

## PERFORMANCE PROGRESS REPORT (PPR)

Family Violence Prevention and Services Program (FVPSP) / 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)

### Tribal Grant Report Cover Page

Page \_\_\_\_\_ of \_\_\_\_\_ pages

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)      End Date: (Month, Day, Year)	7. Reporting Period End Date  (Month, Day, Year)	8. Final Report? <input type="checkbox"/> Yes <input type="checkbox"/> No  9. Report Frequency <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> other
10. Performance Narrative  <i>Attach a separate document with the labeled responses to each of the elements in Section H.</i>		
11. Other Attachments		
<b>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.</b>		
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		

**PERFORMANCE PROGRESS REPORT (PPR)**

Family Violence Prevention Services Program Performance Report

**Tribal Grantee Program Information**

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**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		

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

Include all victims served. Do not include clients served only in Batterers Intervention Services; count them in Section F.

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

**PERFORMANCE PROGRESS REPORT (PPR)**  
**Tribal Grantee Program Information (continued)**

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**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	Crisis/Hotline Calls		
	Supportive Counseling & Advocacy	Number of Service Contacts	
D-02	Individual Supportive Counseling & Advocacy		
D-03	Group 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	Individual		
E-02	Group		
	Activities for Children & Youth	Number of Service Contacts	
E-03	Individual Activities		
E-04	Group Activities		

**PERFORMANCE PROGRESS REPORT (PPR)  
Tribal Grantee Program Information (continued)**

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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
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**Section F—Batterer Intervention Services**

Report only if these services are funded by FVPSA.

	<b>Gender</b>	<b>Male</b>	<b>Female</b>	<b>Not Specified</b>		
F-01	Unduplicated Count of Clients Receiving Batterer Intervention Services					
	<b>Age</b>	<b>0-17</b>	<b>18-24</b>	<b>25-59</b>	<b>60+</b>	<b>Unknown</b>
F-02	Batterer Intervention Clients					
	<b>Intervention/ Counseling Services</b>	<b>Number of Service Contacts</b>				
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.

	<b>Community Education</b>	<b>Number of Presentations</b>	<b>Number of Participants</b>
G-01	Adults/General Population		
G-02	Youth Targeted		
	<b>Community Awareness Activities</b>	<b>Number of Activities</b>	
G-03	Awareness Activities		

**PERFORMANCE PROGRESS REPORT (PPR)**  
**Tribal Grantee Program Information (continued)**

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**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.	
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 to meet the unique needs of your community and any ongoing challenges in meeting those needs, i.e., tribal shelters not available, accessibility of transportation, services for adolescents.	
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.	

**PERFORMANCE PROGRESS REPORT (PPR)**

**Instructions for Completion of the Performance Progress Report**

***Instructions for Cover Page***

<b>Item</b>	<b>Data Element</b>	<b>Instructions</b>
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	None required.
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.

**PERFORMANCE PROGRESS REPORT (PPR)**

***Instructions for Section A – General Program Information***

<b>Item</b>	<b>Data Element</b>	<b>Instructions</b>
<p>This report is a compilation of all of the domestic violence services provided 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.</p>		
A-01	Total Domestic Violence Program Budget	<p>This is the sum of the total annual budget for the domestic violence program. Report the 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.</p> <p>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.</p>
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 tribal domestic violence program. This number should not include safe homes, motels or shelter beds provided by other programs.
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 tribal shelter facility. This number should be one (1) if the program has a single program site with no tribal 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***

<b>Item</b>	<b>Data Element</b>	<b>Instructions</b>
<p>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.</p>		

## PERFORMANCE PROGRESS REPORT (PPR)

Item	Data Element	Instructions
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 tribal 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 <i>should not</i> be counted here. Count will be within tribal program only and not unduplicated across programs statewide.
B-02	Non-Shelter (supportive services only)	Clients who received <i>only</i> 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. <i>Count should be within program only and not unduplicated across programs statewide.</i>
	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., American Indian and Black. 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.

### ***Instructions for Section C –Shelter Services***

Item	Data Element	Instructions
C-01	Shelter Nights	<p>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.</p> <p>Shelter includes onsite shelter managed by the tribal 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 tribal program should not be counted.</p>
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.



**PERFORMANCE PROGRESS REPORT (PPR)**

***Instructions for Section D – Supportive Services for Adults***

<b>Item</b>	<b>Data Element</b>	<b>Instructions</b>
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 tribal 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***

<b>Item</b>	<b>Data Element</b>	<b>Instructions</b>
<b>Supportive Counseling/Advocacy for Children &amp; Youth</b>		
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.
<b>Activities for Children &amp; Youth</b> 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.

**PERFORMANCE PROGRESS REPORT (PPR)**

***Instructions for Section F – Batterer Intervention Services***

Item	Data Element	Instructions
<p>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.</p> <p><b>Report in this section only if these services are funded by FVPSA.</b></p>		
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
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.