

# PERFORMANCE PROGRESS REPORT

## SF-PPR

Family Violence Prevention and Services Program  
 Family and Youth Services Bureau/Administration for Children and Families  
 U.S. Department of Health and Human Services  
**State Grant Report**

		Page	of Pages
1. Federal Agency and Organization Element to Which Report is Submitted  <b>FVPSP/FYSB/ACYF/ACF/HHS</b>	2a. Total FVPSA Funds Awarded  2b. Total Amount of State Administrative Costs	3a. DUNS Number  3b. EIN	
4. Recipient Organization (Name and Complete Address Including Zip Code)		5a. Total Number of Subgrants Awarded  5b. # Shelter Programs Funded with Residential Facilities  5c. # Non-Residential Domestic Violence Programs Funded	
6. Project Reporting Period Start Date: <i>(Month, Day, Year)</i> End Date: <i>(Month, Day, Year)</i>			
<p><b>Note:</b> 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).</p>			
7. Other Attachments <i>(Performance Progress Report with aggregated subgrantee information for the State/ Territory)</i>			
<p><b>8. 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.</b></p>			
9a. Typed or Printed Name and Title of Authorized Certifying Official		9c. Telephone <i>(area code, number and extension)</i>	
		9d. Email Address	
9b. Signature of Authorized Certifying Official		9e. Date Report Submitted <i>(Month, Day, Year)</i>	
10. Agency Use Only			

# PERFORMANCE PROGRESS REPORT

Family Violence Prevention and Services Program  
 Family and Youth Services Bureau/Administration for Children and Families  
 U.S. Department of Health and Human Services

## Subgrantee Information

		Page	of Pages
1. Federal Agency and Organization Element to Which Report is Submitted  <b>FVPSP/FYSB/ACYF/ACF/HHS</b>	2a. Total Domestic Violence Budget  2b. FVPSA Grant Amount	3a. # of Shelter Programs with Residential Facilities  3b. # of Non-Residential Domestic Violence Programs	
4. Recipient Organization (Name and complete address including zip code)			
5. Project/Grant Period  Start Date: <i>(Month, Day, Year)</i> End Date: <i>(Month, Day, Year)</i>		6. Number of Volunteers  7. Number of Volunteer Hours	
8. Performance Narrative <i>(attach performance narrative as instructed by the awarding Federal Agency)</i>  <b>a)</b> For services supported in whole or in part by your FVPSA grant, share a story about a client, service or community initiative.  <b>b)</b> What does the FVPSA grant allow you to do that you wouldn't be able to do without this funding?  <b>c)</b> Describe, if applicable, any efforts supported in whole or in part by your FVPSA grant in meeting the needs of underserved populations in your community, including populations underserved because of ethnic, racial, cultural or language diversity or geographic isolation. Describe any ongoing challenges.  <b>d)</b> Describe significant prevention and outreach activities, supported in whole or in part by your FVPSA grant, during the program year.  <b>e)</b> (Optional) Provide any additional information that you would like us to know about your FVPSA-supported domestic violence program and its effectiveness, the unmet needs of victims in your community and what would be required to meet them, or service trends that are emerging in your community.			
9. Other Attachments <i>(attach other documents as needed or as instructed by the awarding Federal Agency)</i>			
<b>10. 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.</b>			
11a. Typed or Printed Name and Title of Authorized Certifying Official		11c. Telephone <i>(area code, number and extension)</i>  11d. Email Address	
11b. Signature of Authorized Certifying Official		11e. Date Report Submitted <i>(Month, Day, Year)</i>	
12. Agency Use Only			

# PERFORMANCE PROGRESS REPORT

## SF-PPR-D

### Table of Activity Results

1. Federal Agency and Organization Element to Which Report is Submitted  <b>FVPSP/FYSB/ACYF/ACF/HHS</b>	2. Name of Recipient Organization	3a. DUNS  3b. EIN	4. Reporting Period End Date <i>(Month, Day, Year)</i>
---	-----------------------------------	-------------------------	---

**Section A—People Served (Unduplicated)**

Indicate the number of all clients served by gender, ethnicity, and age.  
Do not include clients served *only* in Batterers Intervention Services; count them in Section E.

	Residential	Women	Men	Children	Youth IPV Victim			
FV-A-100	Unduplicated Count of Clients Served							
	Non-Residential	Women	Men	Children	Youth IPV Victim			
FV-A-200	Unduplicated Count of Clients Served							
	Race	Black or African American	American Indian/ Alaska Native	Asian	Hispanic or Latino	Native Hawaiian/ Other Pacific Islander	White	Unknown/ Other
FV-A-300	Clients							
	Gender	Female	Male	Not Specified				
FV-A-400	Clients							
	Age	0-17	18-24	25-59	60+	Unknown		
FV-A-500	Clients							

**Section B—Residential Services**

Indicate the number of shelter nights for each person that arrives and is provided a shelter bed.  
Count the # of people housed X the number of nights.

FV-B-100	Shelter Nights							
FV-B-200	Unmet Requests for Shelter							

**PERFORMANCE PROGRESS REPORT  
SF-PPR-D**

Page	of	Pages
3b. EIN Number	4. Reporting Period End Date <i>(Month, Day, Year)</i>	

1. Federal Agency and Organization  
Element to Which Report is Submitted  
  
**FVPSP/FYSB/ACYF/ACF/HHS**

2. Name of Recipient  
Organization

3a. DUNS  
Number

3b. EIN Number

4. Reporting Period  
End Date  
*(Month, Day, Year)*

**Section C—Related Services and Assistance for Adults**  
Indicate the number of service contacts and/or hours provided regardless of length. For states using time increments, report total hours in “Number of Hours” column provided.

	<b>Crisis/Hotline Calls</b>	<b>Total Calls</b>	
FV-C-100	Crisis/Hotline Calls		
	<b>Supportive Counseling &amp; Advocacy</b>	<b>Number of Service Contacts</b>	<b>Number of Hours</b>
FV-C-200	Individual Supportive Counseling & Advocacy		
FV-C-201	Group Supportive Counseling & Advocacy		

**Section D—Related Services and Assistance for Children**  
Indicate the number of service contacts and/or hours provided regardless of length. For states using time increments, report total hours in “Number of Hours” column provided.

	<b>Supportive Counseling &amp; Advocacy</b>	<b>Number of Hours</b>	<b>Number of Service Contacts</b>
FV-D-100	Individual		
FV-D-101	Group		
	<b>Activities for Children &amp; Youth</b>	<b>Number of Hours</b>	<b>Number of Service Contacts</b>
FV-D-200	Individual Activities		
FV-D-201	Group Activities		

**Section E—Batterer Intervention Services**  
Indicate the number of service contacts and/or hours provided. Report only if these services are funded by FVPSA.

	<b>Intervention/Counseling Services</b>	<b>Number of Clients</b>	<b>Number of Service Contacts</b>	<b>Number of Hours</b>
FV-E-100	Individual Counseling			
FV-E-101	Group Counseling			

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

	<b>Community Education</b>	<b>Number of Presentations</b>	<b>Number of Participants</b>
FV-F-100	Adults/General Population		
FV-F-101	Youth Targeted		
	<b>Community Awareness Activities</b>	<b>Number of Activities</b>	
FV-F-200	Awareness Activities		

## PERFORMANCE PROGRESS REPORT SF-PPR-D

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

1. Federal Agency and Organization Element to Which Report is Submitted  <b>FVPSP/FYSB/ACYF/ACF/HHS</b>	2. Name of Recipient Organization	3a. DUNS Number	3b. EIN Number	4. Reporting Period End Date <i>(Month, Day, Year)</i>
---	-----------------------------------	-----------------	----------------	---

**Section G—Service Outcome DATA**

For each program 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 Completed	Number of Yes Responses to Resource Outcome	Number of Yes Responses to Safety Outcome	
FV-G-101	Shelter Survey				
FV-G-102	Support Services and Advocacy Survey				
FV-G-103	Counseling Survey				
FV-G-104	Support Group Survey				
FV-G-105	TOTAL				