



U.S. Department of Justice  
Office of Justice Programs  
Office for Victims of Crimes  
**SUBGRANT AWARD  
REPORT**

The purpose of this report is to collect basic information on subgrant recipients and their programs in a manner that is convenient to report and analyze. This report must be completed in full and submitted by the State agency (grantee) within ninety (90) days from the date of the award of a subgrant to a local victim assistance program. A Subgrant Award Report must be completed for each project receiving Victims of Crime Act funding. Send the original and one (1) copy to: Office for Victims of Crimes, 810 7th St., NW, Washington, D.C. 20531

1. a. SUBGRANTEE AGENCY NAME AND ADDRESS (Including Zip Code):

b. TELEPHONE NUMBER AND AREA CODE:

c. CONGRESSIONAL DISTRICT:

4. a. CRIME VICTIM ASSISTANCE FUNDS AWARDED: \$ \_\_\_\_\_

b. STATE AWARD NUMBER: \_\_\_\_\_

c. PROJECT BEGIN DATE: \_\_\_\_\_

d. PROJECT END DATE: \_\_\_\_\_

6. THESE VOCA FUNDS WILL PRIMARILY BE USED TO: (Check one)

- a.  EXPAND SERVICES INTO A NEW GEOGRAPHIC AREA
- b.  OFFER NEW TYPES OF SERVICES
- c.  SERVE ADDITIONAL VICTIM POPULATIONS
- d.  CONTINUE EXISTING SERVICES TO CRIME VICTIMS
- e.  OTHER (Specify) \_\_\_\_\_

8. IDENTIFY THE AMOUNT OF THE VOCA GRANT THAT WILL BE USED TO MEET THE PRIORITY AND UNDERSERVED REQUIREMENTS

- a. CHILD ABUSE \$ \_\_\_\_\_
- b. DOMESTIC VIOLENCE \$ \_\_\_\_\_
- c. SEXUAL ASSAULT \$ \_\_\_\_\_
- d. UNDERSERVED
  - 1. DUI/DWI CRASHES \$ \_\_\_\_\_
  - 2. SURVIVORS OF HOMICIDE VICTIMS \$ \_\_\_\_\_
  - 3. ASSAULT \$ \_\_\_\_\_
  - 4. ADULTS MOLESTED AS CHILDREN \$ \_\_\_\_\_
  - 5. ELDER ABUSE \$ \_\_\_\_\_
  - 6. ROBBERY \$ \_\_\_\_\_
  - 7. OTHER VIOLENT CRIMES \$ \_\_\_\_\_

10. PLEASE PROVIDE THE TOTAL AMOUNTS OF FUNDING ALLOCATED TO VICTIM SERVICES BASED ON THE SUBGRANTEES CURRENT FISCAL YEAR BUDGET

| FUNDING SOURCES             | CURRENT YEAR |
|-----------------------------|--------------|
| a. FEDERAL (Excluding VOCA) |              |
| b. VOCA FUNDS               |              |
| c. STATE                    |              |
| d. LOCAL                    |              |
| e. OTHER                    |              |

2. FEDERAL GRANT NUMBER:

3. PURPOSE OF VOCA SUBGRANT AWARD: (Check one)

- a.  START UP A NEW VICTIM SERVICES PROJECT
- b.  CONTINUE A VOCA FUNDED VICTIM PROJECT FUNDED IN A PREVIOUS YEAR
- c.  EXPAND OR ENHANCE AN EXISTING PROJECT NOT FUNDED BY VOCA IN THE PREVIOUS YEAR
- d.  START UP A NEW NATIVE AMERICAN VICTIM SERVICES PROJECT
- e.  EXPAND OR ENHANCE AN EXISTING NATIVE AMERICAN PROJECT

5 SUBGRANT MATCH (Financial support from other sources):

- a. VALUE OF IN-KIND MATCH: \$ \_\_\_\_\_
- b. CASH MATCH: \$ \_\_\_\_\_
- c. TOTAL MATCH \$ \_\_\_\_\_

7. FOR THIS VICTIM SERVICES PROGRAM INDICATE:

- a. NUMBER OF PAID STAFF \_\_\_\_\_ (Full-time equivalents)
- b. HAS THE VICTIM SERVICE PROGRAM RECEIVED A VOLUNTEER WAIVER?
  - 1.  YES  NO
  - 2. IF NO, INDICATE THE NUMBER OF VOLUNTEER STAFF \_\_\_\_\_ (Full-time equivalents)

9. TYPE OF IMPLEMENTING AGENCY (Check the appropriate boxes)

- a.  CRIMINAL JUSTICE - GOVERNMENT:
  - 1.  LAW ENFORCEMENT
  - 2.  PROSECUTION
  - 3.  PROBATION
  - 4.  COURT
  - 5.  CORRECTIONS
  - 6.  OTHER
- b.  NONCRIMINAL JUSTICE - GOVERNMENT:
  - 1.  SOCIAL SERVICES
  - 2.  MENTAL HEALTH
  - 3.  PUBLIC HOUSING
  - 4.  HOSPITAL
  - 5.  OTHER
- c.  PRIVATE NON-PROFIT:
  - 1.  HOSPITAL
  - 2.  RAPE CRISIS
  - 3.  RELIGIOUS ORGANIZATION
  - 4.  SHELTER
  - 5.  MENTAL HEALTH AGENCY
  - 6.  OTHER
- d.  NATIVE AMERICAN TRIBE OR ORGANIZATION:
  - 1.  ON RESERVATION
  - 2.  OFF RESERVATION
- e.  OTHER:

11. IDENTIFY THE VICTIM(S) TO BE SERVED THROUGH THIS VOCA-FUNDED PROJECT (VOCA grant plus Match) BY CHECKING THE TYPE OF CRIME(S):

|                             |                      |                             |                               |
|-----------------------------|----------------------|-----------------------------|-------------------------------|
| a. <input type="checkbox"/> | CHILD PHYSICAL ABUSE | g. <input type="checkbox"/> | ADULTS MOLESTED AS CHILDREN   |
| b. <input type="checkbox"/> | CHILD SEXUAL ABUSE   | h. <input type="checkbox"/> | SURVIVORS OF HOMICIDE VICTIMS |
| c. <input type="checkbox"/> | DUI/DWI CRASHES      | i. <input type="checkbox"/> | ROBBERY                       |
| d. <input type="checkbox"/> | DOMESTIC VIOLENCE    | j. <input type="checkbox"/> | ASSAULT                       |
| e. <input type="checkbox"/> | ADULT SEXUAL ASSAULT | k. <input type="checkbox"/> | OTHER VIOLENT CRIMES          |
| f. <input type="checkbox"/> | ELDER ABUSE          | l. <input type="checkbox"/> | OTHER                         |

12. CHECK THE SERVICES TO BE PROVIDED BY THIS VOCA-FUNDED PROJECT (VOCA grant plus Match)

|                             |                                      |                              |   |
|-----------------------------|--------------------------------------|------------------------------|---|
| a. <input type="checkbox"/> | CRISIS COUNSELING                    | fi. <input type="checkbox"/> | CRIMINAL JUSTICE SUPPORT/ADVOCACY             |
| b. <input type="checkbox"/> | FOLLOWUP CONTACT                     | i. <input type="checkbox"/>  | FORENSIC EXAMS                                |
| c. <input type="checkbox"/> | THERAPY                              | j. <input type="checkbox"/>  | EMERGENCY LEGAL ADVOCACY                      |
| d. <input type="checkbox"/> | GROUP TREATMENT                      | k. <input type="checkbox"/>  | ASSISTANCE IN FILING COMPENSATION CLAIMS      |
| e. <input type="checkbox"/> | CRISIS HOTLINE COUNSELING            | l. <input type="checkbox"/>  | PERSONAL ADVOCACY                             |
| f. <input type="checkbox"/> | SHELTER/SAFE HOUSE                   | m. <input type="checkbox"/>  | TELEPHONE CONTACTS (Information and referral) |
| g. <input type="checkbox"/> | INFORMATION AND REFERRAL (In person) | n. <input type="checkbox"/>  | OTHER   |





U .S. Department of Justice

Office of Justice Programs  
Office for Victims of Crime  
Washington, D.C. 20531

VICTIMS OF CRIME ACT  
VICTIM ASSISTANCE GRANT PROGRAM  
STATE PERFORMANCE REPORT

REPORT TIMEFRAME

THE STATE CRIME VICTIM ASSISTANCE AGENCY RECEIVING FUNDS UNDER THE VICTIMS OF CRIME ACT (VOCA) IS REQUIRED TO SUBMIT ONE STATE PERFORMANCE REPORT ANNUALLY WHICH INCLUDES INFORMATION ON ALL GRANTS ACTIVE DURING THE FISCAL YEAR. THIS REPORT IS DUE DECEMBER 30 OF EACH YEAR. THE PERFORMANCE REPORT PROVIDES INFORMATION ON THE EFFECT THE VOCA FUNDS HAD ON SERVICES TO CRIME VICTIMS IN THE STATE. THIS REPORT SHOULD BE SUBMITTED UPON REQUEST BY THE OFFICE FOR VICTIMS OF CRIME, 810 SEVENTH STREET, N.W., WASHINGTON, D.C. 20531.

INDICATE REPORTING PERIOD: OCTOBER 1, 2004 THROUGH SEPTEMBER 30, 2005

SECTION I  
STATE IDENTIFICATION

A. STATE:  B. FEDERAL GRANT NUMBER: 2005-VA-GX-

C. GRANTEE NAME:

STREET/P.O. BOX:

CITY/STATE/ZIP CODE:

D. CONTACT PERSON:  TEL: (  )  -

SECTION II  
STATE FUNDING INFORMATION

A. INDICATE THE ANNUAL (during the corresponding state fiscal year) FUNDING AMOUNTS ALLOCATED TO THE VICTIM ASSISTANCE PROJECTS IN THE STATE:

| STATE FISCAL YEAR FUNDING                                       | Fiscal Year             |
|---|-------------------------|
| 1. APPROPRIATIONS   | \$ <input type="text"/> |
| 2. CRIMINAL FINES & PENALTIES                                   | \$ <input type="text"/> |
| 3. ASSESSMENTS (e.g., Marriage License, Birth Certificate Fees) | \$ <input type="text"/> |
| 4. OTHER (Specify) <input type="text"/>                         | \$ <input type="text"/> |
| <input type="text"/>  | \$ <input type="text"/> |
| Total \$ <input type="text"/>                                   |                         |

B. INDICATE TOTAL NUMBER OF AGENCIES FUNDED FROM THIS FEDERAL GRANT:

C. INDICATE THE NUMBER OF SUBGRANTS FUNDED FROM THIS FEDERAL GRANT:





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Washington, D.C. 20531

VICTIMS OF CRIME ACT  
VICTIM ASSISTANCE GRANT PROGRAM  
STATE PERFORMANCE REPORT

|  |   |                                      |                       |  |
|--|---|--------------------------------------|-----------------------|--|
| SECTION III<br>VICTIM STATISTICS             | A. INDICATE THE NUMBER OF VICTIMS SERVED BY TYPE OF VICTIMIZATION:<br>NOTE: Indicate the number of victims served by VOCA-funded projects during the grant period. Each victim should be counted only once, i.e., a victim of a series of spouse abuse assaults should be counted more than once only as a result of separate and unrelated crimes. |                                      |                       |  |
|  | NO. OF VICTIMS SERVED   |                                      | NO. OF VICTIMS SERVED |  |
|  | <input type="text"/>  | 1. CHILD PHYSICAL ABUSE              | <input type="text"/>  | 7. ADULTS MOLESTED AS CHILDREN               |
|  | <input type="text"/>  | 2. CHILD SEXUAL ABUSE                | <input type="text"/>  | 8. SURVIVORS OF HOMICIDE VICTIMS             |
|  | <input type="text"/>  | 3. DUI/DWI CRASHES                   | <input type="text"/>  | 9. ROBBERY                                   |
|  | <input type="text"/>  | 4. DOMESTIC VIOLENCE                 | <input type="text"/>  | 10. ASSAULT                                  |
|  | <input type="text"/>  | 5. ADULT SEXUAL ASSAULT              | <input type="text"/>  | 11. OTHER (Specify) <input type="text"/>     |
|  | <input type="text"/>  | 6. ELDER ABUSE                       | <input type="text"/>  | <input type="text"/>                         |
| TOTAL  |   | <input type="text" value="0"/>       |                       |  |
| SECTION III<br>VICTIM STATISTICS (Continued) | B. INDICATE THE NUMBER OF VICTIMS WHO RECEIVED THE FOLLOWING SERVICES (See instructions for definitions for each service):  |                                      |                       |  |
|  | NO. OF VICTIMS SERVED   |                                      | NO. OF VICTIMS SERVED |  |
|  | <input type="text"/>  | 1. CRISIS COUNSELING                 | <input type="text"/>  | 8. EMERGENCY FINANCIAL ASSISTANCE            |
|  | <input type="text"/>  | 2. FOLLOWUP                          | <input type="text"/>  | 9. EMERGENCY LEGAL ADVOCACY                  |
|  | <input type="text"/>  | 3. THERAPY                           | <input type="text"/>  | 10. ASSISTANCE IN FILING COMPENSATION CLAIMS |
|  | <input type="text"/>  | 4. GROUP TREATMENT/SUPPORT           | <input type="text"/>  | 11. PERSONAL ADVOCACY                        |
|  | <input type="text"/>  | 5. SHELTER/SAFEHOUSE                 | <input type="text"/>  | 12. TELEPHONE CONTACT INFORMATION/REFERRAL   |
|  | <input type="text"/>  | 6. INFORMATION/ REFERRAL (IN-PERSON) | <input type="text"/>  | 13. OTHER (Specify) <input type="text"/>     |
| <input type="text"/>                         | 7. CRIMINAL JUSTICE SUPPORT/ADVOCACY  | <input type="text"/>                 | <input type="text"/>  |  |
| TOTAL  |   | <input type="text" value="0"/>       |                       |  |

Please see "Narrative Questions" tab to provide narrative descriptions

|                                      |  |
|--------------------------------------|--|
|                                      | PLEASE PROVIDE A NARRATIVE DESCRIPTION RESPONDING TO THE FOLLOWING QUESTIONS.  |
| SECTION IV<br>PROGRAM IMPLEMENTATION | <p>A. WHAT ARE THE MAJOR ISSUES, IN YOUR STATE, IF ANY, THAT HINDER VICTIM ASSISTANCE PROGRAMS IN ASSISTING CRIME VICTIMS IN FILING FOR COMPENSATION BENEFITS AND IN UNDERSTANDING STATE VICTIM COMPENSATION ELIGIBILITY REQUIREMENTS?<br/>(Text area below will automatically expand to fit all text entered)</p> <input style="width: 100%; height: 20px;" type="text"/>   |
|                                      | <p>B. BRIEFLY DESCRIBE EFFORTS TO PROMOTE COORDINATED PUBLIC AND PRIVATE EFFORTS WITHIN THE COMMUNITY TO AID CRIME VICTIMS.<br/>(Text area below will automatically expand to fit all text entered)</p> <input style="width: 100%; height: 20px;" type="text"/>  |
|                                      | <p>C. BRIEFLY DESCRIBE EFFORTS TAKEN TO SERVE FEDERAL CRIME VICTIMS, I.E. COORDINATION ETC.<br/>(Text area below will automatically expand to fit all text entered)</p> <input style="width: 100%; height: 20px;" type="text"/>  |
|                                      | <p>D. DESCRIBE ANY NOTABLE ACTIVITIES CONDUCTED AT THE STATE OR SUBGRANT LEVEL TO IMPROVE THE DELIVERY OF VICTIM SERVICES (I.E., NEEDS ASSESSMENTS, PROGRAM MONITORING, AND PROGRAM EVALUATION), INCLUDE TRAINING EFFORTS, AND USE OF VOCA APPROVED TRAINING FUNDS, IF APPLICABLE.<br/>(Text area below will automatically expand to fit all text entered)</p> <input style="width: 100%; height: 20px;" type="text"/> |
|                                      | <p>E. INCLUDE AND/OR ATTACH ANECDOTAL INFORMATION AND INDIVIDUAL CASE HISTORIES ILLUSTRATING AT LEAST FOUR WAYS IN WHICH VOCA FUNDS HAVE BEEN USED TO ASSIST CRIME VICTIMS. (LETTERS FROM CRIME VICTIMS ARE HELPFUL.)<br/>(Text area below will automatically expand to fit all text entered)</p> <input style="width: 100%; height: 20px;" type="text"/>  |
|                                      | <p>F. IDENTIFY ANY EMERGING ISSUES OR NOTABLE TRENDS IMPACTING CRIME VICTIM SERVICES IN YOUR STATE.<br/>(Text area below will automatically expand to fit all text entered)</p> <input style="width: 100%; height: 20px;" type="text"/>  |
|                                      | <p>G. SPECIFICALLY DISCUSS HOW YOUR STATE HAS USED VOCA ADMINISTRATIVE FUNDS, AND THE IMPACT OF THESE FUNDS ON THE STATE'S ABILITY TO IMPROVE VICTIMS SERVICES.<br/>(Text area below will automatically expand to fit all text entered)</p> <input style="width: 100%; height: 20px;" type="text"/>  |

Please go to the "Authorized Signature" tab and provide the name of the person authorized to provide this information

Authorized Signature

|   |   |   |
|---|---|---|
| MM  | DD  | YYYY  |
| <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 30px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> |

**VICTIMS OF CRIME ACT  
VICTIM ASSISTANCE GRANT PROGRAM  
STATE PERFORMANCE REPORT  
INSTRUCTIONS - DEFINITIONS**

Each State agency designated to administer Victims of Crime Act (VOCA) victim assistance funds is required to submit a Performance Report on the uses and effects these grant funds have had on services to crime victims in the State. This Performance Report will be used to capture this information, as well as aggregated data on VOCA supported activities carried out within the State during the grant period and must be submitted upon request by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice, 810 Seventh Street, N.W., Washington, D.C. 20531.

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**IMPORTANT NOTE REGARDING VICTIM SERVICES:** A VOCA project refers to activities and services supported by VOCA funds plus required match. Except where otherwise indicated, the information in the State Performance Report must be based solely on the VOCA-funded projects, not on all other services and activities provided by the victim services agency.

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**Section 1. STATE IDENTIFICATION**

Complete all items in this section.

**SECTION II. STATE FUNDING INFORMATION**

A. Indicate the value of funds allocated for victim services during the Federal grant period. Include all funds targeted for victims services that are administered by the State agency designated to administer the VOCA victim assistance grant. Include direct appropriations, special assessments such as marriage license and birth certificate fees, and any other sources of victim program funding available from State resources. Do not include any sources of Federal funding such as victim compensation or assistance.

B. Provide the total number of victim services agencies funded with VOCA funds during this grant period.

C. Provide the total number of subgrants that are included in this State Performance Report.

**SECTION III. VICTIM STATISTICS**

A. Indicate the number of victims served by type of victimization. For Item 11, you may submit an additional sheet of paper to identify and record the number of victims served.

B. Provide the number of victims receiving each type of service. Note: Review the description of each service prior to completing this question.

1. Counseling refers to in-person crisis intervention, emotional support, and guidance and counseling provided by advocates, counselors, mental health professionals, or peers. Such counseling may occur at the scene of the crime, immediately after a crime, or be provided on an ongoing basis.

2. Followup refers to in-person contacts, telephone contacts, and written communications with victims to offer emotional support, provide empathetic listening, check on a victim's progress, etc.

3. Therapy refers to intensive professional psychological and/or psychiatric treatment for individuals, couples, and family members related to counseling to provide emotional support in crisis arising from the occurrence of crime. This includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy.

VICTIMS OF CRIME ACT  
VICTIM ASSISTANCE GRANT PROGRAM  
STATE PERFORMANCE REPORT  
INSTRUCTIONS - DEFINITIONS

4. Group Treatment/Support refers to the coordination and provision of supportive group activities and includes self-help, peer, social support, etc.
5. Shelter/Safe House refers to offering short- and long-term housing and related support services to victims and families following victimization.
6. Information/Referral (in-person) refers to in-person contacts with victims during which time, services, and available support are identified.
7. Criminal Justice Support/Advocacy refers to support, assistance, and advocacy provided to victims at any stage of the criminal justice process, to include post-sentencing services and support.
8. Emergency Financial Assistance refers to cash outlays for transportation, food, clothing, emergency housing, etc.
9. Emergency Legal Advocacy refers to filing temporary restraining orders, injunctions, and other protective orders, elder abuse petitions, and child abuse petitions but does not include criminal prosecution or the employment of attorneys for non-emergency purposes, such as custody disputes, civil suits, etc.
10. Assistance in Filing Compensation Claims includes making the victim aware of the availability of crime victim compensation, assisting the victim in completing the required forms, gathering the needed documentation, etc. It also may include follow-up contact with the victim compensation agency on behalf of the victim.
11. Personal Advocacy refers to assisting victims in securing rights, remedies, and services from other agencies; locating emergency financial assistance, intervening with employers, creditors, and others on behalf of the victim; assisting in filing for losses covered by public and private insurance programs including workman's compensation, unemployment benefits, welfare, etc., accompanying the victim to the hospital; etc.
12. Telephone Contact refers to contacts with victims during which time services and available support are identified. This does not include calls during which counseling is the primary function of the telephone call.
13. Other refers to other VOCA allowable services and activities not listed.

**SECTION IV. PROGRAM IMPLEMENTATION**

Please prepare a detailed narrative describing how your State has addressed each of the questions. You may provide supporting statements from subrecipients and crime victims.

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Public reporting burden for this collection of information is estimated to average 20 hours per response, including the time for reviewing instructions and entering the data needed, completing and reviewing the collection of information, and recordkeeping. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the State Compensation and Assistance Division, Office for Victims of Crime, U.S. Department of Justice, 810 Seventh Street, N.W., Washington, D.C. 20531, and to the Public Use Reports Project, 1121-0115, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

OJP ADMIN FORM 7390/4 (Rev.8-99). PREVIOUS EDITIONS ARE OBSOLETE.





U .S. Department of Justice  
Office of Justice Programs  
Office for Victims of Crime  
Washington, D.C. 20531

## VICTIMS OF CRIME ACT VICTIM COMPENSATION GRANT PROGRAM STATE PERFORMANCE REPORT

REPORT TIMEFRAME

OCTOBER 1, \_\_\_\_\_ THROUGH SEPTEMBER 30, \_\_\_\_\_

STATES RECEIVING VOCA CRIME VICTIMS COMPENSATION GRANT FUNDS ARE REQUIRED TO SUBMIT AN ANNUAL PERFORMANCE REPORT. THE REPORT COVERS THE FEDERAL FISCAL YEAR ENDING SEPTEMBER 30 AND IS DUE TO OVC BY DECEMBER 30 OF THE SAME YEAR.

|           |   |
|-----------|---|
| SECTION I | 1. STATE: _____<br>2. CONTACT NAME: _____ |
|-----------|---|

|            |   |
|------------|---|
| SECTION II | <p>CLAIMS DATA (See instructions for definitions):</p> <p>1. NUMBER OF NEW CLAIMS RECEIVED DURING REPORT PERIOD<br/>(Place total on one line only, corresponding to your program's general procedure)</p> <p style="margin-left: 20px;">a. Total claims, if only one claim is usually counted per crime _____<br/>OR<br/>b. Total claims, if victims and indirect victims generally count as separate claims _____</p> <p>2. NUMBER OF CLAIMS APPROVED AS ELIGIBLE _____</p> <p style="margin-left: 20px;">a. Number approved for victims 17 and under _____<br/>b. Number approved for victims 18-64 _____<br/>c. Number approved for victims 65 and older _____</p> <p>3. NUMBER OF CLAIMS DENIED AS INELIGIBLE OR CLOSED _____</p> <p>4. NUMBER OF FORENSIC SEXUAL ASSAULT EXAMINATION CLAIMS RECEIVED DURING THE REPORT PERIOD, IF SUCH CLAIMS ARE HANDLED THROUGH SEPARATE CLAIMS PROCEDURE. (See instructions ) _____</p> |
|------------|---|

PAYMENT STATISTICS BY CRIME CATEGORY:

|             | TYPE OF CRIME                                      | a.<br>NUMBER OF CLAIMS PAID DURING REPORTING PERIOD<br>(Includes Column b) | b.<br>NUMBER OF DOMESTIC VIOLENCE RELATED CLAIMS PAID DURING REPORTING PERIOD | c.<br>TOTAL AMOUNT PAID BY CATEGORY<br>(Include all supplemental payments) |
|-------------|--|--|---|--|
| SECTION III | 1. ASSAULT   |  |   | \$   |
|             | 2. HOMICIDE  |  |   | \$   |
|             | 3. SEXUAL ASSAULT                                  |  |   | \$   |
|             | 4. CHILD ABUSE (including sexual & physical abuse) |  |   | \$   |
|             | 5. DWI/DUI   |  |   | \$   |
|             | 6. OTHER VEHICULAR CRIMES                          |  |   | \$   |
|             | 7. STALKING  |  |   | \$   |
|             | 8. ROBBERY   |  |   | \$   |
|             | 9. TERRORISM                                       |  |   | \$   |
|             | 10. KIDNAPING                                      |  |   | \$   |
|             | 11. ARSON  |  |   | \$   |
|             | 12. OTHER (please specify)                         |  |   | \$   |
|             | 13. TOTAL:   |  |   | \$   |



INDICATE TOTAL EXPENSES PAID BY SERVICE:

|               |    |   |    |
|---------------|----|---|----|
| SECTION<br>IV | 1. | MEDICAL/DENTAL (Except Mental Health)                     | \$ |
|               | 2. | MENTAL HEALTH (Include Mental Health Related Medications) | \$ |
|               | 3. | ECONOMIC SUPPORT (Lost Wages, Loss of Support)            | \$ |
|               | 4. | FUNERAL/BURIAL (Include all Funeral Related Expenses)     | \$ |
|               | 5. | CRIME SCENE CLEAN-UP                                      | \$ |
|               | 6. | FORENSIC SEXUAL ASSAULT EXAMS                             | \$ |
|               | 7. | OTHER: (Please specify types of expenses and amount paid) | \$ |
|               | 8. | TOTAL:  | \$ |

PLEASE RESPOND TO THE FOLLOWING QUESTIONS.  
ADDITIONAL 8X11 SHEETS MAY BE ATTACHED IF NECESSARY.

|              |    |  |
|--------------|----|--|
| SECTION<br>V | 1. | DESCRIBE THE IMPACT THAT VOCA FUNDS HAVE HAD ON YOUR PROGRAM'S ABILITY TO MEET THE NEEDS OF CRIME VICTIMS.   |
|              | 2. | HOW DO YOU MEASURE YOUR PROGRAM'S EFFICIENCY AND EFFECTIVENESS IN REDUCING THE FINANCIAL IMPACT OF CRIME ON VICTIMS? WHAT ARE THE RESULTS? For example, if your program measures average processing time, please provide that data and a brief explanation of how that average is measured, i.e., whether you use a median or an average of all claims; whether the processing time is measured through automated means or is estimated. |
|              | 3. | DID YOUR STATE USE VOCA ADMINISTRATIVE FUNDS? _____ YES _____ NO. IF YOUR STATE USED VOCA ADMINISTRATIVE FUNDS, PLEASE DESCRIBE THE IMPACT THESE FUNDS HAVE HAD ON YOUR STATE'S ABILITY TO PROVIDE COMPENSATION OR IMPROVE VICTIM SERVICES.  |

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

**VOCA COMPENSATION GRANT PROGRAM  
STATE PERFORMANCE REPORT  
INSTRUCTIONS - DEFINITIONS**

States receiving VOCA crime victim compensation grant funds are required to submit an Annual Performance Report that is provided by OVC. The Report requests specific information about claims for compensation. The Performance Report covers the Federal Fiscal Year ending September 30 and is due to OVC by December 30 of the same year. States must submit a Report each year.

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**DEFINITIONS**

A **victim** is a person who suffers personal injury or death, directly or indirectly, or who suffers any economic loss covered by the program. This definition includes family members and other indirect victims.

A **claim** is an application or claim form received by the program from or on behalf of a victim or a family member. The definition does not include supplemental claims or requests for benefits, but rather only the initial claim filed.

**Domestic Violence** is a crime in which there is a past or present familial, household, or other intimate relationship between the victim and the offender, including spouses, ex-spouses, boyfriends and girlfriends, ex-boyfriends and ex-girlfriends, and any family members or persons residing in the same household as the victim.

**Forensic Sexual Assault Claims** are claims made solely or primarily for payment of expenses relating to forensic sexual assault exams and are handled by the program through a separate claims form and procedure other than the regular compensation form and process.

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**SECTION 1. STATE GRANT IDENTIFICATION**

1-2. Complete items as indicated.

**SECTION II. CLAIMS DATA**

1a-b. Indicate the total number of claims or applications received during the reporting period, October 1 through September 30. Place the total on either line a, or line b., depending on whether (a) the program usually counts only one claim per crime, regardless of the number of indirect victims or family members receiving benefits from that claim; or (b) the program generally counts each

victim and indirect victim as a separate claim, so that more than one claim be can counted per crime. *Do not include on line 1(a) or (b) claims made solely or primarily for payment of forensic sexual assault exams, if such claims are made through a process other than your regular compensation claim. Include such claims only on line 5.*

2. Indicate the number of claims that meet the state's eligibility requirements/criteria, whether payments are subsequently made or not. In other words, include claims that are determined eligible, but for which no payment is made because there is not a compensable expense. *Do not include forensic sexual assault claims in any information provided on line 2 or 2a-c.*

2a-c. Of the claims that meet the state's eligibility requirements/criteria, indicate the number approved. Indicate on lines a-c the age of victims receiving benefits. If your program counts only one claim per victimization or crime, count the claim in the category relating to the direct victim's age, i.e., in a homicide case, count one claim in the category corresponding to the deceased's age. However, if your program counts more than one claim per crime, count each claimant separately, e.g., if a homicide victim is between the age of 18-64, and more than one claim for that crime is declared eligible, including one from a minor, count one claim in the 18-64 category and one claim in the 17 and under category.

3. Indicate the number of claims that your program has determined are ineligible for failure to meet statutory requirements, or which your program has denied or closed because of a lack of information or for other reasons.

4. Indicate the total number of Forensic Sexual Assault Examination claims received during the reporting period only if your program handles such claims with a separate form and procedure other than your regular compensation claim form and process. If your program pays for forensic sexual assault examinations through its regular claim form and process, leave this space blank.

### SECTION III. PAYMENT STATISTICS, BY CRIME CATEGORY

For each of the listed crimes, report in column (a) the total number of claims in which payments have been made during the reporting period, including claims involving domestic violence; and report in column (b) the number of claims involving domestic violence in which payments have been made (except crimes listed on lines 4,5,6, and 9). See definition of domestic violence above. Report in column (c) the total amount paid to victims in each crime category, including supplemental payments.

2. and 5. Include drunk-driving deaths on line 5 rather than on line 2.
3. and 4. Do not include on line 3 or line 4 any claims or payments made for forensic sexual assault exams if such claims are handled through a separate claim or process other than a regular compensation claim. Do not include on line 3 sexual assaults against children; these should be included on line 4. Payments for forensic sexual assault examinations that are not part of a regular compensation claim should be included only in Section IV, item 6.
4. Crimes against children perpetrated by either family or nonfamily members should be included in column (a) of line 4.
12. Other: If possible, provide a listing of the crime categories you include in the "other" category.

### SECTION IV. PAYMENT STATISTICS, BY TYPE OF SERVICE

Indicate the total expenses paid for the following services:

1. *Medical/Dental.* Report the total amount paid for all medical/dental-related expenses, including doctors, dentists, hospitals, physical therapy, ambulance, and other medically-related expenses such as transportation costs, prosthetic devices and pharmaceuticals.

2. *Mental Health.* These include payments made for mental health treatment, both in-patient and out-patient, including psychiatric care, counseling, therapy, and medication management.
3. *Economic Support.* Includes payments made to cover lost wages, loss of support, education benefits, annuities, and other related subsistence payments.
4. *Funeral/Burial.* These include payments made for funeral, burial and all other related expenses.
5. *Crime Scene Clean-up.* Report all expenses related to cleaning a crime scene.
6. *Forensic Sexual Assault Exams.* These include amounts awarded regardless of whether each payment is part of a compensation claim or paid through a separate process.
7. *Other.* If payments are made for services other than those listed in items 1-6, please identify the type of service and the total amount paid for that service. Include an additional sheet if necessary to identify other expenses.
8. *Total.* The totals reported on line 13 of Section III may differ from the totals reported on line 8 of Section IV when payments for forensic sexual assault exams are included on line 6 of Section IV.

### SECTION V. NARRATIVE DESCRIPTIONS

Please answer each of the questions in this section in sufficient detail to provide a full description of your program.

