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

SEMI-ANNUAL PROGRESS REPORT FOR

**Grants to State Sexual Assault and Domestic Violence Coalitions Program**

**Brief Instructions:** This form must be completed for each Grants to State Sexual Assault and Domestic Violence Coali- tions Program (State Coalitions Program) 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 and D of this form must be completed by all grantees. In section A, subsection A1 must be answered 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 you only provided training and technical assistance with staff funded under this grant during the current reporting period, you would complete sections A, B, C1, C5, and D (and answer ‘no’ in C2-C4 and C6-C8); or, (2) if you provided training and technical assistance with staff funded under this grant and grant-funded staff developed products during the current reporting period, you would complete sections A, B, C1, C3, C5, and D (and

answer ‘no’ in C2, C4, C6-C8).

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

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

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## **GENERAL INFORMATION**

**SECTION**

**A1**

**Grant Information**

### All grantees must complete this subsection.

1. **Date of report** *(format date with 6 digits (01/31/04))*



|  |  |  |
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|  |  |  |  |

### **Current reporting period**

✔ **January 1-June 30**

✔ **July 1-December 31 (Year)**

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 **3. Grantee name 4. Grant number** *(the federal grant number assigned to your State Coalitions Program grant)*

 **5. Type of grantee organization** *(Check one.)*

Dual Sexual Assault/Domestic Violence Coalition Sexual Assault Coalition

Domestic Violence Coalition

 **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. What percentage of your total operating budget is funded by the State Coalitions Program grant?**

(Do not include pass-through funding that the coalition awards to local sexual assault or domestic violence pro-

grams.)

 **8. Coalition members** (Report the total number of organizational members, including sexual assault programs, domestic violence programs, other victim services agencies, and other organizational members, as applicable to your state coalition. Report the total number of individual members, if applicable to your state coalition. Indi- vidual members are individual persons, not programs.)

**Organizational members Number**

Sexual assault programs/rape crisis centers Domestic violence programs

Sexual assault and domestic violence dual programs Tribal victim services agencies

Other victim service providers Other organizational members

Total number of organizational members 0

Total number of individual members

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## **A2 Staff Information**

**SECTION**

### **Were State Coalitions Program funds used to fund staff positions during the current reporting period?**

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

Yes—answer question 9 No—skip to Section B

 **9. Staff** (Report the total number of full-time equivalent (FTE) staff funded by the State Coalitions Program grant during the current reporting period. Report staff by the function(s) performed, not by title or location. Include employees who are part-time and/or 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 administrator in October who was 100% funded with State Coalitions Program funds, you would report that as .5 FTE. 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 for part-time staff and contractors.)

**Staff FTE(s)**

Administrator *(fiscal manager, executive director)*

Attorney

Communications specialist *(public awareness, media relations)*

Information technology staff Paralegal

Program coordinator *(training coordinator, outreach coordinator)*

Support staff (secretary, administrative assistant, accountant, bookkeeper)

Systems advocate

Technical assistance provider Trainer

Translator/interpreter Other *(specify)*:

**TOTAL**

0.00

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## **PROGRAM ACTIVITIES**

**SECTION**

**B**

### All grantees must complete this section.

1. **Program activities** (Check all program activities your State Coalition engaged in during the current reporting period. Check the appropriate box to indicate whether the activity was supported with State Coalitions Program funds or another funding source.)

**State Coalitions Program funded**

**source Program activities**

Providing technical assistance to member programs.

**Other funding**

Expanding the technological capacity of coalitions and/or member programs.

Developing or enhancing appropriate standards of services for member programs, including culturally appropriate services to underserved populations.

Conducting statewide, regional and/or community-based meetings or workshops for victim advocates, survivors, legal service providers, and criminal justice representatives.

Bringing local programs together to identify gaps in services and to coordinate activities.

Increasing the representation of underserved populations in coordination activities, including providing financial assistance to organizations that serve underserved communities to participate in planning meetings, task forces, committees, etc.

Engaging in activities that promote coalition building at the local and/or state level.

Coordinating federal, state and/or local law enforcement agencies to develop or enhance strategies to address identified problems.

1. **Other activities** (List all other activities, not included in question 10, that your State Coalition Program grant engaged in during the current reporting period. Check the appropriate box to indicate whether the activity was supported with State Coalitions Program funds or another funding source.)

**State Coalitions Program funded**

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**Other funding**

**source Activity**

a.

b.

c.

d.

e.

f.

## **FUNCTION AREAS**

**SECTION**

**C1**

**Training**

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

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

Yes—answer questions 12-15 No—skip to C2

For 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 victims/survivors as it re- lates to their role in the system. **Education** means providing general information that will increase public aware- ness of sexual assault, dating violence, domestic violence, or stalking. In this subsection, report information on training activities. Educational activities should be reported in subsection C4 Public Awareness.

 **12. Type and number of training events provided** (Report the number of statewide, regional, and community- based training events by the type of training that were either provided by State Coalitions Program-grant funded staff or directly supported with State Coalitions Program funds. Staff development training provided to State Co- alitions Program-funded staff should not be counted. Use the SA/DV columns if training events focused on both sexual assault and domestic violence.)

**Type of training Total number of training events**

**Statewide Regional Community-based**

Computer-based training Conferences Teleconferences Videoconferences Workshops/seminars Other *(specify)*:

**Sexual assault**

**Domestic violence/ dating violence**

**SA/ DV**

**Sexual assault**

**Domestic violence/ dating violence**

**SA/ DV**

**Sexual assault**

**Domestic violence/ dating violence**

**SA/ DV**

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**13. Number of people trained** (Report the number of people trained during the current reporting period by State Coalitions Program-funded staff or training supported by State Coalitions Program funds. Use the category that is most descriptive of the people attending the training event. If you do not know how many people to report in spe- cific categories, you may report the overall number in “Multidisciplinary.” Please use only as a last resort. State Coalitions Program-funded staff attending training should not be counted. Total person-hours are calculated by multiplying the number of people trained by the length of the individual training event.)

### **People trained Number Person-hours**

Advocacy organization staff *(NAACP, AARP)* Attorneys/law students *(does not include prosecutors)* Batterer intervention program staff

### Board members

Child welfare workers/children’s advocates

Corrections personnel *(probation, parole, and correctional facilities staff)*

Court personnel *(judges, clerks)* Educators *(teachers, administrators, etc.)* Faith-based organization staff

Government agency staff *(vocational rehabilitation, food stamps, TANF)*

#### Health professionals (doctors, nurses, does not include sexual assault forensic examiners (SAFE) or sexual assault nurse examiners (SANE))

Immigration organization staff Law enforcement officers

Legal services staff *(does not include attorneys)*

### Mental health professionals Military command staff

Multidisciplinary *(various disciplines at same training)*

### Prosecutors

Sex offender treatment program staff

Sexual assault forensic examiners/sexual assault nurse examiners

#### (SAFE/SANE)

Social service organization staff *(non-governmental – food bank, homeless shelter)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Substance abuse treatment provider |  |  |  |  |  |  |
| Translators/interpreters |  |  |  |  |
| Tribal government/tribal government agency staff |  |  |  |  |  |  |

#### Victim advocates (non-governmental, includes domestic violence, sexual assault, dual)

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Victim assistants *(governmental, includes victim-witness specialist/ coordinator)*

Volunteers Other *(specify)*: **TOTAL**

0 0.00

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OMB Clearance # 1121-0280 Expiration Date: 07/31/2004

 **14. Training content areas** (Indicate all topics addressed in training events provided with your State Coalitions Pro- gram funds during the current reporting period. Check all that apply.)

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

Advocate response Child witnesses Confidentiality Cyberstalking

Dating violence overview, dynamics, and services Domestic violence overview, dynamics, and services Drug facilitated sexual assault

Forensic evidence collection and documentation Mandatory reporting requirements

Response to victims/survivors who are incarcerated Response to victims/survivors who have been trafficked Safety planning for victims/survivors

Sexual assault overview, dynamics, and services Stalking overview, dynamics, and services Supervised visitation and exchange

Other *(specify)*:

**Justice system**

Civil court procedures Criminal court procedures

Decreasing dual arrests/identifying predominant aggressor

Domestic violence statues/codes Firearms and domestic violence Immigration

Judicial response

Law enforcement response Pro-arrest policies Probation response Prosecution response

Protection orders *(including full faith and credit)*

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

Tribal jurisdiction and Public Law 280 Other *(specify)*:

**Underserved populations**

Issues specific to victims/survivors who:

live in rural areas

are American Indian or Alaska Native are Asian

are black or African American are elderly

are Hispanic or Latino

are homeless or living in poverty

are immigrants, refugees, or asylum seekers

are lesbian, gay, bisexual, transgender, or intersex

are Native Hawaiian or other Pacific Islander have disabilities

have limited English proficiency have mental health issues have substance abuse issues Other *(specify)*:

**Organizational community response** Board roles and fiduciary responsibilies Collaboration

Coordinated community response Community response to sexual assault Discrimination and oppression issues Emergency preparedness

Evaluation

Outreach to diverse/underserved populations Program accessibility

Program rules

Response teams *(DART, DVRT, SART)*

Safety planning Standards of service Strategic planning Technology

Technology safety issues

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

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 **15. (Optional) Additional information** (Use the space below to discuss the effectiveness of training activities funded or supported by your State Coalitions Program grant and to provide any additional information you would like to share about training activities beyond what you have provided in the data above. An example might in- clude a change in how area hospitals respond to victims of domestic violence, dating violence, sexual assault, and stalking after a state-wide training for hospital staff.) (Maximum - 2000 characters)


## **C2 System Advocacy**

**SECTION**

OMB Clearance #1122-0010 Expiration Date: 06/30/2011

**Were your State Coalitions Program funds used for system advocacy during the current reporting period?** Check yes if State Coalitions Program-funded staff engaged in system advocacy or if State Coalitions Program funds directly supported system advocacy. **System advocacy** is an activity intended to affect policy and/or procedural change in order to improve institutional response to sexual assault and/or domestic violence.

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Yes—answer questions 16-19 No—skip to C3

 **16. System advocacy activities** (Indicate the system advocacy activities convened or participated in with State Co- alitions Program funds during the current reporting period. Check all that apply.)

**Systems advocacy Sexual assault Domestic violence/ dating violence**

Appointed, state-level commissions

Community, regional, statewide task force/caucus Multidisciplinary working groups

Project-specific interagency working groups Tribal systems advocacy

Other *(specify)*:

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 **17. Improved system response** (Report the total number of statewide, regional, and local meetings convened and/ or attended by State Coalitions Program-funded staff during the current reporting period.)

**Agency/organization Number of meetings convened**

**Domestic**

**Number of meetings attended**

**Domestic**

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Advocacy organization *(NAACP, AARP)*

Batterer intervention program Child welfare

Corrections *(probation, parole, correctional facility)*

Court *(state or local)*

##### Crime victim compensation Domestic violence program

Dual sexual assault and domestic violence program

Educational institution/organization Faith-based organization

Federal criminal justice

Other federal entities/officials

Government agency *(Social Security, TANF)*

Health/mental health organization Law enforcement *(state or local)*

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

##### Multi-disciplinary group/task force Organizations representing underserved populations

Prosecutor’s office *(state or local)*

##### Sex offender management/sex offender treat- ment provider

Sexual assault forensic examiners/sexual as- sault nurse examiners program *(SAFE/SANE)*

Sexual assault program

Social services organization *(non-governmen- tal - food bank, homeless shelter)*

##### Substance abuse services

Tribal government/tribal government agency University/school

Victims/survivors Other *(specify)*:

**Sexual assault**

**violence/ dating violence**

**Sexual assault**

**violence/ dating**

**violence**

 **18. Coordination activities** (Indicate methods used during the current reporting period to coordinate state victim services activities 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.)

Email E-mail listserv Facsimile Newsletters

Telephone/conference call Toll-free telephone number

Tracking availability of victim services

U.S. mail Webinar Web site

Other *(specify)*:

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 **19. (Optional) Additional information** (Use the space below to discuss the effectiveness of system advocacy activities funded or supported by your State Coalitions Program grant and to provide any additional information you would like to share about your system advocacy activities beyond what you have provided in the data above. An example might include: We convened a multi-disciplinary task force of domestic violence programs, sexual assault programs, and tribal government agencies which met for one in-person and 3 follow-up phone sessions to develop policies and procedures for more effectively serving tribal populations in our state resulting in an on- going collaboration with tribal leaders and a new level of trust.) (Maximum - 2000 characters)

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**C3 Products**

**SECTION**

**Were your State Coalitions Program funds used to develop, substantially revise, or distribute products**

**during the current reporting period?** Check yes if State Coalitions Program-funded staff developed products or if State Coalitions Program funds directly supported the development, revision, or distribution of products.

Yes—answer question 20 No—skip to C4

 **20. Use of State Coalitions Program funds for product development, substantial revision, or distribution** (Report the number of products developed, substantially revised, or distributed with State Coalitions Program grant 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, re- vised, 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 de- veloped or substantially revised during the current reporting period, whether or not they were used or distributed, and on products that were previously developed or revised but were used or distributed during the current report- ing 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**

**Intended**

**Title/topic audience**

**Number used or distributed**

**Other languages**

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Brochures

Manuals

Newsletter

Training curricula

Training materials

Reports

Fact sheets Web site

*(report number of*

*page views in the used or distributed colulmn)*

Videos

Other *(specify)*:

## **C4 Public Awareness**

OMClearance # 111-0280 Expiration Date: 07/31/2004

**SECTION**

### **Were your State Coalitions Program funds used for public awareness activities during the current**

**reporting period?** Check yes if State Coalitions Program-funded staff were used to support public awareness activities or if State Coalitions Program funds were used to directly support public awareness activities.

Yes—answer questions 21-22 No—skip to C5

 **21. Public awareness activities** (Indicate the activities that were supported with State Coalitions Program funds during the current reporting period. Indicate by checking the appropriate box[es] whether the focus of the activity was sexual assault, domestic violence, dating violence, stalking, or a combination of those issues. Check all that apply.)

**Activities Sexual assault Domestic violence/ Stalking dating violence**

Community organizing/community events *(rallies, speak outs, Take Back the Night, vigils)*

Educational exhibits *(Clothesline Project, silent witness, information tables)*

Media campaigns *(press conferences, public ser- vice announcements, articles)*

Productions for public awareness *(video series, theater productions)*

Other *(specify)*:

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 **22. (Optional) Additional information** (Use the space below to discuss the effectiveness of public awareness activities funded or supported by your State Coalitions Program grant and to provide any additional information you would like to share about your public awareness activities beyond what you have provided in the data above. An example might include developing a video series documenting the most effective advocacy provided to victims in rural communities, resulting in more awareness of the challenges and successes involved in this work being brought to community events, and training sessions.) (Maximum - 2000 characters)


## **C5 Technical Assistance**

OMB Clearance # 1121-0280 Expiration Date: 07/31/2004

**SECTION**

### **Were your State Coalitions Program funds used to provide technical assistance during the current**

**reporting period?** Check yes if State Coalitions Program-funded staff provided technical assistance or if State Coali- tions Program funds directly supported the provision of technical assistance.

Yes—answer questions 23-25 No—skip to C6

 **23. Number of technical assistance activities** (Report the total number of technical assistance activities pro- vided 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 counted as one activity.)

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

**assistance consultations**

Batterer intervention program

Corrections *(probation, parole, and correctional facility)*

Court *(state or local)* Disability organization Domestic violence program

Dual sexual assault and domestic violence pro- gram

Elder organization

Faith-based organization Forensic examiner program Government agency

Health care provider *(excluding forensic examiner)*

##### Immigration organization

Law enforcement *(state or local)*

##### Legal services/attorneys/law students Mental health care provider

Military command staff Other state coalition

Prosecutor’s office *(state or local)*

##### Sexual assault program Stalking program

Tribal sexual assault or domestic violence pro- gram

University/school Youth program Other *(specify)*:

**TOTAL** 0 0

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 **24. Topics of technical assistance** (Check the topics that apply to technical assistance provided with State Coali- tions Program funds during the current reporting period. The technical assistance provided may be categorized by more than one topic. Check all that apply.)

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

Board development Civil codes

Coordinated community response Court response

Creating/sustaining diverse organizations Criminal codes

Curricula and training issues

Developing or enhancing appropriate services for elder victims

Developing or enhancing appropriate services for victims who have disabilities

Developing or enhancing culturally appropriate services for underserved populations

Forensic evidence collection and documentation Grant writing/reporting

Law enforcement response Local policies and practices Program development Program evaluation

Probation and parole response 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 Standards of service

State policies and practices

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

Technology safety and security

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

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 **25. (Optional) Additional information** (Use the space below to discuss the effectiveness of technical assistance activities funded or supported by your State Coalitions Program grant and to provide any additional information you would like to share about your technical assistance activities beyond what you have provided in the data above. An example might include site visits to organizations working with older women in 3 counties to document best practices when working with older victims of domestic violence, resulting in open conversations with those providing services and requests for more training on effective advocacy for this underserved population) (Maximum - 2000 characters).

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## **C6 Standards of Service**

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**SECTION**

### **Were your State Coalitions Program funds used to develop or enhance standards of service for**

**member programs/agencies during the current reporting period?** Check yes if State Coalitions Program-fund- ed staff were used to develop or enhance standards of service or if State Coalitions Program funds were used to directly support the development or enhancement of standards of service.

Yes—answer question 26 No—skip to C7

 **26. Development or enhancement of standards of service for member programs/agencies** *(Indicate if State Coalitions Program funds were used to develop, implement, or enhance standards of service or provide training on standards of service for member programs. Check all that apply.)*

**Sexual assault Domestic violence**/

**dating Violence**

Developing standards of service for member programs/agencies Implementing standards of service for members

Enhancing standards of service for member programs/agencies Training on standards of service for members

## **C7 Underserved Populations**

**SECTION**

### **Were your State Coalitions Program funds used to develop or enhance standards of service for under-**

**served populations or to encourage the representation of underserved populations in coordination activi- ties during the current reporting period?** Check yes if State Coalitions Program-funded staff were used to develop or enhance services for underserved populations or if State Coalitions Program funds directly supported representation of underserved populations in coordination activities.

Yes—answer questions 27-29 No—skip to C8

 **27. Activities addressing underserved populations** (Check all activities in which State Coalitions Program funds were used to develop or enhance services for underserved populations or to encourage the representation of un- derserved populations in coordination services. Check the boxes in the appropriate columns to indicate whether the activities you engaged in were for sexual assault or domestic violence programs/services.)

**Activity Sexual assault Domestic violence/ dating violence**

Developing/distributing materials for underserved populations Developing policy

Identifying gaps in services Identifying underserved populations

Increasing organizational capacity for anti-oppression work

Supporting representatives of historically underserved groups to participate in meetings

Coordinating a task force/caucus to address issues concerning un- derserved populations

Training/technical assistance regarding culturally appropriate services for historically underserved populations

Other *(specify)*:

 **28. Underserved populations** *(Indicate which underserved populations were addressed in the activities indicated in question 27. Check all that apply.)*


### Victims/survivors who:

live in rural areas

are American Indian or Alaska Native are Asian

are black or African American are elderly

are Hispanic or Latino

are homeless or living in poverty

are immigrants, refugees, or asylum seekers

are lesbian, gay, bisexual, transgender, or intersex are Native Hawaiian or other Pacific Islander

have disabilitites

have limited English proficiency have mental health issues have substance abuse issues Other *(specify)*:

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 **29. (Optional) Additional information** (Use the space below to discuss the effectiveness of activities to reach un- derserved populations funded or supported by your State Coalitions 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: We are identifying gaps in service for immigrants and refugees in our state through inter- views with service providers for this underserved population. This has resulted in the identification of the need to include immigrants and refugees in two upcoming meetings to develop action steps.) (Maximum - 2000 characters)


## **Organizational Development and Capacity Building**

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**C8**

**SECTION**

**Were your State Coalitions Program funds used for organizational development and/or capacity building during the current reporting period?** Check yes if State Coalitions Program-funded staff were used for organiza- tional development and/or capacity building activities or if State Coalitions Program funds were used to directly support organizational development and/or capacity building.

Yes—answer questions 30-31 No—skip to Section D

 **30. Coalition development and capacity building** *(Check all of the activities that were engaged in with State Co- alitions Program funds during the current reporting period.)*

Anti-oppression work Board of directors

Communication *(TTY, language lines, etc.)*

Emergency preparedness

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

Evaluation/outcome measures Identifying gaps in services

Internet capacity/e-mail accounts/listserv Office space

Outreach to diverse/underserved populations Personnel policies

Software purchase or development Staff development

Strategic planning

Technology security and safety Toll-free telephone line

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

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

Yes No

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# **D**

**SECTION**

### **All grantees must answer question 32.**

**NARRATIVE**

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

 **32. Report on the status of the goals and objectives for the State Coalitions Program grant.** (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 explanation you feel is neces- sary 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.)

Click here to answer

**All grantees must answer questions 33 and 34 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.** (Maximum 8000 characters)

 **33. What do you see as the most significant areas of remaining need with regard to improving services to victims/survivors o**f **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, types of victimization, and challenges and barriers unique to your state.)

Click here to answer

 **34. What has the State 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 gaps in services, improve culturally appropriate services to underserved populations, staff coalition office full time, or increase the*

participation rate of historically underserved communities in coordination meetings? Provide specific examples in

your answer.)

Click here to answer

**Questions 35-36 are optional.**

**Please limit your response to two pages for each question.** (Maximum 8000 characters)

 **35. Provide any additional information that you would like us to know about your State Coalitions Pro- gram grant and/or the effectiveness of your grant.** *(If you have other data or information regarding your program that would more fully or accurately reflect the effectiveness of your State Coalitions Program grant than the data you have been asked to provide on this form, answer this question. If you have not already done so else- where on this form, you may want to report on systems-level changes, community collaboration, the removal or reduction of barriers and challenges for victims/survivors, use of volunteers and/or interns to complete activities,*

promising practices, and positive or negative unintended consequences.)

Click here to answer

 **36. 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 you funded staff—e.g., trainers—but did not report any corresponding training 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.)

Click here to answer

**Public Reporting Burden**

**Paperwork Reduction Act Notice.** Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete and file this form is 60 minutes per form. If you have comments regarding the accuracy of this esti- mate, or suggestions for making this form simpler, you can write to the Office on Violence Against Women, U.S. Department of Justice, 800 K Street, NW, Washington, DC 20531.

**THIS IS A SAMPLE GMS FORM. DO NOT USE THIS FORM TO SUBMIT YOUR FINAL DA**O**T**M**A**B**T**C**O**le**O**a**V**ra**W**n**.**ce # 1122-0010

Expiration Date: 06/30/2011

Report on the status of the goals and objectives for the State Coalitions Program grant. Question 32.

Back to Question

**Status**

(completed, in progress,delayed, revised)

**Goals/Objectives** (Describe your goals and objectives, as outlined in your grant proposal, or as revised)

**Key Activities**

**Comments** (successes, challenges, explanations)

###### Status

(completed, in progress,delayed, revised)

**Goals/Objectives** (Describe your goals and objectives, as outlined in your grant proposal, or as revised)

###### Key Activities

**Comments** (successes, challenges, explanations)

OMB Clearance # 1122-0010

Expiration Date: 06/30/2011

Report on the status of the goals and objectives for the State Coalitions Program grant. Question 32 (cont.)

Back to Question

**Status**

(completed, in progress,delayed, revised)

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###### Key Activities

**Comments** (successes, challenges, explanations)

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Expiration Date: 06/30/2011

Report on the status of the goals and objectives for the State Coalitions Program grant. Question 32 (cont.)

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OMB ClearanceNo.: 1121-

0280

Expiration Date: 07/31/2004

**Status**

(completed, in progress,delayed, revised)

**Goals/Objectives** (Describe your goals and objectives, as outlined in your grant proposal, or as revised)

###### Key Activities

**Comments** (successes, challenges, explanations)

###### Status

(completed, in progress,delayed, revised)

**Goals/Objectives** (Describe your goals and objectives, as outlined in your grant proposal, or as revised)

###### Key Activities

**Comments** (successes, challenges, explanations)

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Expiration Date: 06/30/2011

Report on the status of the goals and objectives for the State Coalitions Program grant. Question 32 (cont.)

**Status**

(completed, in progress,delayed, revised)

**Goals/Objectives** (Describe your goals and objectives, as outlined in your grant proposal, or as revised)

###### Key Activities

Back to Question

**Comments** (successes, challenges, explanations)

###### Status

(completed, in progress,delayed, revised)

**Goals/Objectives** (Describe your goals and objectives, as outlined in your grant proposal, or as revised)

###### Key Activities

**Comments** (successes, challenges, explanations)

OMB Clearance # 1122-0010 Expiration Date: 06/30/2011

OMB Clearance # 1121-028 Expiration Dat e: 07/31/2004

What do you see as the most significant areas of remaining need with regard to improving services to victims/survivors of sexual as- sault, domestic violence, dating violence, and stalking, increasing victim/survivor safety, and enhancing community response (includ-

ing offender accountability for both batterers and sex offenders)? **Question #33**

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OMB Clearance # 1122-0010 Expiration Date: 06/30/2011

OMB Clearance # 1121-0280 Expiration Date: 07/31/2004

What do you see as the most significant areas of remaining need with regard to improving services to victims/survivors of sexual as- sault, domestic violence, dating violence, and stalking, increasing victim/survivor safety, and enhancing community response (includ-

ing offender accountability for both batterers and sex offenders)? **Question #33 (cont.)**

Back to Question

What has the State Coalitions Program funding allowed you to do or maintain that you could not do without receiving this funding?

**Question** #34 I Bae!< to QuesnOrtj

What has the State Coalitions Program funding allowed you to do or maintain that you could not do without receiving this funding? Question #34 (cont.) ICBacl< to Quesuotfj

Provide any additional information that you would like us to know about your State Coalitions Program grant and/or the effectiveness of your grant. **Question** #35 ICBack to QuestionJ

Provide any additional information that you would like us to know about your State Coalitions Program grant and/or the effectiveness of your grant. **Question #35 (cont.)** I Back to Quest1on j

Provide any additional information that you would like us to know about the data submitted. **Question #36 1** Bae!< fo Question **j**

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Provide any additional information that you would like us to know about the data submitted. **Question #36 (cont.)**

I Bacl<to QuestiottJ

O OMB Clearance No.: 1122-0010

MB ClearanceNo.: 1121-0280

piration Date: 07/31/2004

Ex Expiration Date: 06/30/2011

Validate