

**U.S. Department of Justice**  
**Office on Violence Against Women**  
**SEMI-ANNUAL PROGRESS REPORT FOR**

**Services to Advocate for and Respond to Youth Program**

**Brief Instructions:** This form must be completed for each Services to Advocate for and Respond to Youth Program (Youth Services Program) grant received. A grant administrator or coordinator must ensure that the form is fully completed with regard to all grant-funded activities. Grant partners, however, may complete sections relevant to their portion of the grant. Grant administrators or coordinators are responsible for compiling and submitting a single report that reflects all information collected from grant partners.

All grantees should read 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 E of this form must be completed by all grantees. In section A, subsection A1 must be answered. In section C, subsection C2 must be answered. In section D, and subsections A2, C1, and C3-C5, grantees must answer an initial question about whether they engaged in certain activities during the current reporting period. If the response is yes, then the grantee must complete that section or subsection. If the response is no, the rest of that section or subsection is skipped.

For example, if you are a victim services agency providing coordinated community response and victim services with staff funded under this grant, you would complete sections A1, A2, B, C1, C2, D, and E (and answer "no" in subsections C3-C5).

The activities of volunteers or interns should be reported if they were coordinated or supervised by Youth Services Program-funded staff or if Youth Services Program funds substantially supported their activities.

For further information on filling out this form, refer to the separate instructions which contain detailed definitions and examples illustrating how questions should be answered.

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SECTION **A1**

### GENERAL INFORMATION

#### Grant Information

All grantees must complete this subsection.

- 1. **Date of report**     (format date with 6 digits - 01/31/10)
- 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 Youth Services Program grant)

- 5. **Type of lead agency/organization**  
(Check the one answer that best describes the type of agency/organization administering Youth Services Program funds.)

- Non-profit, non-governmental entity, whose primary purpose is to provide services to teen and young adult victims of sexual assault, domestic violence, dating violence, or stalking
- Community-based organization specializing in intervention or violence prevention services for youth
- Indian Tribe or tribal organization providing services primarily to tribal youth or tribal victims of sexual assault, domestic violence, dating violence or stalking
- Non-profit, non-governmental entity providing services for runaway or homeless youth affected by domestic or sexual abuse

- 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. **Does this grant specifically address tribal populations?**  
(Check yes if your Youth Services Program grant focuses on tribal populations, and indicate which tribes or nations you serve or intend to serve.)

Yes  No **If yes, which tribes/nations:**

**8. What youth populations does this grant specifically address?**

(Check all that apply.)

Victims/survivors who:

- are African
- are American Indian or Alaska Native
- are Asian
- are black or African American
- are D/deaf or hard of hearing
- are Hispanic or Latino
- are homeless/runaway
- are immigrants, refugees, or asylum seekers
- are lesbian, gay, bisexual, transgender, or intersex
- are Middle Eastern
- are Native Hawaiian or other Pacific Islander
- are sexually exploited
- belong to a particular religion/spiritual group (specify):
- have disabilities
- have limited English proficiency
- have mental health issues
- have substance abuse issues
- live in rural areas
- Other (specify):

**8a. Additional information**

Provide additional information about the youth populations served (for example that the victims/survivors you are serving are: Spanish-speaking from Guatemala, the Dominican Republic, or Mexico; victims/survivors of sex trafficking from Thailand, Cambodia, or Russia; Orthodox Jews).

**9. What percentage of your Youth Services Program funds was directed to each of these areas?**

*(Report the area[s] addressed by your Youth Services Program grant during the current reporting period and estimate the approximate percentage of funds [or resources] used to address each area [consider staff, planning and development, victim services, etc.]. The grantee may choose how to make this determination.)*

Throughout this form, the term **sexual assault** includes both assaults committed by offenders who are strangers to the victim/survivor and assaults committed by offenders who are known to, related by blood or marriage to, or in a dating relationship with the victim/survivor. The term **domestic violence** applies to any pattern of coercive behavior that is used by one person to gain power and control over a current or former intimate partner. The term **dating violence** is defined as violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. **Stalking** is defined as engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others, or suffer substantial emotional distress. *(See separate instructions for more complete definitions.)*

	Percentage of grant funds
Sexual assault	<input type="text"/>
Domestic violence	<input type="text"/>
Dating violence	<input type="text"/>
Stalking	<input type="text"/>
<b>TOTAL (must equal 100%)</b>	<input type="text"/>

SECTION **A2**

## Staff Information

**Were Youth Services Program funds used to fund staff positions during the current reporting period?**

Check yes if Youth Services Program funds were used to pay staff, including part-time staff and contractors.

**Yes--answer question 10**

**No--skip to section B**

**10. Staff**

(Report the total number of full-time equivalent [FTE] staff funded by the Youth Services Program grant during the current reporting period. Report staff by function(s) performed, not by title or location. Include employees who are part-time and/or only 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 advocate in October who was 100% funded with Youth Services Program funds, you would report that as .50 FTEs. Report all FTEs in decimals, not percentages. One FTE is equal to 1,040 hours—40 hours per week multiplied by 26 weeks. See separate instructions for examples of how to calculate and prorate FTEs.)

Staff	FTE(s)
Administrator (director, fiscal manager)	<input type="text"/>
Attorney (does not include prosecutor)	<input type="text"/>
Counselor (therapy counselor, does not include financial counselor or employment counselor)	<input type="text"/>
Housing advocate	<input type="text"/>
Legal advocate (does not include attorney or paralegal)	<input type="text"/>
Outreach worker	<input type="text"/>
Paralegal	<input type="text"/>
Program coordinator (training coordinator, victim services coordinator, project coordinator, contract coordinator, clinical coordinator, volunteer coordinator)	<input type="text"/>
Support staff (bookkeeper, accountant, administrative assistant)	<input type="text"/>
Translator/interpreter	<input type="text"/>
Victim advocate (non-governmental, includes domestic violence, sexual assault, and dual)	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

SECTION **B**

**PURPOSE AREAS**  
All grantees must complete this section.

**11. Statutory purpose areas**

*(Check all purpose areas that apply to activities supported with Youth Services Program funds during the current reporting period.)*

Check ALL that apply	Purpose Areas
<input type="checkbox"/>	Providing direct counseling and advocacy for youth and young adults, who have experienced domestic violence, dating violence, sexual assault or stalking
<input type="checkbox"/>	Providing linguistically, culturally, and community relevant services for underserved populations or linkages to existing services in the community tailored to the needs of underserved populations
<input type="checkbox"/>	Mental health services for youth and young adults who have experienced domestic violence, dating violence, sexual assault, or stalking
<input type="checkbox"/>	Legal advocacy efforts on behalf of youth and young adults with respect to domestic violence, dating violence, sexual assault or stalking
<input type="checkbox"/>	Working with public officials and agencies to develop and implement policies, rules, and procedures in order to reduce or eliminate domestic violence, dating violence, sexual assault, and stalking against youth and young adults
<input type="checkbox"/>	Providing additional services and resources for youth, including childcare, transportation, educational support, and respite care (may use not more than 25 percent of the grant funds for this purpose area)

**12. Program interest areas addressed by your grant**

*(In addition to the purpose areas identified above, the Youth Services Program Solicitation may have encouraged several program interest areas. If your program addressed any of these interest areas during the current reporting period, list them below.)*

SECTION **C1**

**FUNCTION AREAS**

**Planning and Development**

**Were your Youth Services Program funds used for planning and development activities during the current reporting period?**

Check yes if you have used Youth Services Program funds for planning and development activities.

**Yes—answer questions 13-17**

**No—skip to subsection C2**

**13. Planning and development meeting activities**

*(Report the total number of people attending planning and development meetings during the current reporting period.)*

Total number of people attending

**14. Planning and development activities conducted** *(Check all that apply.)*

Cross train with memorandum of understanding (MOU) partners

Develop collaboration charter

Develop memo outlining specific forms of project

Develop needs assessment plan and tools

Develop needs assessment report

Develop strategic plan

Focus groups and interviews

Recruit and train volunteers

Review types of MOU partners

Other *(specify)*:

**15. Mandatory planning and development activities**

*(If you are in the planning phase, report the total number of planning and development meetings and check the appropriate boxes to indicate if the agencies or organizations are MOU partners.)*

Agency/organization	Number of meetings			MOU partner
	Weekly	Biweekly	Monthly	
Child protective services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Civil legal services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Court	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Disability organization	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Domestic violence coalition	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Domestic violence program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Dual coalition	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Educational institute/organization	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Faith/spiritual organization	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Government agency ( <i>INS, food stamps, TANF</i> )	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Health organization	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Homeless/housing organization	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Immigrant organization	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Law enforcement agency	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
LGBTI organization	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Mental health organization	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Prosecutor's office	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Sexual assault coalition	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Sexual assault program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Tribal government	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Tribal organization	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Other ( <i>specify</i> ): <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>



**16. Technical assistance received during planning and development**

*(Report the number of site visits and/or consultations received from OVW TA providers.)*

	<b>Number of site visits conducted by OVW TA provider</b>	<b>Number of consultations conducted by OVW TA provider</b>
Collaboration/coordinated community response	<input type="text"/>	<input type="text"/>
Focus groups and interviews	<input type="text"/>	<input type="text"/>
MOU partners	<input type="text"/>	<input type="text"/>
Needs assessment plan and tools	<input type="text"/>	<input type="text"/>
Planning and implementation phase reports	<input type="text"/>	<input type="text"/>
Strategic plan	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>	<input type="text"/>

**17. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of planning and development activities funded or supported by your Youth Services Program grant and to provide any additional information you would like to share about planning and development activities beyond what you have provided in the data above. An example might include how the collaboration has been enhanced, or how the capacity of the organizations involved in the collaborative has been improved.) (Maximum – 2000 characters)*



## Coordinated Community Response

All grantees must complete this subsection.

### 18. Coordinated community response activities

(Check the appropriate boxes to indicate the agencies or organizations, even if they are not MOU partners, that you provided on site consultation to; attended invitational meetings with; engaged in planning, development, and/or implementation of training with; or engaged in partnership, team building, and cross training with during the current reporting period. In the last column, indicate the agencies or organizations with which you have a memorandum of understanding [MOU] for purposes of the Youth Services Program.)

Agency/organization	Victim/survivor referrals, consultations, technical assistance			Meetings			MOU partner
	Daily	Weekly	Monthly	Weekly	Monthly	Quarterly	
<b>Mandatory partnership with one of the following:</b>							
Culturally and linguistically specific program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual sexual assault and domestic violence program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual sexual assault and domestic violence organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Partnership with:</b>							
Child care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child protective services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrections (probation, parole, and correctional facility, juvenile justice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deaf organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability organization (non-governmental, non-residential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational institution/organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith/spiritual-based organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government agency (ICE, food stamps, TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless/Housing organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrant organization (non-governmental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job training organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law enforcement agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18. Coordinated community response activities (cont.)**

Agency/organization	Victim/survivor referrals, consultations, technical assistance			Meetings			MOU partner
	Daily	Weekly	Monthly	Weekly	Monthly	Quarterly	
Legal organization ( <i>legal services, bar associations, law school</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTI organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutor's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social service organization ( <i>non-governmental</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal government/Tribal government agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth organization ( <i>non-governmental, does not include immigrant organization</i> )	<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="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**19. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of coordinated community response [CCR] activities funded or supported by your Youth Services Program grant and to provide any additional information you would like to share about your CCR activities beyond what you have provided in the data above. Examples might include improved understanding of issues relating to homeless and runaway youth and LGBTI community; or greater coordination between the community-based service providers and the targeted underserved community. ) (Maximum – 2000 characters)*



## Policies

**Were your Youth Services Program funds used to develop, substantially revise, or implement policies or protocols during the current reporting period?**

Check yes if Youth Services Program-funded staff developed, substantially revised, or implemented policies or protocols, or if Youth Services Program funds directly supported the development, revision, or implementation of policies or protocols.

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

**20. Types of protocols or policies developed, substantially revised, and/or implemented during the current reporting period**

*(Check all that apply.)*

**Victim services**

- Access to translators/interpreters
- Appropriate use of translators/interpreters
- Confidentiality/information sharing
- Culturally and linguistically appropriate response to underserved populations
- Mandatory reporting
- Parental consent
- Safety planning
- Other *(specify)*:

**Health care**

- Access to translators/interpreters
- Appropriate use of translators/interpreters
- Culturally and linguistically appropriate response to underserved populations
- Documentation
- Mandatory training on sexual assault, domestic violence/dating violence, and/or stalking
- Routine screening for sexual assault, domestic violence/dating violence, and/or stalking, and referrals for culturally and linguistically appropriate services
- Other *(specify)*:

**Justice system**

- Access to translators/interpreters
- Appropriate use of translators/interpreters
- Culturally and linguistically appropriate response to underserved populations
- Dedicated domestic violence/dating violence youth docket
- Full faith and credit for protection orders
- Immediate access to obtaining protection orders
- Immediate access to protection order information
- Mandatory training on domestic violence/dating violence, sexual assault, and/or stalking
- Policies to protect victims/survivors from Internet disclosure of identifying information
- Procedures for anonymous, confidential, or Jane Doe reporting of sexual assault
- Providing information to victims/survivors about victim services
- Sexual assault response and protocols
- Standard protection order
- Strategies to assist and protect victim/survivor during probation and parole
- U-visa certification
- Victim-witness notification
- Other *(specify)*:

**21. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of policies you have developed or implemented that were funded or supported by your Youth Services Program grant and to provide any additional information you would like to share about your activities beyond what you have provided in the data above. Examples might include improved advocacy response following implementation of a protocol that provides employees with detailed information about the issue of mandatory reporting for youth victims or working with project partners to ensure that organizational policies are responsive to the needs of youth victims.) (Maximum – 2000 characters)*

SECTION **C4**

## Products

**Were your Youth Services Program funds used to develop, substantially revise, or distribute products during the current reporting period?**

Check yes if Youth Services Program-funded staff developed, substantially revised, or distributed products or if Youth Services Program funds directly supported the development, revision, or distribution of products.

- Yes—answer question 22**  
 **No—skip to subsection C5**

**22. Use of Youth Services Program funds for product development, substantial revision, or distribution**  
*(Report the number of products developed, substantially revised, or distributed with Youth Services Program 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, and/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 during the current reporting period whether or not they 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	Intended audience	Number used or distributed	Other languages
Brochures	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manuals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Newsletters	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Posters	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**THIS IS A SAMPLE GMS FORM. DO NOT USE THIS FORM TO SUBMIT YOUR FINAL DATA TO OVW.**

**22. Use of Youth Services Program funds for product development, substantial revision, or distribution (cont.)**

<b>Products</b>	<b>Number developed or revised</b>	<b>Title/topic</b>	<b>Intended audience</b>	<b>Number used or distributed</b>	<b>Other languages</b>
Videos/ DVDs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Websites <i>(report number of page views in the used or distributed column)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other <i>(specify):</i> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION  
**C5**

## Underserved Populations

**Were your Youth Services Program funds used to develop or enhance standards of service for underserved populations during the current reporting period?**

Check yes if Youth Services Program-funded staff were used to develop or enhance services for underserved populations.

- Yes—answer questions 23-25**  
 **No—skip to section D**

**23. Activities addressing underserved populations**

*(Check all activities in which Youth Services Program funds were used to develop or enhance services for underserved populations. Check the boxes in the appropriate columns to indicate whether the activities you engaged in were for sexual assault or domestic violence/dating violence programs/services.)*

Activity	Sexual assault	Domestic violence	Dating violence	Stalking
Coordinating meetings to address issues concerning underserved populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing/distributing materials for underserved populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying gaps in services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting representatives of historically underserved groups to participate in meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**24. Underserved populations**

*(Indicate which underserved populations were addressed in the activities indicated in question 23. Check all that apply.)*

Victims/survivors who:

- are African
- are American Indian or Alaska Native
- are Asian
- are black or African American
- are D/deaf or hard of hearing
- are Hispanic or Latino
- are homeless/runaway
- are immigrants, refugees, or asylum seekers
- are lesbian, gay, bisexual, transgender, or intersex
- are Middle Eastern
- are Native Hawaiian or other Pacific Islander
- are sexually exploited
- belong to a particular religion/spiritual group *(specify)*:
- have disabilities
- have limited English proficiency
- have mental health issues
- have substance abuse issues
- live in rural areas
- Other *(specify)*:

**25. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of activities to reach underserved populations funded or supported by your Youth Services Program grant and to provide any additional information you would like to share about your activities beyond what you have provided in the data above. An example might include identifying gaps in service for immigrants and refugees through interviews with service providers for this underserved population, resulting in the inclusion of immigrants and refugees in two upcoming meetings to develop action steps.) (Maximum – 2000 characters)*

SECTION **D**

## VICTIM SERVICES

**Were your Youth Services Program funds used to provide victim services to victims/survivors during the current reporting period?**

Check yes if Youth Services Program-funded staff provided victim services, or if Youth Services Program funds were used to support victim services during the current reporting period.

- Yes—answer questions 26 - 34**  
 **No—skip to section E**

**26. Number of primary victims/survivors served, partially served, and victims/survivors seeking services who were not served** Please do not answer this question without referring to the separate instructions for further explanation and examples of how to distinguish among these categories. (Report the following, to the best of your ability, as an unduplicated count for each category during the current reporting period. This means that each victim/survivor who requested or received services during the current reporting period should be counted only once and in only one of the listed categories. For purposes of this question, **victims/survivors** are those against whom the sexual assault, domestic violence, dating violence, and/or stalking, was directed. If the victim/survivor experienced more than one victimization, that person should be counted only once under the primary victimization.)

	Sexual assault	Dating violence	Domestic violence	Stalking	TOTAL
<b>A. Served:</b> Victims/survivors who received the service(s) they requested, if those services were funded by your Youth Services Program grant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>B. Partially served:</b> Victims/survivors who received some service(s), but not all of the services they requested, if those services were funded by your Youth Services Program grant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL SERVED AND PARTIALLY SERVED (26A+B)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>C. Victims/survivors seeking services who were not served:</b> Victims/survivors who sought services and did not receive the service(s) they were seeking, if those services were funded by your Youth Services Program grant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**27. Reasons that primary victims/survivors seeking services were not served or were partially served**

*(Check all that apply.)*

Reasons not served or partially served	
<input type="checkbox"/>	Conflict of interest
<input type="checkbox"/>	Did not meet statutory requirements
<input type="checkbox"/>	Hours of operation
<input type="checkbox"/>	Insufficient/lack of culturally appropriate services
<input type="checkbox"/>	Insufficient/lack of language capacity <i>(including sign language)</i>
<input type="checkbox"/>	Insufficient/lack of services for victims/survivors who are D/deaf or hard of hearing
<input type="checkbox"/>	Insufficient/lack of services for people with disabilities
<input type="checkbox"/>	Lack of child care
<input type="checkbox"/>	Program reached capacity
<input type="checkbox"/>	Program rules not acceptable to victim/survivor
<input type="checkbox"/>	Program unable to provide service due to limited resources/priority-setting
<input type="checkbox"/>	Services inappropriate or inadequate for victims/survivors with mental health issues
<input type="checkbox"/>	Services inappropriate or inadequate for victims/survivors with substance abuse issues
<input type="checkbox"/>	Services not appropriate for victim/survivor
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Other <i>(specify)</i> : <input style="width: 200px;" type="text"/>

**28. Demographics of primary victims/survivors served or partially served**

*(Based on the primary victims/survivors reported in 26A and 26B, provide the total numbers for all that apply. Because victims/survivors may identify in more than one category of race/ethnicity, the total for "Race/ethnicity" may exceed the total number of victims/survivors reported in questions 26A and 26B. However, the total number of victims/survivors reported under "Race/ethnicity" should not be less than the total number of victims/survivors reported in questions 26A and 26B. The total number of victims/survivors reported under "Gender" and the total number reported under "Age" should equal the total number of victims/survivors reported in questions 26A and 26B. Those victims for whom gender, age, and/or race/ethnicity is not known should be reported in the "Unknown" category.)*

<b>Race/ethnicity</b> <i>(Victims/survivors should be counted once in each category of race/ethnicity that applies. Victims/survivors should not be counted more than once in either the category "American Indian or Alaska Native" or in the category "Native Hawaiian and other Pacific Islander.")</i>	<b>Number of victims/survivors</b>
American Indian and Alaska Native	<input type="text"/>
Asian	<input type="text"/>
Black or African American	<input type="text"/>
Hispanic or Latino	<input type="text"/>
Native Hawaiian and other Pacific Islander	<input type="text"/>
White	<input type="text"/>
Unknown	<input type="text"/>
<b>TOTAL RACE/ETHNICITY</b>	<input type="text"/>
<b>Gender</b>	<b>Number of victims/survivors</b>
Female	<input type="text"/>
Male	<input type="text"/>
Unknown	<input type="text"/>
<b>TOTAL GENDER</b>	<input type="text"/>
<b>Age</b>	<b>Number of victims/survivors</b>
13-17	<input type="text"/>
18-21	<input type="text"/>
22-24	<input type="text"/>
Unknown	<input type="text"/>
<b>TOTAL AGE</b>	<input type="text"/>
<b>Other demographics (optional)</b>	<b>Number of victims/survivors</b>
People with disabilities	<input type="text"/>
People who are D/deaf or hard of hearing	<input type="text"/>
People with limited English proficiency	<input type="text"/>
People who are immigrants/refugees/asylum seekers	<input type="text"/>

Other demographics (optional) (cont.)	Number of victims/ survivors
People who live in rural areas	<input type="text"/>
People who are homeless/runaways	<input type="text"/>
People who are lesbian, gay, bisexual, transgender, or intersex	<input type="text"/>
People with mental health issues	<input type="text"/>

**29. Victims/survivors' relationship to offender by victimization**

Victims/survivors' relationship to offender	Number of victim/survivor relationships by victimization			
	Sexual assault	Dating violence	Domestic violence	Stalking
Current or former spouse or intimate partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other family or household member	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Acquaintance ( <i>neighbor, employee, co-worker, classmate, student, etc.</i> )	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current or former dating relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stranger	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship unknown	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**30A. Victim services**

Type of service	Number of victims/survivors served
Civil legal advocacy/court accompaniment ( <i>Assisting a victim/survivor with civil legal issues including preparing paperwork for a protection order and accompanying victim/survivor to a protection order hearing, administrative hearing, or other civil court proceeding - does not include advocacy by attorneys and/or paralegals</i> )	<input type="text"/>
Civil legal assistance ( <i>Civil legal services provided by an attorney and/or a paralegal</i> )	<input type="text"/>
Counseling services/support group ( <i>Individual or group counseling or support provided by a volunteer, peer, or professional</i> )	<input type="text"/>
Criminal justice advocacy/court accompaniment ( <i>Assisting a victim/survivor with criminal legal issues including notifying the victim/survivor of case status, hearing dates, plea agreements, and sentencing terms; preparing paperwork such as victim impact statements; accompanying a victim/survivor to a criminal court proceeding or law enforcement interview; and all other advocacy within the criminal justice system</i> )	<input type="text"/>
Crisis intervention ( <i>Crisis intervention is a process by which a person identifies, assesses, and intervenes with an individual in crisis so as to restore balance and reduce the effects of the crisis in her/his life. In this category, report crisis intervention that occurs in person and/or over the telephone.</i> )	<input type="text"/>
Education advocacy ( <i>GED, primary, secondary</i> )	<input type="text"/>
Employment counseling ( <i>Actions designed to assist a victim/survivor in obtaining employment, e.g., coaching on career options, skills training, job searches, resume-writing, marketing, job interviews, and presentation of employment</i> )	<input type="text"/>
Financial counseling ( <i>Actions designed to assist a victim/survivor with issues related to improving credit, retiring debt, setting up bank accounts, managing household finances, negotiating with lenders or landlords, developing budgets, managing financial assets, making major purchases such as a home or auto, filing tax returns</i> )	<input type="text"/>
Hospital/clinic/other medical response ( <i>Accompanying a victim/survivor to or meeting a victim/survivor at a hospital, clinic, or medical office</i> )	<input type="text"/>
Housing advocacy	<input type="text"/>
Job training ( <i>Providing training in specific employment-related skills to a victim/survivor, e.g., on computer literacy</i> )	<input type="text"/>
Language services ( <i>Interpretation, translation</i> )	<input type="text"/>
Material assistance ( <i>Providing victims/survivors with clothing, food, personal items, etc.</i> )	<input type="text"/>
Respite services ( <i>Providing periodic relief for the family or primary caregiver</i> )	<input type="text"/>
Transportation ( <i>Provision of transportation, either directly or through bus passes, taxi fares, or other means of transportation</i> )	<input type="text"/>
Victim/survivor advocacy ( <i>Actions designed to help the victim/survivor obtain needed support, resources, or services, including employment, housing, health care, victim's compensation, etc.</i> )	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>

**30B. Shelter services**

*(Report the total number of victims/survivors and accompanying family members who received emergency shelter and/or transitional housing provided with Youth Services Program funds during the current reporting period. This should be an unduplicated count for both victims/survivors and for family members. This means that each victim/survivor and each family member who received shelter services during the current reporting period should be counted only once. Report the total number of bed nights provided in emergency shelter and/or transitional housing to victims/survivors and family members. The number of bed nights is computed by multiplying the number of victims/survivors and family members by the number of nights they stayed in the shelter. The number of bed nights will typically be significantly higher than the number of victims/survivors and family members. For example, one victim/survivor and her three children all stayed in the shelter for 10 nights. The number of bed nights would be four multiplied by ten, for a total of 40 bed nights.)*

Shelter service	Number of victims/survivors	Number of family members (include all children here)	Number of bed nights
Emergency shelter	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transitional housing	<input type="text"/>	<input type="text"/>	<input type="text"/>

**31. Hotline calls/information and referral**

*(Report the number of hotline calls and requests for information and referrals received from primary victims/survivors, and the total number of hotline calls received on phone lines paid with Youth Services Program funds or answered by Youth Services Program-funded staff during the current reporting period. Report the specific languages (other than English) used when responding to these requests for information or assistance. Primary victims/survivors whose calls are reported here should not be reported as victims/survivors served in question 26 unless they also received at least one of the services listed in questions 30A, Victim Services or 30B, Shelter Services. Victims/survivors who receive services such as crisis intervention or victim advocacy over the telephone, in addition to basic hotline information and/or referrals, should also be reported in question 30A. Hotline calls that include victim advocacy or crisis intervention services are those that require more time than the average call and involve a more intensive focus on the immediate needs and situation of the victim/survivor. For examples of when to report only the hotline call and when to report both the hotline call and a service or services in question 30A, see separate instructions.)*

	Number of calls/requests from primary victims/survivors	Total number of calls/requests	Languages (other than English) used when responding to requests for information or assistance
Hotline calls (Crisis or information and referral calls received by an agency's hotline or office telephone, or via text message)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Walk-in information and referrals	<input type="text"/>	<input type="text"/>	<input type="text"/>
Web-based information and referrals (including chat)	<input type="text"/>	<input type="text"/>	<input type="text"/>

**32. Outreach to victims/survivors**

*(Report the number of unsolicited letters, phone calls, or visits to victims/survivors of specific incidents of sexual assault, domestic violence, dating violence, and/or stalking, informing them of services and/or providing information. Report the specific languages (other than English) used in outreach activities. Victims/survivors who are the recipients of these outreach activities should not be reported as victims/survivors served in question 26 unless they also received at least one of the services listed in questions 30A, Victim Services or 30B, Shelter Services. Victims/survivors who receive services such as advocacy in the course of a telephone or outreach visit should also be reported in question 30A.)*

	Number of outreach activities to victims/survivors	Languages (other than English) used in outreach activities
Outreach to victims/survivors ( <i>unsolicited letters, phone calls, or visits</i> )	<input type="text"/>	<input type="text"/>

**33. Protection orders**

*(Report the total number of temporary and/or final protection orders requested and granted for which Youth Services Program-funded victim services staff provided assistance to victims/survivors during the current reporting period. These orders may also be referred to as protection from abuse, protection from harassment or anti-harassment orders, restraining orders, or no-contact or stay-away orders.)*

Sexual assault protection orders	Temporary orders	Final orders
Number requested	<input type="text"/>	<input type="text"/>
Number granted	<input type="text"/>	<input type="text"/>

  

Domestic violence/dating violence protection orders	Temporary orders	Final orders
Number requested	<input type="text"/>	<input type="text"/>
Number granted	<input type="text"/>	<input type="text"/>

  

Stalking protection orders	Temporary orders	Final orders
Number requested	<input type="text"/>	<input type="text"/>
Number granted	<input type="text"/>	<input type="text"/>



**34. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of victim services funded or supported by your Youth Services Program grant and to provide any additional information you would like to share about your victim services activities beyond what you have provided in the data above. An example might include that your agency, as the result of Youth Services Program funding, was able to provide immigration relief to an increased percentage of victims/survivors, which resulted in a higher percentage of victims/survivors seeking additional support services.) (Maximum – 2000 characters)*

SECTION  
**E****NARRATIVE**

**All grantees must answer questions 35 and 36.  
PLEASE LIMIT YOUR RESPONSES TO THE SPACE PROVIDED.**

- 35. Report on the status of your Youth Services Program grant goals and objectives as of the end of the current reporting period.**  
*(Report succinctly 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 briefly 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.)*
- 36. What services or resources did you provide that are specifically tailored to reach the Youth population(s) that you serve?** *(e.g. staff, volunteers, or advisory board members who reflect the community you serve)*

**All grantees must answer questions 37 and 38 on an annual basis.  
Submit this information on the January to June reporting form only.  
PLEASE LIMIT YOUR RESPONSES TO THE SPACE PROVIDED  
(8,000 CHARACTERS) FOR EACH QUESTION.**

- 37. What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors of 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, and/or challenges and barriers unique to your service area and the population(s) you serve.)*
- 38. What has Youth Services Program funding allowed you to do that you could not do prior to receiving this funding?**  
*(For example, before we received Youth Services Program funds, our agency did not have appropriate staff to serve Spanish-speaking victims. Since we received this funding, we have hired a Spanish-speaking therapist and have increased the number of Spanish-speaking victims served by our program from 2 to 40.)*

**Questions 39 and 40 are optional.  
PLEASE LIMIT YOUR RESPONSES TO THE SPACE PROVIDED  
(8,000 CHARACTERS) FOR EACH QUESTION.**

- 39. Provide any additional information that you would like us to know about your Youth Services Program grant and/or the effectiveness of your grant.**  
*(If you have other data or information that you have not already reported in answer to previous questions on this form that demonstrate the effectiveness of your Youth Services Program grant, please provide it below. Feel free to discuss any of the following: systems-level changes, community collaboration, the removal or reduction of barriers and challenges for victims/survivors, promising practices, and positive or negative unintended consequences. Refer to separate instructions for a fuller explanation and examples.)*
- 40. 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 your Youth Services Program funds supported staff—e.g. victim advocates, attorneys, etc.—but did not report any corresponding victim services, 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.)*

**THIS IS A SAMPLE GMS FORM. DO NOT USE THIS FORM TO SUBMIT YOUR FINAL DATA TO OVW.**

Report on the status of your Youth Services Program grant goals and objectives as of the end of the current reporting period.

**Question #35**

Status

**(100 characters)**

**Goals/Objectives (1,750 characters)**

**Key Activities (1,750 characters)**

**Comments (500 characters)**

**Goals/Objectives**

Status

**Key Activities**

**Comments**

Report on the status of your Youth Services Program grant goals and objectives as of the end of the current reporting period.

**Question #35 (cont. 1)**

Status

**Goals/Objectives**

**Key Activities**

**Comments**

**Goals/Objectives**

Status

**Key Activities**

**Comments**

Report on the status of your Youth Services Program grant goals and objectives as of the end of the current reporting period.

**Question #35 (cont. 2)**

Status

**Goals/Objectives**

**Key Activities**

**Comments**

**Goals/Objectives**

Status

**Key Activities**

**Comments**

**What services or resources do you provide that are specifically tailored to reach the youth population(s) that you serve?** (e.g. staff, volunteers, or advisory board members who reflect the community you serve)

**Question #36**

**What services or resources do you provide that are specifically tailored to reach the youth population(s) that you serve?** (e.g. staff, volunteers, or advisory board members who reflect the community you serve.)

**Question #36 (cont.)**

**What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors of 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, and/or challenges and barriers unique to your service area and the population(s) you serve.)*

**Question #37**



**What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors of 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, and/or challenges and barriers unique to your service area and the population(s) you serve.)*

**Question #37 (cont.)**

**What has Youth Services Program funding allowed you to do that you could not do prior to receiving this funding?** *(For example, before we received Youth Services Program funds, our agency did not have appropriate staff to serve Spanish-speaking victims. Since we received this funding, we have hired a Spanish-speaking therapist and have increased the number of Spanish-speaking victims served by our program from 2 to 40.)*

**Question #38**

**What has Youth Services Program funding allowed you to do that you could not do prior to receiving this funding?** *(For example, before we received Youth Services Program funds, our agency did not have appropriate staff to serve Spanish-speaking victims. Since we received this funding, we have hired a Spanish-speaking therapist and have increased the number of Spanish-speaking victims served by our program from 2 to 40.)*

**Question #38 (cont.)**

**Provide any additional information that you would like us to know about your Youth Services Program grant and/or the effectiveness of your grant.** *(If you have other data or information that you have not already reported in answer to previous questions on this form that demonstrate the effectiveness of your Youth Services Program- please provide it below. Feel free to discuss any of the following: systems-level changes, community collaboration, the removal or reduction of barriers and challenges for victims/survivors, promising practices, positive or negative unintended consequences. Refer to separate instructions for a fuller explanation and examples.)*

**Question #39**

**Provide any additional information that you would like us to know about your Youth Services Program grant and/or the effectiveness of your grant.** *(If you have other data or information that you have not already reported in answer to previous questions on this form that demonstrate the effectiveness of your Youth Services Program- please provide it below. Feel free to discuss any of the following: systems-level changes, community collaboration, the removal or reduction of barriers and challenges for victims/survivors, promising practices, positive or negative unintended consequences. Refer to separate instructions for a fuller explanation and examples.)*

**Question #39 (cont.)**

**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 your Youth Services Program funds supported staff—e.g. victim advocates, attorneys, etc.—but did not report any corresponding victim services, 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.)*

**Question #40**

**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 your Youth Services Program funds supported staff—e.g. victim advocates, attorneys, etc.—but did not report any corresponding victim services, 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.)*

**Question #40 (cont.)**

