OMB Control No: 0970-XXXX Expiration Date: XX/XX/XXXX

Grantee: (Name of Organization)

Domestic Victims of Human Trafficking Program Data

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Case Management-Categories of Assistance	Number of Clients	Total Funds Spent	% of Project Budget
Advocacy			#DIV/0!
Case Management			#DIV/0!
Child Care			#DIV/0!
Clothing (Basic Necessities)			#DIV/0!
Crisis Intervention			#DIV/0!
Dental Health			#DIV/0!
Education			#DIV/0!
Employment and Job Skills			#DIV/0!
Family Reunification			#DIV/0!
Food (Basic Necessities)			#DIV/0!
Financial Assistance			#DIV/0!
Housing/Shelter			#DIV/0!
Interpreter/Translator			#DIV/0!
Legal			#DIV/0!
Life Skills			#DIV/0!
Medical Care/Physical Health			#DIV/0!
Mental/Behavioral Health			#DIV/0!
Personal Care Items (Basic Necessities)			#DIV/0!
Safety Planning			#DIV/0!
Substance Use Assessment/Treatment			#DIV/0!
Traditional Healing/Cultural Practices			#DIV/0!
Transportation			#DIV/0!
Vision Care			#DIV/0!
Other			#DIV/0!
Total Direct Convices Spanding	-	¢ -	

Reporting Period Start Date: (mm/dd/yyyy)

Reporting Period End Date: (mm/dd/yyyy)

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Total Grantee Budget for Project