/ACF/HHS	0	0
		3b. EIN 0

Section B—People Served (Unduplicated)
Include all victims served. Do not include clients served only in Batterers Intervention Services; count them in Section F.

	Shelter (including safe homes)	**Women**	**Men**	**Not Specified**	**Children**	**Youth IPV Victim**		
B-01	Unduplicated Count of Clients Served							
	Non-Shelter (supportive services only)	**Women**	**Men**	**Not Specified**	**Children**	**Youth IPV Victim**		
B-02	Unduplicated Count of Clients Served							
	Race/Ethnicity	**Black or African American**	**American Indian/ Alaska Native**	**Asian**	**Hispanic or Latino**	**Native Hawaiian/ Other Pacific Islander**	**White**	**Unknown/ Other**
B-03	Clients							
	Age	***0-17***	***18-24***	***25-59***	***60+***	**Unknown**		
B-04	Clients							

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Subgrantee Information (continued)

1. Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS Number
FVPSP/FYSB/ACYF/ACF/HHS	0	0
		3b. EIN 0

Section C—Shelter Services
Indicate the number of shelter nights for each person that arrives and is provided a bed, including on-site shelter, safe home or hotel room. Count the # of people housed times the number of nights.

C-01	Shelter Nights		
C-02	Unmet Requests for Shelter		

Section D—Supportive Services for Adults
Indicate the number of service contacts provided regardless of length.

	Crisis/Hotline Calls	Total Calls
D-01 Cri	sis/Hotline Calls	
	Supportive Counseling & Advocacy	**Number of Service Contacts**
D-02	Individual Supportive Counseling & Advocacy	
D-03 Grou	p Supportive Counseling & Advocacy	

Section E—Supportive Services for Children
Indicate the number of service contacts provided regardless of length.

	Supportive Counseling & Advocacy	Number of Service Contacts
E-01 Indiv	dual	
E-02 Grou	p	
	Activities for Children & Youth	**Number of Service Contacts**
E-03 Indiv	dual Activities	
E-04 Grou	p Activities	

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Subgrantee Information (continued)

1. Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS Number
FVPSP/FYSB/ACYF/ACF/HHS	0	0
		3b. EIN 0

Section F—Batterer Intervention Services
Report only if these services are funded by FVPSA.

	Gender	Male	Female	Not Specified
F-01	Unduplicated Count of Clients Receiving Batterer Intervention Services			

	Age	*0-17*	*18-24*	*25-59*	*60+*	Unknown
F-02	Batterer Intervention Clients					

	Intervention/ Counseling Services	Number of Service Contacts
F-03	Individual Counseling	
F-04	Group Counseling	

Section G—Community Education and Public Awareness
Indicate the total number of training and community education presentations and the total number of individuals attending.

	Community Education	Number of Presentations	Number of Participants
G-01	Adults/General Population		
G-02	Youth Targeted		

	Community Awareness Activities	Number of Activities
G-03	Awareness Activities	

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Subgrantee Information (continued)

1. Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS Number 0
FVPSP/FYSB/ACYF/ACF/HHS	0	3b. EIN 0

Section H—Narrative Responses Attach a separate document with the labeled responses to each of the below elements.		
H-01	For services supported in whole or in part by your FVPSA grant, share a story about a client, service or community initiative that could be shared with other stakeholders.	
H-02	What does the FVPSA grant allow you to do that you wouldn't be able to do without this funding?	
H-03	Describe any efforts supported in whole or in part by your FVPSA grant to meet the needs of underserved populations in your community, including populations underserved because of ethnic, racial, cultural or language diversity, sexual orientation or gender identity or geographic isolation. Describe any ongoing challenges.	
H-04	Describe significant prevention and outreach activities, supported in whole or in part by your FVPSA grant, during the program year.	
H-05	Provide information on the evaluation of the effectiveness of your domestic violence programming	
H-06	(Optional) Provide any additional information that you would like us to know about your FVPSA-supported domestic violence program, i.e., the unmet needs of victims in your community, other funding sources used for programming or service trends that are emerging in your community.	

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Subgrantee Information (continued)

1. Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS Number
FVPSP/FYSB/ACYF/ACF/HHS	0	0
		3b. EIN 0

Section I—Service Outcome Data
For each service area from which you collected outcome data, indicate how many surveys were completed and how many YES responses you received to each of the outcome questions (resources and safety).

	Survey Type	Number of Surveys Competed	Number of Yes Responses to Resource Outcome	Number of Yes Responses to Safety Outcome	
I-01	Shelter survey				
I-02	Support services and advocacy survey				
I-03	Counseling survey				
I-04	Support group survey				
I-05	TOTAL				

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Instructions for Completion of the Performance Progress Report

Instructions for Cover Page

Item	Data Element	Instructions
1.	Federal Agency and Organizational Element to Which Report is Submitted	Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency.
2.	Federal Grant or Other Identifying Number Assigned by the awarding Federal agency	Enter the grant/award number contained in the award document.
3a.	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
3b.	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.
4.	Recipient Organization	Enter the name of recipient organization and complete address, including ZIP code.
5.	Recipient Account Number or Account Number	Enter the account number or any other identifying number assigned by the recipient to the award. This number is strictly for the recipient's use only and is not required by the awarding Federal agency.
6.	Project/Grant Period	Enter the federal fiscal year covered by this performance progress report.
7.	Reporting Period End Date	Enter the ending date of the reporting period.
8.	Final Report	Mark appropriate box. Check “yes” only if this is the final report for the project/grant period specified in Box 6.
9.	Report or Frequency	Select “annual” for report frequency.
10.	Performance Narrative	Attach a separate document with the labeled responses to each of the elements in Section H.
11.	Other Attachments	Attach a separate document per the instructions on the cover page.
12a.	Certification – Name	Type or print the name and title of the Authorized Certifying Official.
12b.	Certification - Signature	The Authorized Certifying Official should sign here.
12c.	Certification – Phone	Enter the area code, phone number and extension of the Authorized Certifying Official.
12d.	Certification – Email	Enter the email address of the Authorized Certifying Official.
12e.	Certification – Date	Enter the date (month, day, year) the report is submitted.

Instructions for Section SP - State Portion

Item	Data Element	Instructions
SP-01	Total funds awarded to subgrantees by the State	Report the total amount of grant awards or contracts made to subgrantees (i.e., domestic violence programs) during the reporting period.

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Item	Data Element	Instructions
SP-02	Total number of subgrants awarded	Count the number of grant awards or contracts made to subgrantees.
SP-03	Total amount of state administrative costs	Report the total amount of grant funds used to support State/Territory costs for the administration of FVPSA funding.
SP-04	Total number of subgrants to programs with shelters	Count the number of grant awards or contracts made to domestic violence programs that have a shelter facility.
SP-05	Total number of subgrants to programs without a shelter facility	Count the number of grant awards or contracts made to domestic violence programs that do not have a shelter facility and provide supportive services only.
SP-06	Total number of subgrants to culturally and linguistically specific services programs	Count the number of grant awards or contracts made to culturally and linguistically specific services programs. Culturally and linguistically specific services refers to community-based services that offer full linguistic access and culturally specific services and resources, including outreach, collaboration and support mechanisms primarily directed toward culturally specific communities.

Instructions for Section A – General Program Information

Item	Data Element	Instructions
Explanation of information to be collected: This report is a compilation of all of the domestic violence services provided by local domestic violence programs for victims of domestic violence and their dependents – whether or not the service is provided with FVPSA funds. In consultation with FVPSA state administrators, tribal program coordinators and coalition representatives, it was determined that this report would include a count of all domestic violence services provided through FVPSA-funded programs, including those supported through other funding sources. In order to accurately report the proportion of services supported through FVPSA funding, grantees are required to report the total domestic violence budget (A-01) and the FVPSA grant amount (A-02). These figures are used to determine the percentage of the program budget /services funded through FVPSA. It is imperative that the total domestic violence program budget (A-01) are accurate numbers.		
A-01	Total Domestic Violence Program Budget	This is the sum of the total annual budgets for each local domestic violence program at the same point in time. Each local domestic violence program will report its total budget that is used to provide the services to victims included in this report, This number could include additional funding from other sources or it may be the same as the FVPSA grant amount listed in A-02. The FVPSA State Administrator then sums up each of the entries from the local programs and enters the number here. For example, the total program budget would include all funding sources, i.e., FVPSA dollars and state dollars to provide shelter to victims. Grant dollars set aside to provide separate services to sexual assault victims would not be included here. In addition, a domestic violence program that is located within a larger social service agency would only include its budget for domestic violence programming. For example, a local domestic violence program that receives $50,000 in FVPSA funds, $20,000 from the state for DV services and $10,000 from a private funder would report $80,000 as its total domestic violence program budget.
A-02	FVPSA Grant Amount	List total amount of FVPSA grant received within this fiscal year.
A-03	Number of Shelter Facilities	List the total number of shelter facilities providing immediate housing to victims of domestic violence and their children managed by the domestic violence program. This number should not include safe homes, motels or shelter beds provided by other programs.

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Item	Data Element	Instructions
A-04	Non-Shelter Services Sites	List the total number of service sites (i.e., office locations) where a program provides non-residential services. This may include the coordination of shelter for victims through hotels and safe homes where there is not a shelter facility. This number should be one (1) if the program has a single program site with no shelter facility. If a program maintains satellite locations, they should be counted here, i.e., one main office and two satellite offices should be reported as three (3) sites. This is not a count of the number of hotels and safe homes used.
A-05	Volunteers	Count number of individuals from all areas, including programmatic (i.e., advocacy, and transportation) and administrative services (i.e., board members and data entry).
A-06	Volunteer Hours	Count total time rounded to nearest hour.

Instructions for Section B – People Served

Item	Data Element	Instructions
If the grantee has concerns that providing the data below will allow a report reader to personally identify a victim, then use the boxes for "not specified" or "unknown" for that client's data.		
B-01	Shelter (including safe homes)	Number of new domestic violence victims (clients) seen for the first time during this reporting period who received shelter services (including a shelter facility managed by the program, safe home or hotel). Clients should be counted once regardless of the number of times served during the fiscal year. Clients who received shelter should only be counted in this element and not counted in B-02 even though they may have received non-shelter services also. Clients who were referred to another domestic violence shelter program *should not* be counted here. Count will be within program only and not unduplicated across programs statewide.
B-02	Non-Shelter (supportive services only)	Clients who received *only* non-shelter services should be counted in this category. Exclude clients served only by Batterer Intervention Programs (they are counted in Sec. E) and those served by a hotline only. *Count should be within program only and not unduplicated across programs statewide.*
	Youth IPV Victim	Count the number of youth under the age of 18 who were identified as victims of intimate partner violence (IPV). This number is a subset of the total number of children served. For example, a program served 100 children & youth of which 8 identified as Youth IPV Victims. Report as Children & Youth – 100; Youth IPV Victim – 8 which means the 8 Youth IPV Victims are counted in both fields. Child abuse cases do not count as IPV victims.
B-03	Race/Ethnicity	Report the race and/or ethnicity of the clients served, including children and youth. Clients may self-identify in more than one category, i.e., White and Hispanic. Therefore, the total number may exceed the total number in B-01 plus B-02.
B-04	Age	Report the ages of the clients served, including children and youth. These demographic totals should equal the program's numbers totaled in B-01 plus B-02. For example, if the program served 30 women, 62 children and 2 men, the total for all the ages should add up to 94.

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Instructions for Section C –Shelter Services

Item	Data Element	Instructions
C-01	Shelter Nights	Indicate the number of shelter nights for each person who arrives and is provided a bed, including on-site shelter, safe home or hotel room. Include victims of domestic violence and their dependents. Count the number of people housed times the number of nights. For example, a victim and her 3 children stay in the shelter or safe house for 5 nights – 4 people x 5 nights = 20 shelter nights. Shelter includes onsite shelter managed by the domestic violence program, program-sponsored hotel rooms and safe homes (residences of volunteers who offer their private homes for short-term crisis situations) or other temporary housing that your program arranges. Nights that a victims stays in a shelter (i.e., a shelter in a nearby county) not managed by your program should not be counted.
C-02	Unmet Requests for Shelter	Count the number of unmet requests for shelter due to program shelter, safe homes or sponsored hotel rooms being at capacity or unavailable. Count the adult victims of domestic violence only. This count should not include individuals who were not served because their needs were inappropriate for the services of your program, i.e., homelessness not related to domestic violence. Count the total number of times requests for shelter were declined, even if the program provided other services.

Instructions for Section D – Supportive Services for Adults

Item	Data Element	Instructions
D-01	Crisis/Hotline Calls	Calls received on any agency line that relate to an individual or family in need of some kind of service. A program does not have to have a dedicated hotline to count these calls. Count all calls including repeat callers and calls from third parties. Do not count donations, general information about program or violence issues unrelated to a specific individual or family, calls from the media, etc.
D-02	Individual	Count the total number of service contacts provided regardless of length. A contact could be a thirty minute counseling session in shelter or several hours to accompany a survivor to court. Do not count brief encounters such as distribution of toiletries, giving out a survey to complete, etc. Supportive services are services such as crisis intervention, safety planning, individual counseling, educational services, legal advocacy, personal advocacy, housing advocacy, medical advocacy, information/referral, transportation and home visits.
D-03	Group	Count the total number of sessions for each individual in attendance at the group. For example, 5 support groups with 10 individuals at each = 50 service contacts. Some examples of groups are support groups or psycho-educational groups.

Instructions for Section E – Supportive Services for Children

Item	Data Element	Instructions
Supportive Counseling/Advocacy for Children & Youth		

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Item	Data Element	Instructions
E-01	Individual	Count total number of service contacts with children under the age of 18. These supportive services provided to children may be crisis intervention, safety planning, individual counseling or educational services. For example, if an advocate meets 3 different times with a client to have a safety planning session, drive to an appointment and provide crisis counseling, then the count would be 3 service contacts.
E-02	Group	Count the total number of sessions for each individual in attendance at the group. For example, 4 groups with 8 individuals at each = 32 service contacts. Some examples of groups are support groups for children who are exposed to domestic violence or art therapy groups.
Activities for Children & Youth Counts in this section are non-IPV related services provided.		
E-03	Individual	Count total number of service contacts with children that fall outside of child advocacy including contacts such as mentoring or recreational opportunities.
E-04	Group	Count the total number of service contacts that fall outside of child advocacy including recreational activities, child care, etc. For example, a field trip to a park for 4 children residing in shelter = 4 service contacts.

Instructions for Section F – Batterer Intervention Services

Item	Data Element	Instructions
Batterer intervention services include a provision of sessions based on a specific model of intervention designed to address accountability for abusive behavior including re-education programs for those who abuse their intimate partners. ***Report in this section only if these services are funded by FVPSA.***		
F-01	Unduplicated Count of Clients Receiving Batterer Intervention Services	Number of new clients seen for the first time during this reporting period who received batterer intervention services (either individual or group services) using FVPSA funds. Clients should be counted once regardless of the number of times served during the fiscal year.
F-02	Age	Report the ages of the clients served in batterer intervention, including youth. These demographic totals should equal the totals for F-01.
F-03	Individual	Count the total number of service contacts with clients who received batterer intervention services. For example, if a provider meets with a client 12 separate times to provide a series of counseling sessions, then that is 12 service contacts.
F-04	Group	Count the total number of service contacts with clients who received group batterer intervention services. For example, if a support group was held with 12 clients that met for 24 weeks, then the number of service contacts would be 12 times 24 to equal 288.

Instructions for Section G – Community Education and Public Awareness

Item	Data Element	Instructions

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Item	Data Element	Instructions
G-01	Adults/ General Population	Count the total number of presentations or trainings about domestic violence and/or services related to victims of domestic violence and their children. In addition, count the number of individuals in attendance. Some examples may be a training for health professionals or a workshop for tribal leaders. Include all presentations for a mixed-age audience.
G-02	Youth Targeted	Count the total number of presentations or trainings about domestic violence, dating violence, healthy relationships or available services for victims. In addition, count the number of individuals in attendance. Some examples may be a presentation to youth in school on healthy relationships or a workshop for youth at a Safety Day event.
G-03	Public Awareness Activities	Report any domestic violence-focused information forums where domestic violence information is distributed, yet an exact count of audience can not be obtained, such as a press conference, booth at a health fair or a Pow Wow.

Instructions for Section H – Narrative Responses

Item	Data Element	Instructions
H-01 through H-06	Narrative Responses	Attach a separate document with the labeled responses to each of the listed elements (H-01 through H-06) on the form.

Instructions for Section I – Service Outcome Data

Item	Data Element	Instructions
I-01 through I-05	Service Outcome Data	Domestic violence programs should be collecting outcome information from their clients served. A manual and instructions from the Documenting Our Work Project are available online at the Outcomes webpage from www.vawnet.org homepage (Special Project Participants drop down menu at the bottom right corner --> FVPSA Outcomes --> same username and password - "outcomes"). There are two mandated questions that must be asked of clients. Because of the services I received, I feel: • I know more about community resources (yes or no). • I know more ways to plan for my safety (yes or no). Outcome information may be collected for each service – shelter, support services and advocacy, counseling and support group. However, at a minimum, FVPSA requests outcome information on shelter services from programs that provide shelter services. For each service, count the number of surveys completed and the number of yes responses to each question: • I know more about community resources (Resource Outcome). • I know more ways to plan for my safety (Safety Outcome).

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