

PERFORMANCE PROGRESS REPORT

SF-PPR

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

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1. Federal Agency and Organization Element to Which Report is Submitted FVPSP/FYSB/ACYF/ACF/HHS	2a. Total Domestic Violence Budget
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4. Recipient Organization (Name and Complete Address Including Zip Code)	5a. # of Shelter Programs with Residential Facilities 5b. # of Non-Residential Domestic Violence Programs
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6. Project/Grant Period Start Date: <i>(Month, Day, Year)</i> End Date: <i>(Month, Day, Year)</i>	7. Number of Volunteers 8. Number of Volunteer Hours
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9. Performance Narrative *(attach performance narrative as instructed by the awarding Federal Agency)*

- a) For services supported in whole or in part by your FVPSA grant, share a story about a client, service or community initiative.
- b) What does your FVPSA grant allow you to do that you wouldn't be able to do without this funding?
- c) Describe, if applicable, any efforts supported in whole or in part by your FVPSA grant to meet the unique needs of your community and any on-going challenges in meeting these needs. For example: Tribal shelters not available; accessibility of non-native shelters; transportation; teen services; etc.
- d) Describe significant prevention and outreach activities supported in whole or in part by your FVPSA grant during the program year.
- e) (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.

10. Other Attachments *(attach other documents as needed or as instructed by the awarding Federal Agency)*

11. 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 <i>(area code, number and extension)</i> 12d. Email Address
12b. Signature of Authorized Certifying Official	12e. Date Report Submitted <i>(Month, Day, Year)</i>

	13. Agency Use Only
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SF-PPR-D Table of Activity Results

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1. Federal Agency and Organization Element to Which Report is Submitted	2. Name of Recipient Organization	3a. DUNS
FVPSP/FYSB/ACYF/ACF/HHS		3b. EIN

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 service contacts and/or hours provided regardless of length. For Tribal programs using time increments, report total hours in “Number of Hours” column.

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

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

	Crisis/Hotline Calls	Total Calls		
FV-C-100	Crisis/Hotline Calls			
	Supportive Counseling	Number of Hours	Number of Service Contacts	
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 Tribal programs using time increments, report total hours in “Number of Hours” column provided.

	Supportive Counseling	Number of Hours	Number of Service Contacts	
FV-D-100	Individual			
FV-D-101	Group			
	Activities for Children & Youth	Number of Hours	Number of Service Contacts	
FV-D-200	Individual			
FV-D-201	Group			

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

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

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

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