

# **U.S. DEPARTMENT OF JUSTICE OFFICE ON VIOLENCE AGAINST WOMEN SEMI-ANNUAL PROGRESS REPORT FOR GRANTS TO STATE SEXUAL ASSAULT AND DOMESTIC VIOLENCE COALITIONS PROGRAM**

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Brief Instructions: This form must be completed for each Grants to State Sexual Assault and Domestic Violence Coalitions Program (State Coalitions Program) grant received. The grant administrator or coordinator must ensure that the form is completed fully with regard to all grant activities.

All grantees should read through 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 answered by all grantees. In subsection A2 and section C, grantees must answer an initial question in each subsection 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.

For example, (1) if you only provided training and technical assistance with staff funded under this grant during the current reporting period, you would complete sections A, B, C1, C6, and D (and answer 'no' in C2-C5 and C7-C9); or, (2) if you provided training and technical assistance with staff funded under this grant and grant-funded staff developed products during the current reporting period, you would complete sections A, B, C1, C4, C6, and D (and answer 'no' in C2, C5, C7-C9).

The activities of volunteers or interns should be reported if they were coordinated or supervised by State Coalitions Program funded staff or if State Coalitions Program funds substantially supported 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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**A. GENERAL INFORMATION**

**A1. Grant information**

All grantees must complete this section.

1. **Date of report** \_\_\_\_\_
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 State Coalitions Program grant*)  
\_\_\_\_\_
5. **Type of grantee organization** (*Check one.*)
  - Dual Sexual Assault/Domestic Violence Coalition
  - Sexual Assault Coalition
  - Domestic Violence Coalition
6. **Point of contact** (*person responsible for the day-to-day coordination of the grant*)

**First Name** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Agency/organization name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Facsimile** \_\_\_\_\_

**E-mail** \_\_\_\_\_
7. **What percentage of your total operating budget is funded by the State Coalitions Program grant?** (*Do not include pass-through funding that the coalition awards to local sexual assault or domestic violence programs.*) \_\_\_\_\_
8. **Coalition members** (*Report the total number of organizational members, including sexual assault programs, domestic violence programs, other victim services agencies, and other organizational members, as applicable to your state coalition. Report the total number of individual members, if applicable to your state coalition. Individual members are individual persons, not programs.*) \_\_\_\_\_

Organizational members	Number
Sexual assault programs/rape crisis centers	
Domestic violence programs	
Sexual assault and domestic violence dual programs	
Tribal victim services agencies	
Other victim service providers	
Other organizational members	
<b>Total number of organizational members</b>	
<b>Total number of individual members</b>	

## A2. Staff Information

**Were State Coalitions Program funds used to fund staff positions during the current reporting period?** Check yes if State Coalitions 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 by State Coalitions Program grant during the current reporting period. Report staff by the function(s) performed, not by title or location. Include employees who are part-time and/or partially funded with these grant funds as well as consultants/contractors. Report grant-funded overtime. If an employee or contractor was employed or utilized for only a portion of the reporting period, prorate appropriately. For example, if you hired a full-time administrator in October who was 100% funded with State Coalitions Program funds, you would report that as .5 FTEs. Report all FTEs in decimals, not percentages. One FTE is equal to 1,040 hours—40 hours per week x 26 weeks. See separate instructions for examples of how to calculate FTEs for part-time staff and contractors.)

Staff	FTE (s)
Administrator ( <i>fiscal manager, executive</i> )	
Attorney	
Communications specialist (public awareness, information technology staff)	
Paralegal	
Program coordinator ( <i>training coordinator, support staff (secretary, administrative assistant, accountant, bookkeeper)</i> )	
Systems advocate	

Technical assistance provider	
Trainer	
Translator/Interpreter	
Other ( <i>specify</i> ):	
<b>TOTAL</b>	

## B. PROGRAM ACTIVITIES

**All grantees must complete this section.**

**10. Program activities** (Check all program activities your State Coalition engaged in during the current reporting period. Check the appropriate box to indicate whether the activity was supported with State Coalitions Program funds or another funding source.)

State Coalitions Program funded	Other funding source	Program activities
<input type="checkbox"/>	<input type="checkbox"/>	Providing technical assistance to member programs.
<input type="checkbox"/>	<input type="checkbox"/>	Expanding the technological capacity of coalitions and/or member programs.
<input type="checkbox"/>	<input type="checkbox"/>	Developing or enhancing appropriate standards of services for member programs, including culturally appropriate services to underserved populations.
<input type="checkbox"/>	<input type="checkbox"/>	Conducting statewide, regional and/or community-based meetings or workshops for victim advocates, survivors, legal service providers, and criminal justice representatives.
<input type="checkbox"/>	<input type="checkbox"/>	Bringing local programs together to identify gaps in services and to coordinate activities.
<input type="checkbox"/>	<input type="checkbox"/>	Increasing the representation of underserved populations in coordination activities, including providing financial assistance to organizations that serve underserved communities to participate in planning meetings, task forces, committees, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Engaging in activities that promote coalition building at the local and/or state level.
<input type="checkbox"/>	<input type="checkbox"/>	Coordinating federal, state and/or local law enforcement agencies to develop or enhance strategies to address identified problems.
<input type="checkbox"/>	<input type="checkbox"/>	

**11. Other activities** (List all other activities, not included in question 10, which your State Coalition engaged in during the current reporting period. Check the appropriate box to indicate whether the activity was supported with State Coalitions Program funds or another funding source.)

State Coalitions Program funded	Other funding source	Activity
<input type="checkbox"/>	<input type="checkbox"/>	a.

<input type="checkbox"/>	<input type="checkbox"/>	<b>b.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>c.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>d.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>e.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>f.</b>

## C. FUNCTION AREAS

### C1. Training

**Were your State Coalitions Program funds used for training during the current reporting period?** Check yes if State Coalitions Program-funded staff provided training or if State Coalitions Program funds were used to directly support the training.

- Yes--answer questions 12-14**
- No--skip to C2**

For purposes of this reporting form, **training** means providing information on sexual assault, dating violence, domestic violence, and stalking that enables professionals to improve their response to victims/survivors as it relates to their role in the system.

**Education** means providing general information that will increase public awareness of sexual assault, dating violence, domestic violence, or stalking. In this subsection, report information on training activities. Educational activities should be reported in subsection C4 Public Awareness.

**12. Type and number of training events provided** (Report the number of statewide, regional, and community-based training events by the type of training that were either provided by State Coalitions Program-grant funded staff or directly supported with State Coalitions Program funds. Staff development training provided to State Coalitions Program-funded staff should not be counted. Use the SA/DV columns if training events focused on both sexual assault and domestic violence.)

Type of training	Total number of training events								
	Statewide			Regional			Community-based		
	Sexual assault	Domestic violence	SA/DV	Sexual assault	Domestic violence	SA/DV	Sexual assault	Domestic violence	SA/DV
Computer-based training									
Conferences									
Teleconferences									
Videoconferences									
Workshops/seminars									
Other (specify):									

**13. Number of people trained** (Report the number of people trained during the current reporting period by State Coalitions Program-funded staff or training supported by State Coalitions Program funds. Use the category that is most descriptive of the people attending the training event. If you do not know how many people to report in specific categories, you may report the overall number in "Multidisciplinary." Please use only as a last resort. State Coalitions Program-funded staff attending training should not be counted. Total person-hours are calculated by multiplying the number of people trained by the length of the individual training event.)

People trained	Number	Person-hours
Advocacy organization staff (NAACP, AARP)		
Attorneys/law students (does not include prosecutors)		
Batterer intervention program staff		
Board members		
Child welfare worker/children's advocates		
Corrections personnel (probation, parole, and correctional facilities staff)		
Court personnel (judges, clerks)		
Educators (teachers, administrators, etc.)		
Faith-based organization staff		
Government agency staff (vocational rehabilitation, food stamps, TANF)		
Health professionals (doctors, nurses, does not include sexual assault forensic examiners (SAFE) or sexual assault nurse examiners (SANE))		
Immigration organization staff		
Law enforcement officers		
Legal services staff (does not include attorneys)		
Mental health professionals		
Military command staff		
Multidisciplinary (various disciplines at same training)		
Prosecutors		
Sex offender treatment program staff		
Sexual assault forensic examiners/Sexual assault nurse examiners		
Social service organization staff (non-governmental - food bank, homeless shelter)		
Substance abuse treatment provider		
Translators/Interpreters		
Tribal government/Tribal government agency staff		
Victim advocate (non-governmental, includes domestic violence, sexual assault, dual)		
Victim assistants (governmental, includes victim-witness specialist/coordinator)		



Volunteers		
Other (specify):		
<b>TOTAL</b>		

**14. Training content areas** (*Indicate all topics addressed in training events provided with your State Coalitions Program funds during the current reporting period. Check all that apply*)

Other (*specify*):  
\_\_\_\_\_

**Sexual assault, domestic violence/dating violence, and stalking**

- Advocate response
- Child witnesses
- Confidentiality
- Cyberstalking
- Dating violence overview, dynamics, and services
- Domestic violence overview, dynamics, and services
- Drug facilitated sexual assault
- Forensic evidence collection and documentation
- Mandatory reporting requirements
- Response to victims/survivors who are incarcerated
- Response to victims/survivors who have been trafficked
- Safety planning for victims/survivors
- Sexual assault overview, dynamics, and services
- Stalking overview, dynamics, and services
- Supervised visitation and exchange
- Other (*specify*):  
\_\_\_\_\_

**Justice system**

- Civil court procedures
- Criminal court procedures
- Decreasing dual arrests/identifying predominant aggressor
- Domestic violence statutes/codes
- Firearms and domestic violence
- Immigration
- Judicial response
- Law enforcement response
- Pro-arrest policies
- Probation response
- Prosecution response
- Protection orders (*including full faith and credit*)
- Sexual assault forensic examinations
- Sexual assault statutes/codes
- Stalking statutes/codes
- Tribal jurisdiction and Public Law 280

### Underserved populations

Issues specific to victims/survivors who:

- live in rural areas
- are American Indian or Alaska Native
- are Asian
- are black or African American
- are elderly
- are Hispanic or Latino
- are homeless or living in poverty
- are immigrants, refugees, or asylum seekers
- are lesbian, gay, bisexual, transgender, or intersex
- are Native Hawaiian or other Pacific Islander
- have disabilities
- have limited English proficiency
- have mental health issues
- have substance abuse issues
- Other (*specify*): \_\_\_\_\_

- Collaboration
- Coordinated community response
- Community response to sexual assault
- Discrimination and oppression issues
- Emergency preparedness
- Evaluation
- Outreach to diverse/underserved populations
- Program accessibility
- Program rules
- Response teams (DART, DVRT, SART)
- Safety planning
- Standards of service
- Strategic planning
- Technology
- Technology safety issues
- Victim service administration and operations
- Other (*specify*): \_\_\_\_\_

### Organizational community response

- Board roles and fiduciary responsibilities

**15. (Optional) Additional information** (Use the space below to discuss the effectiveness of training activities funded or supported by your State Coalitions-funded Program grant and to provide any additional information you would like to share about training activities beyond what you have provided in the data above. An example might include a change in how area hospitals respond to victims of domestic violence, sexual assault and stalking after a state-wide training for hospital staff.)

## C2. System Advocacy

**Were your State Coalitions Program funds used for system advocacy during the current reporting period?** Check yes if State Coalitions Program-funded staff engaged in system advocacy or if State Coalitions Program funds directly supported system advocacy. (*System advocacy is an activity intended to effect policy and/or procedural change in order to improve institutional response to sexual assault and/or domestic violence.*)

- Yes--answer questions 16-19**
- No--skip to C3**

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**16. System advocacy activities** (*Indicate the system advocacy activities convened or participated in with State Coalitions Program funds during the current reporting period. Check all that apply.*)

<b>Systems advocacy</b>	<b>Sexual assault</b>	<b>Domestic violence/Dating violence</b>
Appointed, state-level commissions	<input type="checkbox"/>	<input type="checkbox"/>
Community, regional, statewide task force/caucus	<input type="checkbox"/>	<input type="checkbox"/>
Multidisciplinary working groups	<input type="checkbox"/>	<input type="checkbox"/>
Project-specific interagency working groups	<input type="checkbox"/>	<input type="checkbox"/>
Tribal systems advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Other ( <i>specify</i> ):	<input type="checkbox"/>	<input type="checkbox"/>



**17. Improved system response** (Report the total number of statewide, regional, and local meetings convened and/or attended by State Coalitions Program-funded staff during the current reporting period.)

Agency/organization	Number of meetings convened		Number of meetings attended	
	Sexual assault	Domestic violence/ Dating violence	Sexual assault	Domestic violence/ Dating violence
Advocacy organization (NAACP, AARP)				
Batterer intervention program				
Child welfare				
Corrections ( <i>probation, parole, correctional facility</i> )				
Court ( <i>state or local</i> )				
Crime victim compensation				
Domestic violence program				
Dual sexual assault and domestic violence program				
Educational institution/organization				
Faith-based organization				
Federal criminal justice				
Other federal entities/officials				
Government agency ( <i>Social Security, TANF</i> )				
Health/mental health organization				
Law enforcement ( <i>state or local</i> )				
Legal services organization ( <i>legal services, bar association, law school</i> )				
Multi-disciplinary group/task force				
Organizations representing underserved populations				
Prosecutor's office ( <i>state or local</i> )				
Sex offender management/sex offender treatment provider				
Sexual Assault Forensic Examiners/Sexual Assault Nurse Examiners program ( <i>SAFE/SANE</i> )				
Sexual assault program				
Social services organization ( <i>non-governmental - food bank, homeless shelter</i> )				
Substance abuse services				
Tribal government/Tribal government agency				
University/school				
Victims/survivors				
Other ( <i>specify</i> ): _____				



**18. Coordination activities** (*Indicate methods used during the current reporting period to coordinate state victim services activities and/or to collaborate and coordinate with federal, state, and local entities engaged in activities to reduce or end violence against women. Check all that apply.*)

- E-mail
- E-mail listserv
- Facsimile
- Newsletters
- Telephone/conference call
- Toll-free telephone number
- Tracking availability of victim services
- U. S. mail
- Webinar
- Web site
- Other (*specify*): \_\_\_\_\_

**19. (Optional) Additional information** (Use the space below to discuss the effectiveness of system advocacy activities funded or supported by your State Coalitions-funded Program grant and to provide any additional information you would like to share about your system advocacy activities beyond what you have provided in the data above. An example might include: We convened a multi-disciplinary task force of domestic violence programs, sexual assault programs and tribal government agencies which met for one in-person and 3 follow-up phone sessions to develop policies and procedures for more effectively serving tribal populations in our state resulting in an on-going collaboration with tribal leaders and a new level of trust.)



services

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## Health care

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## Law enforcement

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## Prosecution

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## Court

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## Probation and parole policies

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### C3. Products

**Were your State Coalitions Program funds used to develop, substantially revise, or distribute products during the current reporting period?** Check yes if State Coalitions Program-funded staff developed products or if State Coalitions Program funds directly supported the development, revision, or distribution of products.

- Yes--answer question 20**
- No--skip to section C4**

**20. Use of State Coalitions Program funds for product development, substantial revision, or distribution** *(Report the number of products developed, substantially revised, or distributed with State Coalitions Program grant 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.) Do not report the number of products printed or copied; only report the number developed or revised—in most cases that number will be one for each product described —and/or the number used or distributed. See separate instructions for examples of how to report under “developed or revised” and “used or distributed.”)*

Products	Number developed or revised	Title/topic	Intend ed audience	Number used or distribu ted	Other langua ges
Brochures					
Manuals					
Newsletter					
Training curricula					
Training materials					
Reports					
Fact sheets					
Web site <i>(report number of page views in</i>					

Videos					
Other (specify):					

## C4. Public Awareness

**Were your State Coalitions Program funds used for public awareness activities during the current reporting period?** Check yes if State Coalitions Program-funded staff were used to support public awareness activities or if State Coalitions Program funds were used to directly support public awareness activities.

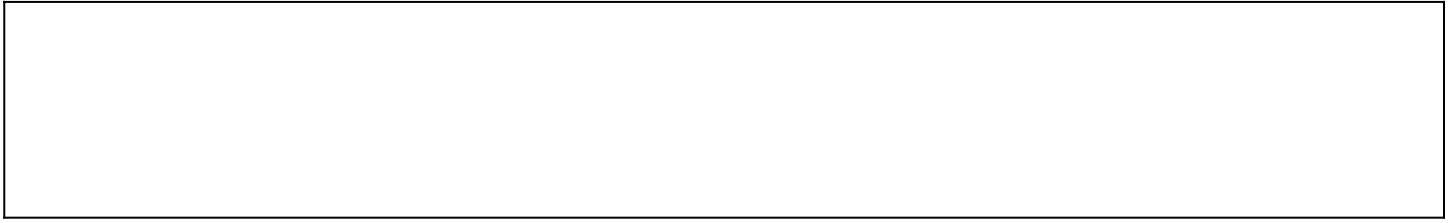
- Yes--answer question 21-22**
- No--skip to C5**

**21. Public awareness activities** (Indicate the activities that were supported with State Coalitions Program funds during the current reporting period. Indicate, by checking the appropriate box [es] whether the focus of the activity was sexual assault, domestic violence, stalking, or a combination of those issues. Check all that apply.)

Activities	Sexual assault	Domestic violence/Dating violence	Stalking
Community organizing/community events (rallies, speak outs, take back the night, vigils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational exhibits (clothesline project, silent witness, information tables)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media campaigns (press conferences, public service announcements, articles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productions for public awareness (video series, theater productions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<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"/>

**22. (Optional) Additional information** (Use the space below to discuss the effectiveness of public awareness activities funded or supported by your State Coalitions-funded Program grant and to provide any additional information you would like to share about your public awareness activities beyond what you have provided in the data above. An example might include developing a video series documenting most effective advocacy provided to victims in rural communities, resulting in more awareness of the

challenges and successes involved in this work being brought to community events, and to training sessions.





## C5. Technical Assistance

**Were your State Coalitions Program funds used to provide technical assistance during the current reporting period?** Check yes if State Coalitions Program-funded staff provided technical assistance or if State Coalitions Program funds directly supported the provision of technical assistance.

- Yes--answer questions 23-25**
- No--skip to C6**

**23. Number of technical assistance activities** (Report the total number of technical assistance activities provided to programs during the current reporting period, indicating whether they were site visits or other types of consultations. Consultations may include in-person, telephonic, electronic, or other types of contact. Each contact should be counted as one activity.)

Recipients of technical assistance	Number of site visits	Number of other technical assistance consultations
Batterer intervention program		
Corrections ( <i>probation, parole, and correctional facility</i> )		
Court ( <i>state or local</i> )		
Disability organization		
Domestic violence program		
Dual sexual assault and domestic violence program		
Elder organization		
Faith-based organization		
Forensic examiner program		
Government agency		
Health care provider ( <i>excluding forensic examiner</i> )		
Immigration organization		
Law enforcement ( <i>state or local</i> )		
Legal services/attorneys/law students		
Mental health care provider		
Military command staff		
Other state coalition		
Prosecutor's office ( <i>state or local</i> )		
Sexual assault program		
Stalking program		
Tribal sexual assault or domestic violence program		
University/school		
Youth program		
Other ( <i>specify</i> ):		
<b>TOTAL</b>		

**24. Topics of technical assistance** (Check the topics that apply to technical assistance provided with State Coalitions Program funds during the current reporting period. The technical assistance provided may be categorized by more than one topic. Check all that apply.)

Topics of technical assistance	Sexual assault	Domestic violence/ Dating violence
Board development	<input type="checkbox"/>	<input type="checkbox"/>
Civil codes	<input type="checkbox"/>	<input type="checkbox"/>
Coordinated community response	<input type="checkbox"/>	<input type="checkbox"/>
Court response	<input type="checkbox"/>	<input type="checkbox"/>
Creating/sustaining diverse organizations	<input type="checkbox"/>	<input type="checkbox"/>
Criminal codes	<input type="checkbox"/>	<input type="checkbox"/>
Curricula and training issues	<input type="checkbox"/>	<input type="checkbox"/>
Developing or enhancing appropriate services for elder	<input type="checkbox"/>	<input type="checkbox"/>
Developing or enhancing appropriate services for victims who have disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Developing or enhancing culturally appropriate services for underserved populations	<input type="checkbox"/>	<input type="checkbox"/>
Forensic evidence collection and documentation	<input type="checkbox"/>	<input type="checkbox"/>
Grant writing/reporting	<input type="checkbox"/>	<input type="checkbox"/>
Law enforcement response	<input type="checkbox"/>	<input type="checkbox"/>
Local policies and practices	<input type="checkbox"/>	<input type="checkbox"/>
Program development	<input type="checkbox"/>	<input type="checkbox"/>
Program evaluation	<input type="checkbox"/>	<input type="checkbox"/>
Probation and parole response	<input type="checkbox"/>	<input type="checkbox"/>
Prosecution response	<input type="checkbox"/>	<input type="checkbox"/>
Response to dating violence victims/survivors	<input type="checkbox"/>	<input type="checkbox"/>
Response to domestic violence victims/survivors	<input type="checkbox"/>	<input type="checkbox"/>
Response to sexual assault victims/survivors	<input type="checkbox"/>	<input type="checkbox"/>
Response to stalking victims/survivors	<input type="checkbox"/>	<input type="checkbox"/>
Safety planning	<input type="checkbox"/>	<input type="checkbox"/>
Standards of service	<input type="checkbox"/>	<input type="checkbox"/>
State policies and practices	<input type="checkbox"/>	<input type="checkbox"/>
Technology and technology capacity (data collection systems and confidentiality)	<input type="checkbox"/>	<input type="checkbox"/>
Technology safety and security	<input type="checkbox"/>	<input type="checkbox"/>



Victim service administration and operations	<input type="checkbox"/>	<input type="checkbox"/>
Other ( <i>specify</i> ):	<input type="checkbox"/>	<input type="checkbox"/>

**25. (Optional) Additional information** (Use the space below to discuss the effectiveness of technical assistance activities funded or supported by your State Coalitions-funded Program grant and to provide any additional information you would like to share about your technical assistance activities beyond what you have provided in the data above. An example might include site visits to organizations working with older women in 3 counties to document best practices when working with older victims of domestic violence, resulting in open conversations with those providing services and requests for more training on effective advocacy for this underserved population.

**C6. Standards of Service**

**Were your State Coalitions Program funds used to develop or enhance standards of service for member programs/agencies during the current reporting period?** Check yes if State Coalitions Program-funded staff were used to develop or enhance standards of service or if State Coalitions Program funds were used to directly support the development or enhancement of standards of service.

- Yes--answer question 26**
- No--skip to C7**

**26. Development or enhancement of standards of service for member programs/agencies** *(Indicate if State Coalitions Program funds were used to develop, implement, or enhance standards of service or provide training on standards of service for member programs. Check all that apply.)*

	<b>Sexual assault</b>	<b>Domestic violence/Dating violence</b>
Developing standards of service for members	<input type="checkbox"/>	<input type="checkbox"/>
Implementing standards of service for members	<input type="checkbox"/>	<input type="checkbox"/>
Enhancing standards of service for members	<input type="checkbox"/>	<input type="checkbox"/>
Training on standards of service for members	<input type="checkbox"/>	<input type="checkbox"/>

## C7. Underserved Populations

Were your State Coalitions Program funds used to develop or enhance standards of service for underserved populations or to encourage the representation of underserved populations in coordination activities during the current reporting period? Check yes if State Coalitions Program-funded staff were used to develop or enhance services for underserved populations or if State Coalitions Program funds directly supported representation of underserved populations in coordination activities.

- Yes--answer question 27-29**
- No--skip to C8**

**27. Activities addressing underserved populations** (Check all activities in which State Coalitions Program funds were used to develop or enhance services for underserved populations or to encourage the representation of underserved populations in coordination services. Check the boxes in the appropriate columns to indicate whether the activities you engaged in were for sexual assault or domestic violence programs/services.)

Activity	Sexual assault	Domestic violence/ Dating Violence
Developing/distributing materials for underserved	<input type="checkbox"/>	<input type="checkbox"/>
Developing policy	<input type="checkbox"/>	<input type="checkbox"/>
Identifying gaps in services	<input type="checkbox"/>	<input type="checkbox"/>
Identifying underserved populations	<input type="checkbox"/>	<input type="checkbox"/>
Increasing organizational capacity for anti-oppression work	<input type="checkbox"/>	<input type="checkbox"/>
Supporting representatives of historically underserved groups to participate in meetings	<input type="checkbox"/>	<input type="checkbox"/>
Coordinating a task force/caucus to address issues concerning underserved populations	<input type="checkbox"/>	<input type="checkbox"/>
Training/technical assistance regarding culturally appropriate services for historically underserved populations	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

**28. Underserved populations** (Indicate which underserved populations were addressed in the activities indicated in question 26. Check all that apply.)

Victims/survivors who:

- live in rural areas
- are American Indian or Alaska Native
- are Asian
- are black or African American
- are elderly
- are Hispanic or Latino

- are homeless or living in poverty
- are immigrants, refugees, or asylum seekers
- are lesbian, gay, bisexual, transgender, or intersex
- are Native Hawaiian or other Pacific Islander
- have disabilities
- have limited English proficiency
- have mental health issues
- have substance abuse issues
- Other (*specify*): \_\_\_\_\_

**29. (Optional) Additional information** (Use the space below to discuss the effectiveness of activities to reach underserved populations funded or supported by your State Coalitions-funded Program grant and to provide any additional information you would like to share about your activities to reach underserved populations beyond what you have provided in the data above. An example might include: We are identifying gaps in service for immigrants and refugees in our state through interviews with service providers for this underserved population. This has resulted in the identification of the need to include immigrants and refugees in two upcoming meetings to develop action steps.)

## **C8. Organizational Development and Capacity Building**

### **Were your State Coalitions Program funds used for organizational development and/or capacity building during the current reporting period?**

Check yes if State Coalitions Program-funded staff were used for organizational development and/or capacity building activities or if State Coalitions Program funds were used to directly support organizational development and/or capacity building.

- Yes--answer questions 30-31**
- No--skip to D**

### **30. Coalition development and capacity building** (Check all of the activities that were engaged in with State Coalitions Program funds during the current reporting period.)

Anti-oppression work	<input type="checkbox"/>
Board of directors	<input type="checkbox"/>
Communication ( <i>TTY, language lines, etc.</i> )	<input type="checkbox"/>
Emergency preparedness	<input type="checkbox"/>
Equipment purchase ( <i>computers, printers, faxes, telephones, cell phones, etc.</i> )	<input type="checkbox"/>
Evaluation/outcome measures	<input type="checkbox"/>
Identifying gaps in service	<input type="checkbox"/>
Internet capacity/e-mail accounts/listserv	<input type="checkbox"/>
Office space	<input type="checkbox"/>
Outreach to diverse/underserved populations	<input type="checkbox"/>
Personnel policies	<input type="checkbox"/>
Software purchase or development	<input type="checkbox"/>
Staff development	<input type="checkbox"/>
Strategic planning	<input type="checkbox"/>
Technology security and safety	<input type="checkbox"/>
Toll-free telephone line	<input type="checkbox"/>
Web site development or enhancement	<input type="checkbox"/>
Other ( <i>specify</i> ):	<input type="checkbox"/>

### **31. Do you consider system privacy and/or security when purchasing or developing software?**

- Yes
- No

## D. NARRATIVE

### **All grantees must answer question 32.**

PLEASE LIMIT YOUR RESPONSE TO FOUR PAGES FOR THIS QUESTION.

**32. Report on the status of the goals and objectives for the State Coalitions Program grant** *(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 33 and 34 on an annual basis. Please submit this information on the January to June reporting form only.**

PLEASE LIMIT YOUR RESPONSE TO TWO PAGES FOR EACH QUESTION.

**33. What do you see as the most significant areas of remaining need with regard to improving services to victims/survivors or sexual assault, domestic violence, dating violence and stalking, increasing victim/survivor safety, and enhancing community response (including offender accountability for both batterers and sex offenders)?** *(Consider geographic regions, underserved populations, service delivery systems, types of victimization, and challenges and barriers unique to your state.)*

**34. What has the State Coalitions Program funding allowed you to do or maintain that you could not do without receiving this funding?** *(For example, has the funding enabled you to identify gaps in services, improve culturally appropriate services to underserved populations, staff coalition office full time, or increase the participation rate of historically underserved communities in coordination meetings? Provide specific examples in your answer.)*

### **Questions 35-36 are optional.**

PLEASE LIMIT YOUR RESPONSE TO TWO PAGES FOR THIS QUESTION.

**35. Provide any additional information that you would like us to know about your State Coalitions Program grant 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 State Coalitions 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, community collaboration, the removal or reduction of barriers and challenges for victims/survivors, use of volunteers and/or interns to complete activities, promising practices, and positive or negative unintended consequences.)*

**36. Provide any additional information that you would like us to know about the data submitted.** *(If you have any information that could be helpful in understanding the data you have submitted in this report, please answer this question. For example, if you submitted two different progress reports for the same reporting period, you may explain how the data was apportioned to each report; or if you funded staff—e.g., victim advocates, law enforcement officers, etc.-- but did not report any corresponding victim services or law enforcement activities, you may explain why; or if you did not use program funds to support either staff or activities during the reporting period, please explain how program funds were used, if you have not already done so.)*

### **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 7<sup>th</sup> Street, NW, Washington, DC 20531.
