

**Office for Victims of Crime**  
**Victim Assistance Formula Grants Program**  
**SUBGRANTEE AWARD REPORT**

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The **Subgrantee Award Report (SAR)** is a requirement for grantees that receive VOCA funding from Office for Victims of Crime (OVC) to deliver Victim Assistance Services. The purpose of the SAR is to collect basic information on subgrantee recipients and the program activities that will be implemented with VOCA funds. Submit this data in the OVCPMT.

1. The information must be completed and submitted by the State agency (i.e., grantee) within ninety (90) days from the date of the subaward to a local victim assistance program.
2. A Subgrantee Award Report must be completed for each subgrantee award of Victims of Crime Act (VOCA) funding.
3. The information should be submitted via the OVC PMT.
4. The report requires 2 levels of data:
  - A. Profile of the subgrantee recipient receiving VOCA funds
  - B. Profile and information regarding the activities that will be implemented by the VOCA subgrantee.
5. A SAR that is created with start dates that fall within the annual reporting period (federal fiscal year) will be associated with performance data submitted for that federal fiscal year.

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*The grantee should complete a SARS each time a subaward is made for each federal award active during the period.*

**FEDERAL AWARD NUMBER**

**INSTRUCTION:** Provide the Federal grant award number from which this subgrant is made. This number can be found in "item 4" of the OJP "award" document, Form 40002. Note: If funds are awarded from more than one Federal VOCA grant award to this victim agency, a Subgrant Award Report must be completed and submitted for each award.

**1. \*Subgrantee Agency Name**

- A. Agency Name
- B. Agency Address
- C. City
- D. State
- E. Zip Code

**2.\* Subgrantee Agency Point of Contact**

- A. Subgrantee (first name) (last name)
- B. POC Phone Number (XXX-XXX-XXXX)
- C. POC E-mail Address

**3. \*Subgrantee Agency Type**

**INSTRUCTION:** Check the appropriate box that best describes the type of government, agency, or organization (A, B, C, and D) identified in item #1, that is funded to provide VOCA-funded services.

**A. Government Agencies Only:** Which designation best describes your government agency (select one response)?

- Courts
- Juvenile justice
- Law enforcement
- Prosecutor
- Other government agency

**B. Nonprofit Organization Only:** Which designation best describes your nonprofit organization (check all that apply)?

- Child Abuse Service organization (e.g., child advocacy center)
- Coalition (e.g., state domestic violence or sexual assault coalition)
- Domestic and Family Violence organization
- Faith-based organization
- Organization provides domestic and family violence and sexual assault services
- Organization by and/or for a specific traditionally underserved community
- Organization by and/or for underserved victims of crime (e.g., drunk driving, homicide, elder abuse)
- Sexual Assault Services organization (e.g., rape crisis center)
- Other

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- C. Federally Recognized Tribal Governments, Agencies, and Organizations Only:** Which designation best describes your tribal agency or organization (**select one response**)?
- Child Abuse Service organization (e.g., child advocacy center)
  - Court
  - Domestic and Family Violence organization
  - Faith-based organization
  - Juvenile justice
  - Law Enforcement
  - Organization provides domestic and family violence and sexual assault services
  - Prosecutor
  - Sexual Assault Services organization (e.g., rape crisis center)
  - Other justice-based agency
  - Other agency that is NOT justice-based (e.g., human services, health, education)
  - Organization by and/or for a specific traditionally underserved community
  - Organization by and/or for underserved victims of crime (e.g., drunk driving, homicide, elder abuse)
- D. Campus Organizations Only:** Which designation best describes your campus organization (**select one response**)?
- Campus-based victims services
  - Law enforcement
  - Physical or mental health service program
  - Other (insert textbox)

- 4. \*Was this subgrantee agency funded in a previous federal fiscal year?**
- A. No
  - B. Yes, FY \_\_\_\_\_(provide the last federal fiscal year that this subgrantee received funding )

- 5. \*OVC Crime Victim Assistance Funds awarded: \$**
- A. Project start date: (mm/dd/yyyy)
  - B. Project end date: (mm/dd/yyyy)
  - C. State-assigned award number (optional)

- 6. \*Purpose of the VOCA Subaward:** (**INSTRUCTION: Check all that apply**):
- Continue
- A. VOCA-funded victim project funded in a previous year
  - B. Expand or enhance an existing project not funded by VOCA in the previous year
  - C. Start up a new victim services project
  - D. Start up a new **Native American** victim services project
  - E. Expand or enhance an existing **Native American** project

- 7. Subgrantee Service Area (s)**  
**INSTRUCTION: Select the counties that cover the service area for your organization.**

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**8. Priority and Underserved Requirements:**

**INSTRUCTION: Please identify ANY or ALL of the VOCA Grant that will be used to meet required categories**

- A. Child Abuse (includes services for child physical abuse/neglect and child sexual assault/abuse) \$ \_\_\_\_\_
- B. Domestic and Family Violence \$ \_\_\_\_\_
- C. Adult sexual assault \$ \_\_\_\_\_
- D. Underserved \$ \_\_\_\_\_

Please briefly explain how your state defines "underserved"

(Includes DUI/DWI crashes, survivors of homicide victims, assault, adults molested as children, elder abuse, robbery, other violent crimes)

**9. Subaward match (financial support from other sources)**

- A. Value of in-kind match \$ \_\_\_\_\_
- B. Cash match \$ \_\_\_\_\_
- C. Total match \$ \_\_\_\_\_ (auto-calculate A+B)
- D. Match waiver  **(INSTRUCTION: check box to indicate a match waiver was received)**

**10. USE of VOCA and MATCH FUNDS:**

**INSTRUCTION: For this subaward, check the category of service and subcategory that best identifies the types of services or activities that will be provided by the VOCA-funded project, as described below. Note: Report only those services actually provided by the VOCA-funded project. Do not report services offered by another agency.**

**A. INFORMATION & REFERRAL**

- Information about the criminal justice process
- Information about victim rights, how to obtain notifications, etc.
- Referral to other victim service programs
- Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.)

**B. PERSONAL ADVOCACY/ACCOMPANIMENT**

- Victim advocacy/accompaniment to emergency medical care
- Victim advocacy/accompaniment to medical forensic exam
- Law enforcement interview advocacy/accompaniment
- Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness)
- Criminal advocacy/accompaniment
- Civil advocacy/accompaniment (includes victim advocate assisting with protection orders)
- Individual advocacy (assistance in applying for public benefits, return of personal property or effects)
- Performance of medical forensic exam or interview, or medical evidence collection
- Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)
- Intervention with employer, creditor, landlord, or academic institution
- Child and/or dependent care assistance (provided by agency)
- Transportation assistance (provided by agency)
- Interpreter services
- Assistance with victim compensation

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**C. EMOTIONAL SUPPORT OR SAFETY SERVICES**

- Crisis intervention (in-person, includes safety planning, etc.)
- Hotline/crisis line counseling
- Individual counseling
- On-scene crisis response (e.g., community crisis response)
- Therapy (traditional, cultural, or alternative healing; art, writing, or play therapy; etc.)
- Support groups (facilitated or peer)
- Emergency financial assistance (includes emergency loans and petty cash, payment for items such as food and/or clothing, changing windows and/or locks, taxis, prophylactic and nonprophylactic meds, durable medical equipment, etc.)

**D. SHELTER/HOUSING SERVICES**

- Emergency shelter or safe house
- Transitional housing
- Relocation assistance

**E. CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE**

- Notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.)
- Victim impact statement assistance
- Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)
- Emergency justice-related assistance
- Civil legal attorney assistance in obtaining protection or restraining order
- Civil legal attorney assistance with family law issues (e.g., custody, visitation, or support)
- Other civil legal attorney assistance (e.g., landlord/tenant, employment, etc.)
- Immigration attorney assistance (e.g., special visas, continued presence application, and other immigration relief)
- Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness)
- Criminal advocacy/accompaniment
- Civil advocacy/accompaniment (includes victim advocate assisting with protection orders)

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**11. Budget and Staffing**

*INSTRUCTION: Indicate below the requested information based on the subgrantee's current fiscal year:*

*Report the total budget available to the victim services program, by source of funding. Do not report the entire agency budget, unless the entire budget is devoted to victim services. For example, if VOCA funds are awarded to support a victim advocate unit in a prosecutor's office, then only report the budget for the victim advocate unit. NOTE: Do not include in-kind match; do not report sums less than one dollar.*

Information Requested	Response	Explanation
A. What is the fiscal year of your state?	<input type="checkbox"/> Oct – Sept <input type="checkbox"/> July – Jun <input type="checkbox"/> Other, please define	
B. Total budget for all victimization programs/services for this agency. <i>(the figure reported is for the current fiscal year)</i>		
C. ANNUAL funding amounts allocated to victim assistance projects for the current fiscal year <i>(identify by source, the amount of funds allocated to the victimization program/services budget)</i>	STATE: LOCAL: OTHER FEDERAL: OTHER NON-FEDERAL:	
D. Total organization/agency staff for all victimization programs/services <i>(total number of paid full-time equivalent staff (FTE) for the current fiscal year)</i>		
E. Number of FTE staff funded through this VOCA award <i>(total number of VOCA-funded staff by FTE for the current fiscal year)</i>		
F. Number of volunteer hours supporting the work of this VOCA award <i>(Should include hours counted towards the match for the current fiscal year)</i>		

**Comment [UM1]:**  
TIP: FOR EXAMPLE, IF VOCA FUNDS ARE AWARDED TO SUPPORT A VICTIM ADVOCATE UNIT IN A PROSECUTOR'S OFFICE, THEN ONLY REPORT THE BUDGET FOR THE VICTIM ADVOCATE UNIT.

**Comment [UM3]:**  
TIP: Includes appropriations, criminal fines and penalties, assessments and other state resources

**Comment [UM2]:**  
INSTRUCTION: Identify by source, the amount of funds allocated to the victimization program/services budget.

**Comment [UM4]:**  
TIP: one FTE is equivalent to one employee working full-time