OMB Clearance # 1122-0011

Expiration Date:08/30/2014

# **U.S. Department of Justice Office on Violence Against Women**

SEMI-ANNUAL PROGRESS REPORT FOR

**Grants to Support Tribal Domestic Violence**  **and Sexual Assault Coalitions**

**Brief Instructions:** This form must be completed for each Grant to Support Tribal Domestic Violence and Sexu- al Assault Coalition (Tribal Coalitions) grant received. The grant administrator or coordinator must ensure that the form is completed fully with regard to all grant activities.

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

For example, 1) if staff funded under this grant only provided training and technical assistance during the current reporting period, you would complete A1, A2, B, C1, C6, and D (and answer ‘no’ in C2-C5 and C7); or,

2) if staff funded under this grant provided training and technical assistance and developed products dur- ing the current reporting period, you would complete A, B, C1, C4, C5, C6, and D (and answer ‘no’ in C2, C3, and, C7).

The activities of volunteers or interns should be reported if they were coordinated or supervised by Tribal Co- alitions Program-funded staff or if Tribal Coalitions Program funds substantially support their activities.

For further information on filling out this form, refer to the separate set of instructions, which contains de- tailed definitions and examples, illustrating how questions should be answered.

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# **GENERAL INFORMATION**

**SECTION**

**A1**

**Grant information**

 **1. Date of report**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  | |  | |
|  |  |  |  |  |  |

**All grantees must complete this section.**

1. **Current reporting period**

✔ **January 1- June 30**

✔ **July 1-December 31 (Year)**

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1. **Grantee name**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

 **4. Grant number**

*(the federal grant number assigned to your Tribal Coalitions Program grant*)

 **5. Type of grantee organization**

*(Check one.)*

Established tribal coalition Individual

Other non-profit

 **6. Type of Coalition** *(Check one.)*

Sexual assault coalition Domestic violence coalition

Dual sexual assault/domestic violence coalition

 **7. Point of contact**

*(person responsible for the day-to-day coordination of the grant)*

First name MI Last name Agency/organization name *(if different from grantee name)*

Address City State Zip code Telephone Facsimile E-mail

 **8. What percentage of your tribal coalition operating budget is funded by this Tribal Coalitions Pro- gram grant?**

 **9. What tribal population(s) is(are) served by your Tribal Coalitions Program grant?**

 **1**0**. Did this tribal coalition exist prior to receiving Tribal Coalitions grant funds?**

Yes No

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1. **Coalition members**

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*(Report the total number of organizational members, including sexual assault programs, domestic vio- lence programs, other victim services agencies, and other organizational members. Report the total number of individual members of your tribal coalitions, if any. Individual members are individual per- sons, not programs.)*

**Coalition members Number**

Sexual assault programs/rape crisis centers Domestic violence programs

Dual sexual assault and domestic violence programs Tribal victim services agencies

Other organizational members

**Total number of organizational members** 0

**Total number of individual members**

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# **A2 Staff Information**

**SECTION**

**Were Tribal Coalitions funds used to fund staff positions during the current reporting period?**

Check yes if Tribal Coalitions funds were used to pay staff, including part-time staff and contractors.

Yes—answer question 12 No—skip to section B

 **12. Staff**

*(Report the total number of full-time equivalent [FTE] staff funded by your Tribal Coalitions Program grant during the current reporting period. Report staff by the function(s) performed, not by title or loca- tion. Include employees who are part-time and/or only partially funded with these grant funds as well as consultants/contractors. 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 administrator in October who was 100% funded with Tribal Coalition Program funds, you would report that as .5 FTEs. Report all FTEs in decimals, not percentages. One FTE is equal to 1,040 hours—40 hours per week x 26 weeks.*

*See separate instructions for examples of how to calculate FTEs.)*

**Staff FTE(s)**

Administrator *(executive director, fiscal manager)*

Attorney

Communication specialist *(public awareness, media relations)*

Information technology staff

Program coordinator *(training coordinator, outreach coordinator)* Support staff *(administrative assistant, accountant, bookkeeper)* System advocate

Technical assistance provider Trainer/educator

Tribal cultural specialist Other *(specify):*

**Total**

0.00

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**B All**

**SECTION**

# **PURPOSE AREAS**

**grantees must complete this section.**

* 1. **Purpose Areas**

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

**Check ALL that apply**

**Purpose areas**

Increasing awareness of domestic violence/dating violence and sexual assault against American Indian and Alaska Native women

Enhancing the response to violence against American Indian and Alaska Native women at the tribal, Federal, and State levels

Identifying and providing technical assistance to coalition membership and tribal com- munities to enhance access to essential services to American Indian women victimized by domestic/dating and sexual violence

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**13a. Program priority areas addressed by your grant**

*(In addition to the purpose areas identified above, the Tribal Coalition Grant Program Application and Program Guidelines may have identified several program priorities that would receive priority consider- ation. If your project addressed any of these priority areas during the current reporting period, list them below.)*

* 1. **Culturally specific activities**

*(List all culturally-specific activities that your tribal coalition engaged in during the current reporting pe- riod in the community(ies) you serve. Check the box in the first column if the activity was funded with Tribal Coalitions Program funds.)*

|  |  |
| --- | --- |
| **Tribal Coalitions funded** | **Activity** |
|  | **a.** |
|  | **b.** |
|  | **c.** |
|  | **d.** |
|  | **e.** |
|  | **f.** |

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 **15. (OPTIONAL) Additional information**

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*(Use the space below to discuss the effectiveness of your culturally-specific activities funded or sup- ported by your Tribal Coalitions Program grant and to provide further explanation on how these activi- ties increase the safety of American Indian/Alaska Native women.) (Maximum - 2000 characters)*

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# **FUNCTION AREAS**

**SECTION**

**C1**

**Training**

**Were your Tribal Coalitions Program funds used for training during the current reporting period?**

Check yes if Tribal Coalitions Program-funded staff provided training or if Tribal Coalitions Program funds were used to directly support the training.

Yes—answer questions 16-19 No—skip to subsection C2

*For the purposes of this reporting form,* ***training*** *means providing information on sexual assault, dating violence, domestic violence, and stalking that enables professionals to improve their response to vic- tims/survivors as it relates to their role in the system.* ***Education*** *means providing general information that will increase public awareness of sexual assault, domestic violence, dating violence, and stalking. In this subsection, report information on training activities. Education should be reported in subsection C2*

 **16. Type and number of training events provided**

*(Report the number of statewide, regional, and tribal-based training events by the type of training that were either provided by Tribal Coalitions Program-funded staff or directly supported with Tribal Coali- tions Program funds. Staff development training provided to Tribal Coalitions Program-funded staff should not be counted. Use the Sexual assault/Domestic violence columns if training events focused on both sexual assault and domestic violence.)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of training** | **Total number of training events** | | | | | | | | |
| **Statewide** | | | **Intra-state regions** | | | **Tribal** | | |
| **Sexual** | **Domestic** | **Sexual** | **Sexual** | **Domestic** | **Sexual** | **Sexual** | **Domestic** | **Sexual** |
| **assault/** | **assault/** | **assault/** |
| **assault** | **violence** | **domestic** | **assault** | **violence** | **domestic** | **assault** | **violence** | **domestic** |
| **violence** | **violence** | **violence** |

Computer- based training

Conferences Teleconferences

Videoconfer- ences

Workshops/ seminars

Other *(specify):*

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1. **Number of people trained**

*(Report the number of people trained during the current reporting period by Tribal Coalitions Program- funded staff or training supported by Tribal Coalitions Program funds. Use the category that is most descriptive of the people attending the training event. Tribal Coalitions Program-funded staff attending staff development training should not be counted. If you do not know how many people to report in spe- cific categories, you may report the overall number in “Multidisciplinary.”)*

**People trained Number**

Attorneys/law students *(does not include prosecutors)*

|  |  |  |  |
| --- | --- | --- | --- |
| Batterer intervention program/offender accountability staff |  |  |  |
| Child protective service workers | |  |  |
| Children’s advocates *(not affiliated with CPS)* |  |  |  |
| Correction personnel *(probation, parole, and correctional facility staff)* | |  |  |
| Court personnel *(tribal—judges, clerks)* |  |  |  |
| Court personnel *(non-tribal—judges, clerks)* | |  |  |
| Domestic violence program staff *(tribal)* |  |  |  |
| Domestic violence program staff *(non-tribal)* | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Educators *(teachers, administrators, etc.)* |  |  |  |
| Faith-based organization staff | |  |  |
| Federal agency staff *(BIA, IHS, FBI)* |  |  |  |
| Health professionals *(doctors, nurses; does not include forensic examiners)* | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Law enforcement officers *(tribal)* |  |  |  |
| Law enforcement officers *(non-tribal)* | |  |  |
| Legal services staff *(does not include attorneys)* |  |  |  |
| Mental health professionals | |  |  |
| Military command staff |  |  |  |
| Multidisciplinary *(various disciplines at same training)* | |  |  |
| Other government agency staff *(vocational rehabilitation, food stamps, TANF)* |  |  |  |
| Prosecutors *(tribal)* | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Prosecutors *(non-tribal)* |  |  |  |
| Sexual assault forensic examiners/sexual assault nurse examiners *(SAFE/SANE)* | |  |  |
| Sexual assault program staff *(tribal*) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Sexual assault program staff *(non-tribal)* | |  |  |
| Social service organization staff *(non-government—food bank, homeless shelter, etc.)* |  |  |  |
| Tribal community groups | |  |  |
| Tribal elders |  |  |  |
| Tribal government/tribal government agency staff | |  |  |
| Victim assistants *(governmental, includes victim-witness specialist/coordinator)* |  |  |  |
| Volunteers | |  |  |

**Total**

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Other *(specify):* |  |  |  |  |  |
|  | | |
|  | | | | 0 |  |

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1. **Training content areas**

*(Indicate all topics covered in training events provided with your Tribal Coalitions Program-funds during the cur- rent reporting period. Check all that apply.)*

**Sexual assault, domestic violence/dating violence and stalking**

Advocacy for American Indian and/or Alaska Na- tive women

Child custody in the context of violence against women

Child witnesses in the context of domestic violence/dating violence

Confidentiality

Cultural issues specific to American Indians and/or Alaska Natives

Dating violence overview, dynamics, and services

Domestic violence overview, dynamics, and ser- vices

Drug facilitated sexual assault

Dynamics and history of violence against Ameri- can Indian and/or Alaska Native women

Historical trauma Indian Child Welfare Act

Safety planning for victims/survivors

Sexual assault overview, dynamics, and services

Stalking overview, dynamics, and services Supervised visitation and exchange

Other *(specify):*

**Organizational community response** Coalition development Collaboration

Coordinated community response Discrimination and oppression issues Evaluation

Federal agency response to sexual assault and domestic violence/dating violence *(IHS, BIA, FBI, USAO)*

Outreach

Program accessibility Program rules

Public benefits *(TANF, disability, food stamps, unemployment, etc.)*

Response teams *(DART, DVRT, SART)*

Strategic planning Technology

Tribal strategies to address sexual assault or do- mestic violence/dating violence, or stalking

Victim service administration and operations Other *(specify):*

**Other underserved populations**

Issues specific to American Indian and Alaska Native victims/survivors who

are elderly

are homeless or living in poverty are isolated or institutionalized

are lesbian, gay, bisexual, transgender, or intersex

have disabilities

have mental health issues live in rural areas

live in urban areas

Other *(specify):*

**Justice system**

Court procedures

Decreasing dual arrests/identifying predomi- nant aggressor

Domestic violence statues/code development Evidence analysis, collection, and preservation Evidence-based prosecution

Firearms and domestic violence/dating violence Judicial response

Law enforcement response *(including protocols, arrest policies, and evidence collection)*

Mandatory reporting requirements Pro-arrest policies

Prosecution response

Protection orders *(including full faith and credit)*

Sex offender registry(ies)

Sexual assault forensic examinations Sexual assault statutes/codes Stalking statutes/codes

Tribal jurisdiction and Public Law 280

Other *(specify):*

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1. **(OPTIONAL) Additional information**

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*(Use the space below to discuss the effectiveness of your training activities funded or supported by your Tribal Coalitions Program grant and to provide further explanation on how these activities increase the safety of American Indian/Alaska Native women.) (Maximum - 2000 characters)*

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**C2 Education**

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**SECTION**

**Were your Tribal Coalitions Program funds used for education activities during the current reporting pe- riod?**

Check yes if Tribal Coalitions Program-funded staff engaged in education activities or if Tribal Coalitions Program were used to directly support education activities.

Yes—answer questions 20-23 No—skip to C3

*For the purposes of this reporting form,* ***education*** *means providing general information that will increase public awareness of sexual assault, domestic violence, dating violence, and stalking.* ***Training*** *means provid- ing information on sexual assault, domestic violence, dating violence, and stalking that enables a profes- sional to improve her/his response to victims/survivors of sexual assault, domestic violence, dating violence, and stalking. In this subsection, report information on education activities. Training should be reported in subsection C1.*

 **20. Education events**

*(Report the total number of education events provided during the current reporting period.)*

**Total number of education events provided**

 **21. People educated with Tribal Coalitions Program funds**

*(Report the number of people attending education events during the current reporting period. Use the category that is most descriptive of the people who attended the educational event.)*

Child care providers

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **People attending event** | **Number** | | | | | |
| **Tribal** | | | **Non-tribal** | | |
|  | |  |  | |  |  |

|  |  |  |
| --- | --- | --- |
| Community businesses *(retail stores, pharmacies)* |  |  |

Employers

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Community groups *(service or social groups)* | |  |  | |  |  |
| Community members |  |  |  |  |  |  |
|  | |  |  | |  |  |

Men’s groups

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Faith-based groups |  |  |  |  |  |  |
|  | | |  | | |
|  | |  |  | |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Parents/guardians |  |  |  |  |  |  |

Students Tribal elders

Tribal government/tribal government agency staff

Victims/survivors *(do not count psychoeducational support groups)*

Women’s groups Other *(specify):*

**Total** 0 0

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 ***22. Topics of education events provided with Tribal Coalitions Program funds***

*(Indicate all topics covered in education provided with your Tribal Coalitions Program funds during the current reporting period. Check all that apply.)*

**Sexual assault, domestic violence, dating vio- lence, and stalking**

Dating violence overview, dynamics and ser- vices

Domestic violence overview, dynamics and services

Historical trauma

Indigenous awareness programs Mandated reporting of child victimization Safety planning

Sex offender registry(ies)

Sexual assault overview, dynamics, and ser- vices

Stalking overview, dynamics, and services VAWA

Youth awareness of sexual assault, domestic violence/dating violence, and stalking

Workplace violence Other *(specify):*

**How to help American Indian or Alaska Na- tive victims/survivors who:**

are elderly

are homeless or living in poverty are isolated or institutionalized

are lesbian, gay, bisexual, transgender, or intersex

have disabilities

have mental health issues have substance abuse issues live in rural areas

live in urban areas Other *(specify):*

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**23. (OPTIONAL) Additional information**

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*(Use the space below to discuss the effectiveness of your education activities funded or supported by your Tribal Coalitions Program grant and to provide further explanation on how these activities increase the safety of American Indian/Alaska Native women.) (Maximum - 2000 characters)*

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# **C3 System Advocacy**

OMB Clearance # 1121-0284

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**SECTION**

**Were your Tribal Coalitions Program funds used for system advocacy during the current reporting period?**

Check yes if Tribal Coalitions Program-funded staff engaged in system advocacy or if Tribal Coalitions Program funds were used to directly support system advocacy. *(System advocacy is an activity intended to effect policy and/or procedural change in order to improve institutional response to sexual assault and/or domestic violence.)*

Yes—answer questions 24-27 No—skip to C4

 **24. System advocacy activities**

*(Indicate the system advocacy activities convened or participated in with Tribal Coalitions Program funds during the current reporting period. Check all that apply.)*

|  |  |  |
| --- | --- | --- |
| **Systems advocacy** | **Sexual assault** | **Domestic violence** |

Appointed tribal and state commissions Community, regional, statewide task force/caucus Multidisciplinary working groups

Project-specific interagency working groups Tribal systems advocacy

Other *(specify):*

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 **25. Improved system response**

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*(Report the total number of statewide, regional, and local meetings convened and/or attended by Tribal Coalitions Program--funded staff during the current reporting period. Report based on the primary group in attendance. If there were multiple agencies or organizations at the meeting, count the meeting as a multidisciplinary meeting. Each meeting should be counted only once.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Agency/organization/people** | **Number of meetings convened** | | | **Number of meetings attended** | | |
| **Sexual assault** | **Domestic violence** | | **Sexual assault** | **Domestic violence** | |
| American Indian or Alaska Native women |  |  | |  |  |  |
| Batterer intervention program/offender accountability staff |  |  | |  |  |  |
| Child advocacy organization *(not affiliated with CPS)* |  |  | |  |  |  |
| Child welfare agency |  |  | |  |  |  |
| Corrections *(probation, parole, correctional facility)* |  |  | |  |  |  |
| Court *(tribal)* |  |  | |  |  |  |
| Court *(non-tribal)* |  |  | |  |  |  |
| Crime victim compensation |  |  | |  |  |  |
| Domestic violence program *(tribal)* |  |  | |  |  |  |
| Domestic violence program *(non-tribal)* |  |  | |  |  |  |
| Dual sexual assault and domestic violence program *(tribal)* |  |  | |  |  |  |
| Dual sexual assault and domestic violence program *(non-tribal)* |  |  | |  |  |  |
| Educational institution/university/school |  |  | |  |  |  |
| Faith-based organization |  |  |  |  |  |  |
| Federal agency staff *(IHS, BIA, FBI)* |  |  |  |  |  |  |
| Government agency staff *(state and local)* |  |  |  |  |  |  |
| Health/mental health organization |  |  |  |  |  |  |
| Law enforcement agency *(tribal)* |  |  |  |  |  |  |
| Law enforcement agency *(non-tribal)* |  |  |  |  |  |  |
| Legal services organization *(legal services, bar association, law school)* |  | |  |  |  | |
|  |  |  |  |  |  |
|  | |  |  |  | |
| Multi-disciplinary group/task force |  |  |  |  |  |  |
| People representing other underserved populations |  |  |  |  |  |  |
| Prosecutor’s office *(tribal)* |  |  |  |  |  |  |
| Prosecutor’s office *(non-tribal)* |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sexual assault nurse examiner/sexual assault forensic examiner program *(SANE/SAFE)* |  | | | |
| Sexual assault program *(tribal)* |  |  |  |  |
| Sexual assault program *(non-tribal)* |  |  |  |  |
| Social services organization *(food bank, homeless shelter)* |  |  |  |  |
| Substance abuse services |  |  |  |  |
| Tribal community groups |  |  |  |  |
| Tribal elders |  |  |  |  |
| Tribal government/tribal government agency |  |  |  |  |
| Victims/survivors |  |  |  |  |
| Other *(specify):* |  |  |  |  |
| **Total** | 0 | 0 | 0 | 0 |

1. **Coordination activities**

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*(Indicate other methods used during the current reporting period to coordinate tribal victim services ac- tivities and/or to collaborate and coordinate with federal, state, and local entities engaged in activities to reduce or end violence against women. Check all that apply.)*

E-mail

E-mail listserv Fax Newsletter

Telephone/conference call Toll-free telephone number

Tracking availability of victim services

U.S. Mail Web site

Other *(specify):*

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1. **(OPTIONAL) Additional information**

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*(Use the space below to discuss the effectiveness of system advocacy activities funded or supported by your Tribal Coalitions Program grant and to provide further explanation on how these activities increase the safety of American Indian/Alaska Native women.) (Maximum - 2000 characters)*

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**C4 Policies**

**SECTION**

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

Check yes if Tribal Coalitions Program-funded staff developed, or substantially revised policies or proto- cols or if Tribal Coalitions Program funds were used to directly support the development, or substantial revision of policies or protocols.

Yes—answer questions 28-29 No—skip to C5

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

*(Check all the policies or protocols developed, or substantially revised with Tribal Coalitions Program funds during the current reporting period. Use the SA column for policies and/or protocols addressing sexual assault and the DV column for those addressing domestic violence.)*

**Victim services**

SA DV

Appropriate response to underserved popula- tions

Confidentiality

Procedures for anonymous, confidential, or Jane Doe reporting of sexual assault

Training standards for staff and volunteers

Staff, board, and/or volunteers represent the diversity of your service area

Standards of service

Victim/survivor informed about Crime Victims Compensation and Victim Impact Statements

Other *(specify):*

**Law enforcement**

SA DV

Appropriate response to underserved popula- tions

**Prosecution**

SA DV

Appropriate response to underserved popula- tions

Mandatory training on sexual assault, domes- tic violence/dating violence, and/or stalking

No charge to victims/survivors for any costs related to the prosecution of sexual assault, domestic violence/dating violence and/or stalking

No victims/survivors polygraphed

Protection order enforcement *(including full faith and credit)*

Sexual assault response and protocols Stalking response and protocols Vertical prosecution

Victim witness notification Other *(specify):*

Identifying primary aggressor/discouraging dual **Court**

arrest

Immediate access to protection order informa- tion

Mandatory training on sexual assault, domestic violence/dating violence, and/or stalking

No charge to sexual assault victims/survivors for any cost associated with forensic exam

No victims/survivors polygraphed Pro-arrest/mandatory arrest

Procedures for anonymous, confidential, or Jane Doe reporting of sexual assault

Protection order enforcement *(including full faith and credit)*

Providing information to victims/survivors about victim services

Sexual assault response and protocols Stalking response and protocols

Other *(specify):*

SA DV

Accelerated trial schedules

Appropriate response to underserved popula- tions

Dedicated sexual assault or domestic vio- lence/dating violence docket

Full faith and credit for protection orders Immediate access to obtain protection orders

Judicial monitoring of sexual assault, domes- tic violence/dating violence, and/or stalking offenders

Mandatory training on sexual assault, domes- tic violence/dating violence, and/or stalking

No charge to sexual assault victims/survivors for any cost associated with forensic exam

Policy against mutual restraining orders Procedures for courtroom security Other *(specify):*

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**Probation**

OMB Clearance # 1121-02 10/31/2007

SA DV

Mandatory training on sexual assault, domestic violence/dating violence, and/or stalking

Strategies to assist and protect victims/survivors during probation

Perform checks on police logs, criminal and civil databases

Special procedures for cases involving diverse, underserved populations

Offender monitoring

Other *(specify):*

**Health care**

SA DV

Advocate response in emergency room Appropriate response to underserved populations Forensic evidence collection and documentation Forensic exams not billed to victim/survivor

Mandatory training on sexual assault, domestic violence, and/or stalking

Routine screening and referrals for sexual as- sault, domestic violence/dating violence, and/or stalking

Other (*specify):*

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 **29. (OPTIONAL) Additional information**

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*(Use the space below to discuss the effectiveness of policies you have developed or implemented that were funded or supported by your Tribal Coalitions Program grant and to provide further explanation on*

*how these policies increase the safety of American Indian/Alaska Native women.) (Maximum - 2000 characters)*

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**C5 Products**

**SECTION**

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

Check yes if Tribal Coalitions Program-funded staff developed products or if Tribal Coalitions Program funds were used to directly supported the development, revision, or distribution of products.

Yes—answer question 30 No—skip to section C6

 **30. Use of Tribal Coalitions Program funds for product development, substantial revision, or distribution** (Report the number of products developed, substantially revised, or distributed with Tribal Coalitions *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; the intended audience for each product developed, revised, 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 or substantially revised during the current reporting period whether or not they were used or distributed, and on products that were previously de- veloped or revised but 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**

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Brochures Manuals Newsletter Training curricula Training materials Reports

Web site

*(report number of page views in the used or distrib- uted column)*

Videos

Other *(specify):*

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# **C6 Technical Assistance**

**SECTION**

**Were your Tribal Coalitions Program funds used to provide technical assistance during the current re- porting period?**

Check yes if Tribal Coalitions Program-funded staff provided technical assistance or if Tribal Coalitions Program funds were used to directly support the provision of technical assistance.

Yes—answer questions 31-33 No—skip to C7

 **31. Number of technical assistance activities**

*(Report the total number of technical assistance activities provided to programs during the current reporting period, indicating whether they were site visits or other types of consultations. Consultations may include in-person, telephonic, electronic, or other types of contact. Each contact should be count- ed as one activity.)*

**Recipients of technical assistance Number of site visits**

**Number of other technical assistance consultations**

Batterer intervention program /offender monitoring Child welfare agency *(Child Protective Services)* Corrections *(probation, parole, correctional facility)* Court *(tribal)*

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Court *(non-tribal)*

Disability organization

Domestic violence program *(tribal)*

Domestic violence program *(non-tribal)*

Dual sexual assault and domestic violence program Elder organization

Faith-based organization

Federal agencies *(BIA,CIA,FBI,IHS)* Health/mental health organization Law enforcement *(tribal)*

Law enforcement agency *(non-tribal)*

Legal services organization *(legal services, bar association, law school)*

Military command staff Order tribal coalition Prosecutor’s office *(tribal)*

Prosecutor’s office *(non-tribal)*

Sexual assault forensic examiners/sexual assault nurse examiner Sexual assault program *(tribal)*

Sexual assault program *(non-tribal)*

Tribal community groups

Tribal government/Tribal government agency University/school

Youth program Other *(specify):*

**Total** 0 0

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 **32. Topics of technical assistance**

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*(Check the topics that apply to technical assistance provided with Tribal Coalitions Program funds dur- ing the current reporting period. The technical assistance provided may be categorized by more than one topic. Check all that apply.)*

**Topics of technical assistance Sexual assault Domestic violence**

Coordinated community response Court response

Curricula and training issues

Developing or enhancing culturally appropriate services for un- derserved populations

Developing or enhancing appropriate services for elder victims/ survivors

Developing or enhancing appropriate services for victims/survi- vors who have disabilities

Forensic evidence collection and documentation Law enforcement response

Probation response Program development Program evaluation Prosecution response

Response to dating violence victims/survivors Response to domestic violence victims/survivors Response to sexual assault victims/survivors Response to stalking victims/survivors

Safety planning

Sex offender registry(ies) Standards of service

Technology and technology capacity *(data collection systems and confidentiality)*

Technology safety and security Tribal codes

University/school

Victim service administration and operations Other *(specify):*

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**33. (OPTIONAL) Additional information**

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*(Use the space below to discuss the effectiveness of technical assistance activities funded or support- ed by your Tribal Coalitions Program grant and to provide further explanation on how these activities increase the safety of American Indian/Alaska Native women.) (Maximum - 2000 characters)*

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# **Organizational Development and Capacity Building**

**SECTION**

**C7**

**Were your Tribal Coalitions Program grant funds used for organizational development and/or capacity building during the current reporting period?**

Check yes if Tribal Coalitions Program funded staff engaged in organizational development and/or capacity building activities, or if Tribal Coalitions Program funds were used to directly support organiza- tional development and/or capacity building.

Yes—answer questions 34-35 No—skip to section D

 **34. Coalition development and capacity building**

*(Check all activities that were engaged in with Tribal Coalitions Program funds during the current re- porting period.)*

Board member development Communication *(TTY, language lines, etc.)* Develop personnel policies

Emergency preparedness

**Activity**

Equipment purchase *(computers, printers, faxes, telephones, cell phones, etc.)*

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Evaluation/outcome measures, development or tracking Identify gaps in service

Internet/e-mail/listserv development Office space *(opening/maintaining)* Outreach to underserved populations Software purchase or development Staff development

Strategic planning

Technology security and safety Toll-free telephone line operation

Web site development or enhancement Other *(specify):*

 **35. Do you consider system privacy and/or security when purchasing or developing software?**

Yes No

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# **D NARRATIVE**

**SECTION**

**All grantees must answer question 36.**

**Please limit your response to** the space provided.

 **36. Report on the status of the goals and objectives for the tribal coalitions** (*Report 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 on your successes and challenges, and provide any additional explana- tion 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.)*

Page 26.

**All grantees must answer questions 37 and 38 on an annual basis. Please submit this information on the January to June reporting form only.**

**PLEASE LIMIT YOUR RESPONSE TO TWO PAGES 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 victims/survivors safety and enhancing community response (including offender accountability for both batterers and sex offenders)?** *(Consider geographic area served, service delivery systems, types of victimization, jurisdictional issues, and challenges and barriers unique to the tribal communities*

*served by your tribal coalitions.)*

Page 29.

**38. What has the Tribal Coalitions Program funding allowed you to do or maintain that you could not do without receiving this funding?** *(For example, has the funding enabled you to identify and eliminate gaps in services; improve services to tribal populations; or, improve criminal justice response to Ameri- can Indian and/or Alaska Native women? Provide specific examples in your answer [e.g., opened an*

*office with two full-time staff].)*

Page 31.

**Questions 39 and 40 are optional.**

**PLEASE LIMIT YOUR RESPONSE TO TWO PAGES FOR EACH QUESTION.**

 **39. Provide additional information regarding the effectiveness of your grant-funded program.** *(If you have other data or information that you have not already reported in answers to previous questions that demonstrate the effectiveness of your Tribal Coalitions Program grant, please provide it below. Refer*

*to the separate instructions for a fuller explanation and examples.)*

Page 33.

**40. Provide any additional information that may provide explanation about the data submitted.** *(If you have any information that could be helpful in understanding the data submitted, please answer this question. For example, if two grant reports were submitted, you may explain how the data was ap- portioned to each report; if you funded staff but did not report any activities, 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.)*

**Public Reporting Burden**

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Report on the status of the goals and objectives for the tribal coalitions **- Question #36**

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**Goals/Objectives**

**Status**

**Key Activities**

**Comments**

**Goals/Objectives**

**Key Activities**

**Comments**

**Status**

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Report on the status of the goals and objectives for the tribal coalitions **- Question #36 (cont. 1)**

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**Goals/Objectives**

**Status**

**Key Activities**

**Comments**

**Goals/Objectives**

**Key Activities**

**Comments**

**Status**

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Report on the status of the goals and objectives for the tribal coalitions **- Question #36 (cont. 2)**

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**Goals/Objectives**

**Status**

**Key Activities**

**Comments**

**Goals/Objectives**

**Key Activities**

**Comments**

**Status**

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What do you see as the most significant areas of remaining need, with regard to improving services to vic- tims/survivors of sexual assault, domestic violence/dating violence; and stalking; increasing victims/survi- vors safety; and enhancing community response (including offender accountability for both batterers and sex offenders? **- Question #37**

OMB Clearance # 1121-0284

Expiration Date: 10/31/2007

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What do you see as the most significant areas of remaining need, with regard to improving services to vic- tims/survivors of sexual assault, domestic violence/dating violence, and stalking; increasing victims/survi- vors safety; and enhancing community response (including offender accountability for both batterers and sex offenders? **- Question #37 (cont.)**

OMB Clearance # 1121-0284

E

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OMB Clearance # 1121-

0/31/2007

What has the Tribal Coalitions funding allowed you to do or maintain that you could not do without receiving this funding? **- Question #38**

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What has the Tribal Coalitions funding allowed you to do or maintain that you could not do without receiving this funding? **- Question #38 (cont.)**

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ICBacR to lnstructionsj

OMB Clearance # 1122-0011 Expiration Date: 06/30/2011

Provide additional information regarding the effectiveness of your grant-funded program. **- Question** #39

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ICBacR to lnstructionsj

OMB Clearance # 1122-0011 Expiration Date: 06/30/2011

Provide additional information regarding the effectiveness of your grant-funded program. **- Question** #39

**(cont.)**

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Expiration Date: 06/30/2011

Provide a ny additional information that may provide explanation about the data submitted. - **Question #40**

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BacR to lnstructionsj

OMB Clearance # 1122-0011 Expiration Date: 06/30/2011

Provide a ny additional information that may provide explanation about the data submitted. - **Question #40**

**(cont.)**

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Validate

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