

## U.S. Department of Justice Office on Violence Against Women

### SEMI-ANNUAL PROGRESS REPORT FOR

# Training Grants to Stop Abuse and Sexual Assault Against Older Individuals or Individuals with Disabilities



**Brief Instructions:** This form must be completed for each Training Grants to Stop Abuse and Sexual Assault Against Older Individuals or Individuals with Disabilities (Training Grants Program) grant received. The grant administrator or coordinator must ensure that the form is completed fully with regard to all grant-funded activities. Grant partners, however, may complete sections relevant to their portion of the grant. Grant administrators and coordinators are responsible for compiling and submitting a single report that reflects all information collected from grant partners.

All grantees should read each section to determine which questions they must answer, based on the activities engaged in under this grant during the current reporting period. Sections B and D of this form must be completed by all grantees. In section A, subsection A1 must be completed by all grantees. In section C, subsections C1 and C2 must be completed by all grantees. In subsections A2 and C3, grantees must answer an initial question about whether they engaged in certain activities during the current reporting period. If the response is yes, then the grantee must complete that subsection. If the response is no, the rest of that subsection is skipped.

The activities of volunteers or interns may be reported if they are coordinated or supervised by Training Grants Program-funded staff or if Training Grants Program funds substantially support their activities.





For further information on filling out this form, refer to the separate set of instructions, which contains detailed definitions and examples, illustrating how questions should be answered.


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SECTION **A1**


## GENERAL INFORMATION

All grantees must complete this section.

-  **1. Date of report**     /     /     *(format date with 6 digits - 01/31/04)*
-  **2. Current reporting period**     **January 1-June 30**     **July 1-December 31**       **(Year)**
-  **3. Grantee name** \_\_\_\_\_
-  **4. Grant number** \_\_\_\_\_  
(the federal grant number assigned to your Training Grants Program)

-  **5. Type of funded organization**  
(Check the one answer that best describes the organization receiving the Training Grants Program grant.)
- Court
  - Disability advocacy agency/organization
  - Domestic violence program
  - Dual sexual assault/domestic violence program
  - Elder services agency
  - Faith based organization
  - Judicial organization
  - Law enforcement agency
  - National criminal justice constituency organization
  - Prosecutor
  - Sexual assault program
  - State
  - Tribe
  - Unit of local government
  - University/college
  - Other(specify): \_\_\_\_\_

-  **6. Point of contact (person responsible for the day-to-day coordination or administration of the grant)**
- First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_
- Agency/organization (if different from grantee name) \_\_\_\_\_
- Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_
- Email \_\_\_\_\_

-  **7. Does this grant specifically address tribal populations?**  
(Check yes if your Training Grants Program grant focuses on tribal populations, and indicate which tribes or nations you serve or intend to serve.)
- Yes     No    **If yes, which tribes/nations:** \_\_\_\_\_

**8. Percentage of Training Grants Program funds directed to each statutory purpose**

(Provide appropriate percentages to reflect the time and/or resources you have devoted to each of these areas during the current reporting period. The total of all the percentages should be 100%.)

Throughout this form, the term **sexual assault** includes both assaults committed by offenders who are strangers to the victim/survivor and assaults committed by offenders who are known to, related by blood or marriage to, or in a dating relationship with the victim. The term **domestic violence** applies to any pattern of coercive behavior that is used by one person to gain power and control over a current or former intimate partner. Domestic violence includes dating violence, which is violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. **Elder abuse** is the physical, sexual, emotional or financial abuse or neglect or abandonment of an older person by a family member, fiduciary agent, or caregiver.

<b>Issue</b>	<b>Domestic violence</b>	<b>Sexual assault</b>	<b>Elder abuse, neglect and exploitation<sup>2</sup></b>	<b>Total</b>
Violence against individuals who are older	%	%	%	%
Violence against individuals with disabilities <sup>3</sup>	%	%	N/A	%
<b>Total</b>	%	%	%	%

<sup>2</sup> Include here only abuse, neglect and exploitation by non-intimate partners and non-family members that is not already included under the preceding categories.

<sup>3</sup> OVW recognizes that there are individuals who do not consider themselves to be “individuals with disabilities” and who do not identify with this designation. However, for the purposes of the Training Grants Program, “individuals with disabilities” refers to all individuals covered under the definition contained in the Americans with Disabilities Act (42 U.S.C. §12102(2)).

**SECTION A2**

**Staff information**

**Were Training Grants Program funds used to fund staff positions during the current reporting period?**

Check yes if Training Grants Program funds were used to pay staff, including part-time staff and contractors.

- Yes—answer question 9
- No—skip to Section B



**9. Staff**

(Report the total number of full-time equivalent [FTE] staff funded under this grant during the current reporting period. Include employees who are part time and/or only partially funded with Training Grants Program funds, as well as contractors. If an employee or contractor was not employed or utilized over the entire reporting period, report the average. Round to the second decimal. See separate instructions for examples of how to calculate FTEs for part-time staff and contractors.)

Staff	Grant-funded staff
Administrator (fiscal manager, executive director)	<input type="text"/>
Program coordinator (training coordinator)	<input type="text"/>
Support staff (secretary, administrative assistant)	<input type="text"/>
Trainer	<input type="text"/>
Other (specify) _____	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

SECTION **B**

## PURPOSE AREAS

All grantees must complete this section.



### 10. Purpose areas

(Check all purpose areas that apply to activities supported by Training Grants Program funds during the current reporting period.)

Check ALL that apply	Program Purpose Areas
<input type="checkbox"/>	Assist law enforcement officers, prosecutors, and relevant officers of Federal, State, tribal, and local courts in recognizing, addressing, investigating, and prosecuting instances of elder abuse, neglect, and exploitation.
<input type="checkbox"/>	Assist law enforcement officers, prosecutors, and relevant officers of Federal, State, tribal, and local courts in recognizing, addressing, investigating, and prosecuting instances of violence against individuals with disabilities, including domestic violence and sexual assault.
<input type="checkbox"/>	Assist law enforcement officers, prosecutors, and relevant officers of Federal, State, tribal, and local courts in recognizing, addressing, investigating, and prosecuting instances of violence against older individuals, including domestic violence and sexual assault.

**SECTION C1**

**FUNCTION AREAS**  
**Training**

All grantees must answer this section.



**11. Training events**

(Report the total number of training events provided during the current reporting period that were either provided by Training Grants Program-funded staff or directly supported by Training Grants Program funds. Staff development training provided to Training Grants Program-funded staff should not be counted.)

Total number of training events provided



**12. People trained with Training Grants Program funds and person-hours of training**

(Report the number of people trained during the current reporting period by type of agency and the number of person-hours of training. Person-hours are calculated by multiplying the number of people trained by the length of the individual training sessions. For example: 12 prosecutors attend a one-hour training [12 person-hours] and 5 prosecutors attend an eight-hour training [40 person-hours] for a total of 52 person-hours.)

People trained	Number of people trained	Number of person-hours
Corrections personnel (probation, parole and correctional facility staff)	<input type="text"/>	<input type="text"/>
Court officers (state or local)	<input type="text"/>	<input type="text"/>
Court officers (federal)	<input type="text"/>	<input type="text"/>
Court officers (tribal)	<input type="text"/>	<input type="text"/>
Law enforcement officers (state or local)	<input type="text"/>	<input type="text"/>
Law enforcement officers (federal)	<input type="text"/>	<input type="text"/>
Law enforcement officers (tribal)	<input type="text"/>	<input type="text"/>
Prosecutors (state or local)	<input type="text"/>	<input type="text"/>
Prosecutors (federal)	<input type="text"/>	<input type="text"/>
Prosecutors (tribal)	<input type="text"/>	<input type="text"/>
Victim witness specialist	<input type="text"/>	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>	<input type="text"/>



### 13. Training content areas

(Indicate all topics covered in training events provided by your Training Grants Program staff, or directly supported by Training Grants Program funds, during the current reporting period. Check all that apply.)

		<b>Sexual assault, domestic violence, elder abuse and exploitation</b>				<b>Issues specific to victims/survivors who:</b>	
<b>Elder</b>	<b>Disabled</b>			<b>Elder</b>	<b>Disabled</b>		
<input type="checkbox"/>	<input type="checkbox"/>	ADA and other anti-discrimination laws or requirements		<input type="checkbox"/>	<input type="checkbox"/>	are American Indian or Alaska Native	
<input type="checkbox"/>	<input type="checkbox"/>	Adult Protective Services reporting requirements		<input type="checkbox"/>	<input type="checkbox"/>	are Asian	
<input type="checkbox"/>	<input type="checkbox"/>	Domestic violence overview, dynamics, and services		<input type="checkbox"/>	<input type="checkbox"/>	are black or African American	
<input type="checkbox"/>	<input type="checkbox"/>	Domestic violence statutes/codes		<input type="checkbox"/>	<input type="checkbox"/>	are Hispanic or Latino	
<input type="checkbox"/>	<input type="checkbox"/>	Effective communication with individuals who are older or individuals with disabilities		<input type="checkbox"/>	<input type="checkbox"/>	are elderly or disabled	
<input type="checkbox"/>	<input type="checkbox"/>	Impact of aging and/or disabilities		<input type="checkbox"/>	<input type="checkbox"/>	are homeless or living in poverty	
<input type="checkbox"/>	<input type="checkbox"/>	Judicial response to domestic violence		<input type="checkbox"/>	<input type="checkbox"/>	are immigrants, refugees, or asylum seekers	
<input type="checkbox"/>	<input type="checkbox"/>	Judicial response to elder abuse and exploitation		<input type="checkbox"/>	<input type="checkbox"/>	are isolated or institutionalized	
<input type="checkbox"/>	<input type="checkbox"/>	Judicial response to sexual assault		<input type="checkbox"/>	<input type="checkbox"/>	are lesbian, gay, bisexual, transgender, or intersex	
<input type="checkbox"/>	<input type="checkbox"/>	Law enforcement response to domestic violence (recognizing, addressing, investigating)		<input type="checkbox"/>	<input type="checkbox"/>	are Native Hawaiian or other Pacific Islander	
<input type="checkbox"/>	<input type="checkbox"/>	Law enforcement response to elder abuse and exploitation (recognizing, addressing, investigating)		<input type="checkbox"/>	<input type="checkbox"/>	have mental health problems	
<input type="checkbox"/>	<input type="checkbox"/>	Law enforcement response to sexual assault (recognizing, addressing, investigating)		<input type="checkbox"/>	<input type="checkbox"/>	have substance abuse problems	
<input type="checkbox"/>	<input type="checkbox"/>	Probation response to sexual assault, domestic violence, elder abuse and exploitation		<input type="checkbox"/>	<input type="checkbox"/>	live in rural areas	
<input type="checkbox"/>	<input type="checkbox"/>	Prosecution response elder abuse and exploitation		<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): _____	
<input type="checkbox"/>	<input type="checkbox"/>	Prosecution response to domestic violence					
<input type="checkbox"/>	<input type="checkbox"/>	Prosecution response to sexual assault					
<input type="checkbox"/>	<input type="checkbox"/>	Protection orders (including full faith and credit)					
<input type="checkbox"/>	<input type="checkbox"/>	Sexual assault overview, dynamics and services					
<input type="checkbox"/>	<input type="checkbox"/>	Sexual assault statutes/codes					
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____					

<b>Elder</b>	<b>Disabled</b>	<b>Community response</b>
<input type="checkbox"/>	<input type="checkbox"/>	Coordinated community response
<input type="checkbox"/>	<input type="checkbox"/>	Response teams (DART, DVRT, SART)
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): _____

**14. Training on protocols and policies shared at institutes, workshops, and conferences during the current reporting period**

(Indicate the content of training on protocols and policy development and implementation shared at institutes, workshops and conferences. Check all that apply.)

	<b>Court</b>	<b>Prosecution</b>	<b>Law Enforcement</b>	<b>Probation and Parole</b>
Mandatory training on domestic violence, sexual assault and elder abuse and exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedures for ensuring access for individuals with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedures for ensuring access for individuals who are older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedures for scheduling interpreters for individuals who are hearing impaired or deaf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedures involving individuals who have difficulties with communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedures for hearings involving individuals who have difficulties with communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**SECTION C2**

## Coordinated Community Response

All grantees must complete this section.



### 15. Coordinated community response activities

(Check the appropriate boxes to indicate the agencies or organizations, even if they are not memorandum of understanding [MOU] partners, that you provided onsite consultation to; attended invitational meetings with; engaged in planning, development, implementation of training with; or engaged in partnership, team building, and cross training with during the current reporting period. In the last column, indicate the agencies or organizations with which you have an MOU for purposes of the Training Grants Program grant.)

Agency/community	Collaboration activities				
	Onsite consultation	Invitational meetings	Planning, development, implementation of training	Partnership, team building, and cross training	MOU partner
Adult protective services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community advocacy organization (NAACP, LGBTQ organizations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrections (probation, parole, correctional facilities staff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability advocacy program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder advocacy program (Gray Panthers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith-based organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Governmental agency (food stamps, TANF, SSDI, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health/mental health organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services organization (legal services, bar association, law school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutor's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social service organization (food bank, homeless shelter.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal government/Tribal government agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other victim services organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Were your Training Grants Program funds used to develop, substantially revise, or distribute products during the current reporting period ?**

Check yes if Training Grants Program-funded staff developed products or if Training Grants Program funds directly supported the development, substantial revision, or distribution of products.

- Yes—answer question 16
- No—skip to D

**16. Use of Training Grants Program funds for product development, substantial revision, or distribution** (Report the number of products developed, substantially revised, or distributed with Training Grants Program funds during the current reporting period. Report the number of new products developed or substantially revised during the current reporting period; the title/topic; and intended audience for each product developed, revised, or distributed; and, the number of products used or distributed. If a product was created in or translated into a language other than English, including Braille, indicate the language. Report on products that were newly developed or substantially revised during the current reporting period whether or not they were used or distributed, and on products that were previously developed or revised but were used or distributed during the current reporting period.)

Number developed or revised	Title/topic	Intended audience	Number used or distributed	Other languages
Brochures				
Manuals				

Question 16 continued on next page

Number developed or revised	Title/topic	Intended audience	Number used or distributed	Other languages
<b>Training curricula</b>				
<b>Training materials</b>				
<b>Other (specify)</b>				



## NARRATIVE

**All grantees must answer question 17.**

**PLEASE LIMIT YOUR RESPONSE TO FOUR PAGES FOR THIS QUESTION.**



**17. Report on the status of the goals and objectives for this grant.**

(Using Appendix A as a guide, report on the status of the goals and objectives for your grant as of the end of the current reporting period, as they were identified in your grant proposal or as they have been added or revised. Indicate whether the activities related to your objectives for the current reporting period 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 us 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 period, you must provide an explanation.)

**All grantees must answer questions 18 and 19 on an annual basis. Submit this information on the January to June reporting form only.**

**PLEASE LIMIT YOUR RESPONSE TO TWO PAGES FOR EACH QUESTION.**



**18. What do you see as the most significant areas of remaining need, with regard to obstacles faced by individuals with disabilities or who are older?**

(Consider the following issues among others: responsiveness of the criminal justice system at the local, state and federal levels to people with disabilities and individuals who are older; cross-training of elder and disability advocates and sexual and domestic violence advocates; community, regional or state-based issues; particular racial, ethnic, cultural or social issues that need to be addressed in training.)



**19. What has Training Grants Program funding allowed you to do that you could not do prior to receiving this funding?**

(For example, expand training to new law enforcement jurisdictions; purchase TTY's for all prosecutors in our jurisdiction. Provide specific examples in your answer.)

**Question 20 is optional.**

**PLEASE LIMIT YOUR RESPONSE TO TWO PAGES FOR THIS QUESTION.**



**20. Provide any additional information that you would like us to know about your Training Grants Program and/or the effectiveness of your grant.**

(If you have other data or information regarding your program that would more fully or accurately reflect the effectiveness of your Training Grants Program-funded program than the data you have been asked to provide on this form, answer this question. If you have not already done so elsewhere on this form, you may want to report on systems-level changes, institutionalization of training curricula, the removal or reduction of barriers and challenges for victims/survivors who are older or disabled, use of volunteers and/or interns to complete activities, promising practices, and positive or negative unintended consequences.)

### Public Reporting Burden

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete and file this form is 60 minutes per form. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Office on Violence Against Women, U.S. Department of Justice, 810 7th Street, NW, Washington, DC 20531.

## APPENDIX A

Report on the status of the goals and objectives for the Training Grants Program Question 17.

### Status

(completed, in progress, delayed, revised)

**Goals/Objectives** (Describe your goals and objectives, as outlined in your grant proposal, or as revised)

### Key Activities

**Comments** (successes, challenges, explanations)

### Status

(completed, in progress, delayed, revised)

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Question 17 - APPENDIX-A continued on next page

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(completed, in progress, delayed, revised)

**Goals/Objectives** (Describe your goals and objectives, as outlined in your grant proposal, or as revised)

### **Key Activities**

**Comments** (successes, challenges, explanations)

### **Status**

(completed, in progress, delayed, revised)

**Goals/Objectives** (Describe your goals and objectives, as outlined in your grant proposal, or as revised)

### **Key Activities**

**Comments** (successes, challenges, explanations)

**Question 18.** What do you see as the most significant areas of remaining need, with regard to obstacles faced by individuals with disabilities or who are older ?

Question 18 - Continued on next page



Question 18 - Continued

**Question 18.** What do you see as the most significant areas of remaining need, with regard to obstacles faced by individuals with disabilities or who are older ?

**Question 19.** What has Training Grants Program unding allowed you to do that you could not do prior to receiving this funding?

Question 19 - Continued on next page

Question 19 - Continued

**Question 19.** What has Training Grants Program unding allowed you to do that you could not do prior to receiving this funding?

**Question 20.** Provide any additional information that you would like us to know about your Training Grants Program and/or the effectiveness of your grant.

Question 20 - Continued

**Question 20.** Provide any additional information that you would like us to know about your Training Grants Program and/or the effectiveness of your grant.

