

**U.S. DEPARTMENT OF JUSTICE
OFFICE ON VIOLENCE AGAINST WOMEN
ANNUAL SASP ADMINISTRATORS REPORT
SEXUAL ASSAULT SERVICES FORMULA GRANT PROGRAM**

1. **DATE OF REPORT** _____
2. **CURRENT REPORTING PERIOD JANUARY 1- DECEMBER 31** _____ (Year)
3. **GRANT NUMBER** _____
(the federal grant number assigned to your Sexual Assault Services Formula Grant)
4. **SASP ADMINISTRATOR NAME** _____
5. **AGENCY** _____
6. **ADDRESS** _____

CITY _____ **STATE** _____ **ZIP CODE** _____
- TELEPHONE** _____ **FACSIMILE** _____
- EMAIL** _____

7. SASP PROGRAM FUNDS AWARDED TO SUBGRANTEES AND AMOUNT OF FUNDS RETURNED DURING CURRENT REPORTING PERIOD *(For the FFY in which the SASP formula grant was made to your state and for which you are reporting, provide the following for the current reporting period (January 1 through December 31): the amount awarded to subgrantees during the current reporting period from that FFY SASP grant and the amount of funds that were returned unused by subgrantees during the current reporting period from that FFY SASP grant. If you made subgrants or had funds returned during the current reporting period from other FFY SASP grants, you will need to complete a separate reporting form for each of the other FFY SASP grants that apply. Do not report on amounts awarded or amounts returned unused during previous reporting periods in this question.)*

| FFY OF SASP GRANT AND GRANT NUMBER | AMOUNT OF SASP FUNDS AWARDED TO SUBGRANTEES DURING CURRENT REPORTING PERIOD | AMOUNT OF SASP FUNDS RETURNED UNUSED BY SUBGRANTEES DURING CURRENT REPORTING PERIOD |
|---|--|--|
| FFY XXXX | | |

8A. USE OF SASP FUNDS FOR ADMINISTRATIVE COSTS *(If you used SASP funds for administrative costs during the current reporting period, indicate the amount below, as well as the amounts used for administrative costs from this FFY SASP grant in previous years, if appropriate. The “Amount of SASP grant” will be prepopulated and the “Percentage used for administrative costs” will be automatically calculated. If you used SASP funds from other FFY SASP grants for administrative costs during the current reporting period, you will need to complete a separate reporting form for each of the other FFY SASP grants that apply.)*

| FFY OF SASP GRANT AND GRANT NUMBER | AMOUNT OF SASP GRANT FOR FFY | AMOUNT USED FOR ADMINISTRATIVE COSTS IN CURRENT REPORTING PERIOD | AMOUNT USED FOR ADMINISTRATIVE COSTS IN PREVIOUS REPORTING PERIOD | PERCENTAGE USED FOR ADMINISTRATIVE COSTS |
|------------------------------------|------------------------------|--|---|--|
| FFY XXXX | | | | |

8B. USE OF ADMINISTRATIVE FUNDS *(If you reported administrative costs in question 8A, please provide a detailed description of the amount and type of administrative costs, e.g., personnel, overhead, travel for subgrantee monitoring. Maximum 2,000 characters.)*

9. LISTING OF ACTIVE SUBGRANTS *(In a separate attachment to this report, please provide the following information on all subgrants that were active during the current reporting period: subgrant #; date of award; amount of award; name of subgrantee agency; contact person, address, telephone number; and subgrant period [beginning and ending dates]. If you wish, you may use Appendix A as a guide for presenting this information.)*

NARRATIVE

Note: If you are submitting more than one Annual SASP Administrators Report, (because of funds subgranted, returned, or used for administrative costs from other FFY SASP grants), you must provide complete responses to questions 10-12 on one of the reports you submit and indicate on the other forms which report contains the full narrative responses. For example, you are completing two reports, one for FFY 2010 and one for FFY 2011. On the report for FFY 2010 you provide complete responses to questions 10-12; on the report for FFY 2011 you enter "See FFY 2010 report" in response to each of the three questions.

All SASP administrators must answer questions 10-12.

Please limit your response to the space provided (8,000 characters) for each question.

10. REPORT ON YOUR STATE OR TERRITORY'S EFFORTS TO RECOGNIZE AND ADDRESS THE NEEDS OF UNDERSERVED POPULATIONS DURING THE CURRENT REPORTING PERIOD.

Underserved populations are those groups underserved because of geographic location (such as rural isolation), race or ethnicity, or special needs (such as language barriers, disabilities, immigration status, or age), and any other population determined to be underserved by the planning process in consultation with the U.S. Attorney General.

11. DISCUSS HOW SASP FUNDING FITS INTO YOUR EFFORTS AND YOUR USE OF OTHER FUNDING TO ADDRESS THE NEEDS OF SEXUAL ASSAULT VICTIMS IN YOUR STATE OR TERRITORY. Consider state funding, funding from other federal agencies such as the Centers for Disease Control and the Department of Health and Human Services, as well as any statewide planning documents that address sexual assault, such as your state or territory's STOP implementation plan.

12. WHAT DO YOU SEE AS THE MOST SIGNIFICANT AREAS OF REMAINING NEED IN YOUR STATE OR TERRITORY, WITH REGARD TO THE SAFETY OF SEXUAL ASSAULT SURVIVORS AND ACCOUNTABILITY FOR SEX OFFENDERS? Consider geographic regions, underserved populations, service delivery systems, and challenges and barriers unique to your state or territory. Please include any areas where you might wish to receive OVW-funded technical assistance.

Questions 13-15 are optional.

Please limit your response to the space provided (8,000 characters) for each question.

13. WHAT HAS SASP FUNDING ALLOWED YOUR STATE OR TERRITORY TO DO THAT IT COULD NOT DO WITHOUT THIS FUNDING? Describe changes that occurred because of SASP funding. Consider expansion of services into new geographical areas; provision of new types of services; increased numbers of victims/survivors served.

14. PROVIDE INFORMATION REGARDING SASP-FUNDED MODEL PROJECTS AND/OR PROMISING PRACTICES THAT ARE EXAMPLES OF WHAT HAS BEEN ACCOMPLISHED WITH SASP FUNDING IN YOUR STATE OR TERRITORY. Describe and identify the funded projects and/or promising practices and the reasons you believe they are exemplary.

15. PROVIDE ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE US TO KNOW ABOUT YOUR USE OF SASP FUNDS AND/OR THE EFFECTIVENESS OF THAT FUNDING. If you have not already done so elsewhere on this form, feel free to discuss any of the following: institutionalization of staff positions, policies, and/or protocols; systems-level changes; community and statewide collaboration; the removal or reduction of barriers and challenges for victims/survivors; 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 sixty 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, 800 K Street, NW, Washington, DC 20531.

| SUBGRA NT # | DATE OF AWARD | SASP AWARD AMOUNT | NAME OF AGENCY (INCLUDE CONTACT PERSON, ADDRESS, PHONE) | SUBGRA NT PERIOD |
|------------------------|------------------------------|------------------------------|--|---------------------------------|
| | | | | |