

**U.S. Department of Justice  
Office on Violence Against Women  
SEMI-ANNUAL PROGRESS REPORT FOR**

**TRIBAL SEXUAL ASSAULT SERVICES PROGRAM  
VIOLENCE AGAINST WOMEN GRANT PROGRAM**

Brief Instructions: This form must be completed for each Tribal Sexual Assault Services Program (T-SASP) grant received. The grant administrator or coordinator must ensure that the form is fully completed with regard to all grant-funded activities. Grant partners, however, may complete sections relevant to their portion of the grant. Grant administrators or coordinators are responsible for compiling and submitting a single report that reflects all information collected from grant partners.

All grantees should read 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 E and subsections A1 and C1 of this form must be completed by all grantees. In subsections A2, C2, and C3 and section D, grantees must answer an initial question about whether they engaged in certain activities during the current reporting period. If the response is yes, then the grantee must complete that section/subsection. If the response is no, the rest of that section/subsection is skipped.

*For example, if you are an agency providing victim services and policy development, you would complete A1, A2, B, C1, C2, D, and E (and answer 'no' in C3 if you are not funded to develop or revise products).*

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

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

SECTION		Page Number
Section A:	General Information	1
	A1: Grant Information	1
	A2: Staff Information	2
Section B:	Purpose Areas	3
Section C:	Function Areas	4
	C1: Coordinated Community Response	4
	C2: Policies	7
	C3: Products	9
Section D:	Victim Services	10
Section E:	Narrative	17

**SECTION**  
**A1**

### GENERAL INFORMATION

#### Grant Information

All grantees must complete this subsection.

1. **Date of report**       (format date with 6 digits – 01/31/09)
  
2. **Current reporting period**  January 1-June 30  July 1-December 31  (Year)
  
3. **Grantee name** \_\_\_\_\_
  
4. **Grant number** \_\_\_\_\_  
(List the federal grant number assigned to your T-SASP grant)
  
5. **Type of funded organization**  
(Check the one answer that best describes the organization receiving the T-SASP grant.)
  - Tribal government
  - Tribal organization
  - Non-profit tribal organization
  
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 tribal populations(s) is(are) served by this grant?**

**SECTION**  
**A2**

## Staff Information

**Were your T-SASP grant funds used to fund staff positions during the current reporting period?**

(Check yes if T-SASP funds were used to pay staff, including part-time staff and contractors.)

- Yes—answer question 8  
 No—skip to section B

**8. Staff**

(Report the total number of full-time equivalent (FTE) staff funded by the T-SASP 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 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 advocate in October who was 100% funded with T-SASP funds, you would report that as .50 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 and prorate FTEs.)

Staff	FTE(s)
Administrator (fiscal manager, executive director)	<input type="text"/>
Counselor	<input type="text"/>
Legal advocate (does not include attorney or paralegal)	<input type="text"/>
Program coordinator (training coordinator, volunteer coordinator, hotline coordinator, victim services coordinator)	<input type="text"/>
Support staff (administrative assistant, bookkeeper, accountant)	<input type="text"/>
Translator/interpreter	<input type="text"/>
Tribal cultural specialist	<input type="text"/>
Victim advocate	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

SECTION **B**

## PURPOSE AREAS

All grantees must complete this section.

**9. Statutory purpose areas**

(Check all purpose areas that apply to activities supported with T-SASP funds during the current reporting period.)

Check ALL that apply	Purpose Areas
<input type="checkbox"/>	To establish programs and projects to assist victims of sexual assault
<input type="checkbox"/>	To maintain assistance for victims of sexual assault
<input type="checkbox"/>	To expand assistance for victims of sexual assault

**SECTION C1**

**FUNCTION AREAS**  
**Coordinated Community Response**

All grantees must complete this subsection.

**10. Coordinated community-based response activities supported by T-SASP Program grant funds during the current reporting period**

(Check the appropriate boxes to indicate the agencies, organizations, or groups that you: provided victim/survivor referrals to, received referrals from, engaged in consultation with, provided technical assistance to, and/or attended meetings with, during the current reporting period, according to the usual frequency of the interactions. If the interactions were not part of a regular schedule, you will need to estimate the frequency with which these interactions occurred during the current reporting period. In the last column, indicate the agencies or organizations with which you have a collaboration for purposes of your T-SASP grant. If T-SASP funded staff participated in a task force or work group, indicate that under "Meetings" by checking the frequency of the meetings and the types of organizations participating.)

Agencies/organizations/ groups	Victims/survivor referrals, consultations, technical assistance			Meetings			Collaborative partners
	Daily	Weekly	Monthly	Weekly	Monthly	Quarterly	
Non-profit, non-governmental Indian victim services program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-profit, tribal domestic violence/dating violence or sexual assault coalition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's advisory committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community advocacy organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrections ( <i>probation, parole and correctional facility staff</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court ( <i>federal</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court ( <i>local or state</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court ( <i>tribal</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational institutions/youth programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith/spiritual-based organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health/mental health organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law enforcement ( <i>federal</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law enforcement ( <i>local or state</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law enforcement ( <i>tribal</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal organization ( <i>legal services, bar association, law school</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Agencies/organizations/ groups	Victims/survivor referrals, consultations, technical assistance			Meetings			Collaborative partners
	Daily	Weekly	Monthly	Weekly	Monthly	Quarterly	
Prosecutor ( <i>federal</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutor ( <i>local or state</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutor ( <i>tribal</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social service organizaton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal elders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal government agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal housing authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ( <i>specify</i> ): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10a. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of coordinated community response [CCR] activities funded or supported by your T-SASP grant and to provide any additional information you would like to share about your CCR activities beyond what you have provided in the data above and how these activities increase the safety of American Indian/Alaska Native women.) (Maximum – 2000 characters)*

SECTION  
**C2**

## Policies

**Were your T-SASP funds used to develop, substantially revise, or implement policies or protocols during the current reporting period?**

*(Check yes if T-SASP funded staff developed, substantially revised, or implemented policies or protocols, or if T-SASP funds were used to directly support the development, revision, or implementation of policies or protocols.)*

- Yes—answer questions 11-12  
 No—skip to C3

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

*(Check all that apply.)*

- Advocate response to emergency room
- Appropriate response to victims/survivors to avoid or eliminate re-traumatization
- Appropriate response to victims/survivors with substance abuse issues and/or mental health diagnoses
- Appropriate response to victims/survivors who are D/deaf or hard of hearing
- Appropriate response to victims/survivors who are elderly or have disabilities
- Appropriate use of translators/interpreters
- Confidentiality
- Forensic exams not billed to victims/survivors
- Mandatory training standards for staff and volunteers
- Procedures for anonymous, confidential, or Jane Doe reporting of sexual assault
- Routine screening and referrals for sexual assault
- Victim/survivor informed about Crime Victims Compensation and Victim Impact Statements
- Other (*specify*):



**12. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of policies you have developed or implemented that were funded or supported by your T-SASP grant and to provide any additional information you would like to share about your activities relating to the developing, revising, or implementing of policies beyond what you have provided in the data above. An example might include an increase in the number of American Indian/Alaska Native victims/survivors who are D/deaf seeking services from your agency following implementation of a protocol on interpretation that you helped to develop.) (Maximum 2,000 characters)*



## Products

**Were your T-SASP funds used to develop, substantially revise, and/or distribute products during the current reporting period?**

Check yes if T-SASP funded staff developed revised and/or distributed products or if T-SASP funds directly supported the development, revision, or distribution of products.

- Yes—answer question 13  
 No—skip to section D

**13. Use of T-SASP funds for product development, substantial revision, and/or distribution**

(Report the number of products developed, substantially revised, and/or distributed with T-SASP 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, revised, and/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 during the current reporting period whether or not they were used or distributed, and on products that were previously developed or revised that 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.”)

Product	Number developed or revised	Title/topic	Intended audience	Number used or distributed	Languages
Outreach material (brochures, pamphlets, information packets, posters, television/radio/other media spots, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Website	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## VICTIM SERVICES

All grantees must complete this section.

Count only victims/survivors served and victim services/activities provided by T-SASP funded staff or supported with T-SASP funds.

**14. Number of primary victims/survivors of sexual assault served, partially served, and victims/survivors seeking services who were not served.**

*Please do not answer this question without referring to the separate instructions for further explanation and examples of how to distinguish among these categories. (Report the following, to the best of your ability, as an unduplicated count for each category during the current reporting period. This means that each victim/survivor who was seeking services or who received services during the current reporting period should be counted only once in that reporting period. For purposes of this question, victims/survivors are those against whom the sexual assault was directed. Do not report secondary victims here.)*

Primary victims/survivors of sexual assault	TOTAL
<b>A. Served:</b> Victims/survivors who received the service(s) they requested, if those services were funded by your T-SASP grant	<input type="text"/>
<b>B. Partially served:</b> Victims/survivors who received some service(s), but not all of the services they requested, if those services were funded by your T-SASP grant	<input type="text"/>
<b>TOTAL SERVED and PARTIALLY SERVED (14A + 14B)</b>	<input type="text"/>
<b>C. Victims/survivors seeking services who were not served:</b> Victims/survivors who sought services and did not receive the service(s) they were seeking, if those services were funded by your T-SASP grant	<input type="text"/>

**15. Number of secondary victims served**

*Please do not answer this question without referring to the separate instructions for further explanation and for examples of how and when to report secondary victims. (Report the following, to the best of your ability, as an unduplicated count for each category during the current reporting period. This means that each secondary victim who received services during the current reporting period should be counted only once. For purposes of this question, secondary victims are those who are collaterally affected by the victimization—e.g., children, siblings, spouses, intimate partners, grandparents, other affected relatives, friends, neighbors, etc.—**except** for the perpetrator of such victimization. Secondary victims do not need to be connected with a primary victim who is receiving services.*

Secondary victims	TOTAL
Secondary victims who received service(s) funded by your T-SASP grant	<input type="text"/>

**16. Reasons that primary victims/survivors seeking services were not served or were partially served**  
(Check all that apply.)

Reasons not served or partially served	
<input type="checkbox"/>	Conflict of interest
<input type="checkbox"/>	Did not meet statutory requirements
<input type="checkbox"/>	Hours of operation
<input type="checkbox"/>	Insufficient/lack of culturally appropriate services
<input type="checkbox"/>	Insufficient/lack of language capacity ( <i>including sign language</i> )
<input type="checkbox"/>	Insufficient/lack of services for victims/survivors who are D/deaf or hard of hearing
<input type="checkbox"/>	Insufficient/lack of services for victims/survivors with disabilities
<input type="checkbox"/>	Lack of child care
<input type="checkbox"/>	Program reached capacity
<input type="checkbox"/>	Program rules not acceptable to victim/survivor
<input type="checkbox"/>	Program unable to provide service due to limited resources/priority-setting
<input type="checkbox"/>	Services inappropriate or inadequate for victims/survivors with mental health issues
<input type="checkbox"/>	Services inappropriate or inadequate for victims/survivors with substance abuse issues
<input type="checkbox"/>	Services not appropriate for victim/survivor
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Other ( <i>specify</i> ): <input type="text"/>

**17. Demographics of primary victims/survivors served or partially served**

*(Based on the primary victims/survivors reported in 14A and 14B, report the total numbers for all that apply. Because victims/survivors may identify in more than one category of race/ethnicity, the total for Race/ethnicity may exceed the total number of victims/survivors reported in 14A and 14B. However, the total number of victims/survivors reported under Race/ethnicity should not be less than the total number of victims/survivors reported in 14A and 14B. The total number of victims/survivors reported under "Gender" and the total number reported under "Age" should equal the total number of victims/survivors reported in 14A and 14B. Those victims/survivors for whom gender, age, and/or race/ethnicity are not known should be reported in the "Unknown" category. Do not report demographics for secondary victims.)*

<b>Race/ethnicity (Victims/survivors should not be counted more than once in either the category "American Indian or Alaska Native" or the category "Native Hawaiian or other Pacific Islander.")</b>	<b>Number of victims/survivors</b>
American Indian or Alaska Native	<input type="text"/>
Asian	<input type="text"/>
Black or African American	<input type="text"/>
Hispanic or Latino	<input type="text"/>
Native Hawaiian or other Pacific Islander	<input type="text"/>
White	<input type="text"/>
Unknown	<input type="text"/>
<b>TOTAL RACE/ETHNICITY</b>	<input type="text"/>
<b>Gender</b>	<b>Number of victims/survivors</b>
Female	<input type="text"/>
Male	<input type="text"/>
Unknown	<input type="text"/>
<b>TOTAL GENDER</b>	<input type="text"/>
<b>Age</b>	<b>Number of victims/survivors</b>
0-6	<input type="text"/>
7-12	<input type="text"/>
13-17	<input type="text"/>
18-24	<input type="text"/>
25-59	<input type="text"/>
60+	<input type="text"/>
Unknown	<input type="text"/>
<b>TOTAL AGE</b>	<input type="text"/>
<b>Other demographics</b>	<b>Number of victims/survivors</b>
People with disabilities	<input type="text"/>
People who are D/deaf or hard of hearing	<input type="text"/>
People with limited English proficiency	<input type="text"/>
People who live in rural areas	<input type="text"/>

**18. Victims/survivors' relationships to offender**

Victim/survivor's relationship to offender	Number of relationships
Current or former spouse or intimate partner	<input type="text"/>
Other family or household member ( <i>son/daughter, stepson/stepdaughter, sibling, etc.</i> )	<input type="text"/>
Dating relationship	<input type="text"/>
Acquaintance ( <i>neighbor, employee, co-worker, student, schoolmate, etc.</i> )	<input type="text"/>
Stranger	<input type="text"/>
Relationship unknown	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

**19. Victim services**

Type of service	Number of victims/ survivors served
Civil legal advocacy/court accompaniment (Assisting a victim/survivor with civil legal issues, including preparing paperwork for a protection order and accompanying victim/survivor to a protection order hearing, administrative hearing, or other civil court proceeding.)	<input type="text"/>
Counseling/support group (Short-term individual or group counseling or support provided by a volunteer, peer, or professional.)	<input type="text"/>
Criminal justice advocacy/court accompaniment (Assisting a victim/survivor with criminal legal issues, including notifying the victim/survivor of case status, hearing dates, plea agreements, and sentencing terms; preparing paperwork such as victim impact statements; accompanying a victim/survivor to a criminal court proceeding or law enforcement interview; advocacy with probation/parole/corrections; supporting victims/survivors through the sex offender management process; and all other advocacy within the criminal justice system.)	<input type="text"/>
Crisis intervention (Crisis intervention is a process by which a person identifies, assesses, and intervenes with an individual in crisis so as to restore balance and reduce the effects of the crisis in her/his life. In this category, report crisis intervention that occurs in person and/or over the telephone.)	<input type="text"/>
Cultural advocacy (Activities such as sweat lodge, talking circles, wellness gatherings, cultural ceremonies, etc.)	<input type="text"/>
Employment counseling (Actions designed to assist a victim/survivor in obtaining employment, e.g., coaching on career options, skills training, job searches, resume-writing, marketing, job interviews, and preservation of employment.)	<input type="text"/>
Financial counseling (Actions designed to assist a victim/survivor with issues related to improving credit, retiring debt, setting up bank accounts, managing household finances, negotiating with lenders or landlords, developing budgets, managing financial assets, making major purchases such as a home or auto, filing tax returns.)	<input type="text"/>
Hospital/clinic/other medical response (Accompanying a victim survivor to or meeting a victim/survivor at a hospital, clinic, or medical office)	<input type="text"/>
Job training (Providing training in specific employment-related skills to a victim/survivor, e.g., on computer literacy.)	<input type="text"/>
Language services (Interpretation, translation)	<input type="text"/>
Material assistance (Providing victims/survivors with clothing, food, personal items, etc.)	<input type="text"/>
Transportation (Provision of transportation, either directly or through bus passes, taxi fares, or other means of transportation)	<input type="text"/>
Victim/survivor advocacy (Actions designed to assist the victim/survivor in obtaining support, resources, or services, including employment, housing, shelter services, health care, victim's compensation, school/education, etc.)	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>

**20. Hotline calls/information and referral**

(Report the number of hotline calls and requests for information and referral received from primary victims, and the total number of hotline calls received, on phone lines paid for with T-SASP funds or answered by T-SASP funded staff, during the current reporting period. Primary victims whose calls are reported here should not be reported as victims served in question 14 unless they also received at least one of the services listed in question 19, Victim services. Victims/survivors who receive services such as crisis intervention or victim advocacy over the telephone, in addition to basic hotline information and/or referrals, should also be reported in question 19. Hotline calls that include victim advocacy or crisis intervention services are those that require more time than the average call and involve a more intensive focus on the immediate needs and situation of the victim. For examples of when to report only the hotline call and when to report both the hotline call and a service or services in question 19, see separate instructions.)

	Number of calls/requests from primary victims/survivors	Total number of calls/requests
Hotline calls (Crisis or information and referral calls received by an agency's hotline or office telephone.)	<input type="text"/>	<input type="text"/>
Web-based information and referral	<input type="text"/>	<input type="text"/>
Walk-in information and referral	<input type="text"/>	<input type="text"/>

**21. Outreach to victims/survivors**

(Report the number of unsolicited letters, phone calls, or visits to victims/survivors of specific incidents of sexual assault, informing them of services and/or providing information. Victims/survivors who are the recipients of these outreach activities should not be reported as victims served in question 14 unless they also received at least one of the services reported in question 19 Victim services. Victims/survivors who receive services such as advocacy over the telephone should be reported in question 19.)

	Number of outreach activities to victims/survivors
Outreach to victims/survivors (Unsolicited letters, phone calls, or visits.)	<input type="text"/>

**22. Protection orders**

(Report the total number of temporary and/or final protection orders requested and granted for which T-SASP funded victim services staff provided assistance to victims/survivors during the current reporting period. These orders may also be referred to as protection from abuse, protection from harassment or anti-harassment orders, restraining orders, or no-contact or stay-away orders.)

Protection orders	Temporary orders	Final orders
Number requested	<input type="text"/>	<input type="text"/>
Number granted	<input type="text"/>	<input type="text"/>



**23. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of victim services funded or supported by your T-SASP grant and to provide any additional information you would like to share about your victim services activities beyond what you have provided in the data above. An example might include that your agency, as a result of T-SASP funding, was able to provide culturally appropriate medical accompaniment to an increased percentage of sexual assault survivors. This resulted in a higher percentage of survivors from the population you serve also seeking additional support services.)*

SECTION  
**E****NARRATIVE****All grantees must answer question 24.**

PLEASE LIMIT YOUR RESPONSES TO THE SPACE PROVIDED (8,000 CHARACTERS) FOR EACH QUESTION.

**24. Report on the status of your T-SASP grant goals and objectives as of the end of the current reporting period.**

*(Report succinctly 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 briefly on your successes and challenges, and provide any additional explanation 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.)*

**All grantees must answer questions 25, 26 and 27 on an annual basis. Submit this information on the January to June reporting form only.**

PLEASE LIMIT YOUR RESPONSES TO THE SPACE PROVIDED (8,000 CHARACTERS) FOR EACH QUESTION.

**25. What services or resources do you provide that are specifically tailored to reach the American Indian and/or Alaska Native populations you serve?****26. What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors of sexual assault, increasing victims/survivors safety, and enhancing community response (including offender accountability for sex offenders)?**

*(Consider geographic regions, service delivery systems, jurisdictional issues, and challenges and barriers unique to your service area and the population you serve.)*

**27. What has T-SASP funding allowed you to do that you could not do prior to receiving this funding? (e.g., expand coordination and cross-referrals with sexual assault agencies in your community.)****Questions 28 and 29 are optional.**

PLEASE LIMIT YOUR RESPONSES TO THE SPACE PROVIDED (8,000 CHARACTERS) FOR EACH QUESTION.

**28. Provide any additional information that you would like us to know about your T-SASP grant and/or the effectiveness of your grant.**

*(If you have any other data or information that you have not already reported in answer to previous questions that demonstrate the effectiveness of your T-SASP funded program please provide it below. Refer to separate instructions for a fuller explanation and examples.)*

**29. 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 reported staff—e.g., victim advocates—but did not report any corresponding victim services, you may explain why; or if you did not use T-SASP 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**

**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 estimate, 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.

Report on the status of your T-SASP grant goals and objectives for the current and objectives as of the end of the current reporting period.

**Question #24**

<b>Goals/Objectives (1,750 characters)</b>	<b>Status</b> <input type="text"/>
<b>Key Activities (1,750 characters)</b>	
<b>Comments (500 characters)</b>	

<b>Goals/Objectives (1,750 characters)</b>	<b>Status</b> <input type="text"/>
<b>Key Activities (1,750 characters)</b>	
<b>Comments (500 characters)</b>	

Report on the status of your T-SASP grant goals and objectives for the current and objectives as of the end of the current reporting period.

**Question #24 (cont.)**

<b>Goals/Objectives (1,750 characters)</b>	<b>Status</b> <input type="text"/>
<b>Key Activities (1,750 characters)</b>	
<b>Comments (500 characters)</b>	

<b>Goals/Objectives (1,750 characters)</b>	<b>Status</b> <input type="text"/>
<b>Key Activities (1,750 characters)</b>	
<b>Comments (500 characters)</b>	

Report on the status of your T-SASP grant goals and objectives for the current reporting period.

**Question #24 (cont. 2)**

<b>Goals/Objectives (1,750 characters)</b>	<b>Status</b> <input type="text"/>
<b>Key Activities (1,750 characters)</b>	
<b>Comments (500 characters)</b>	

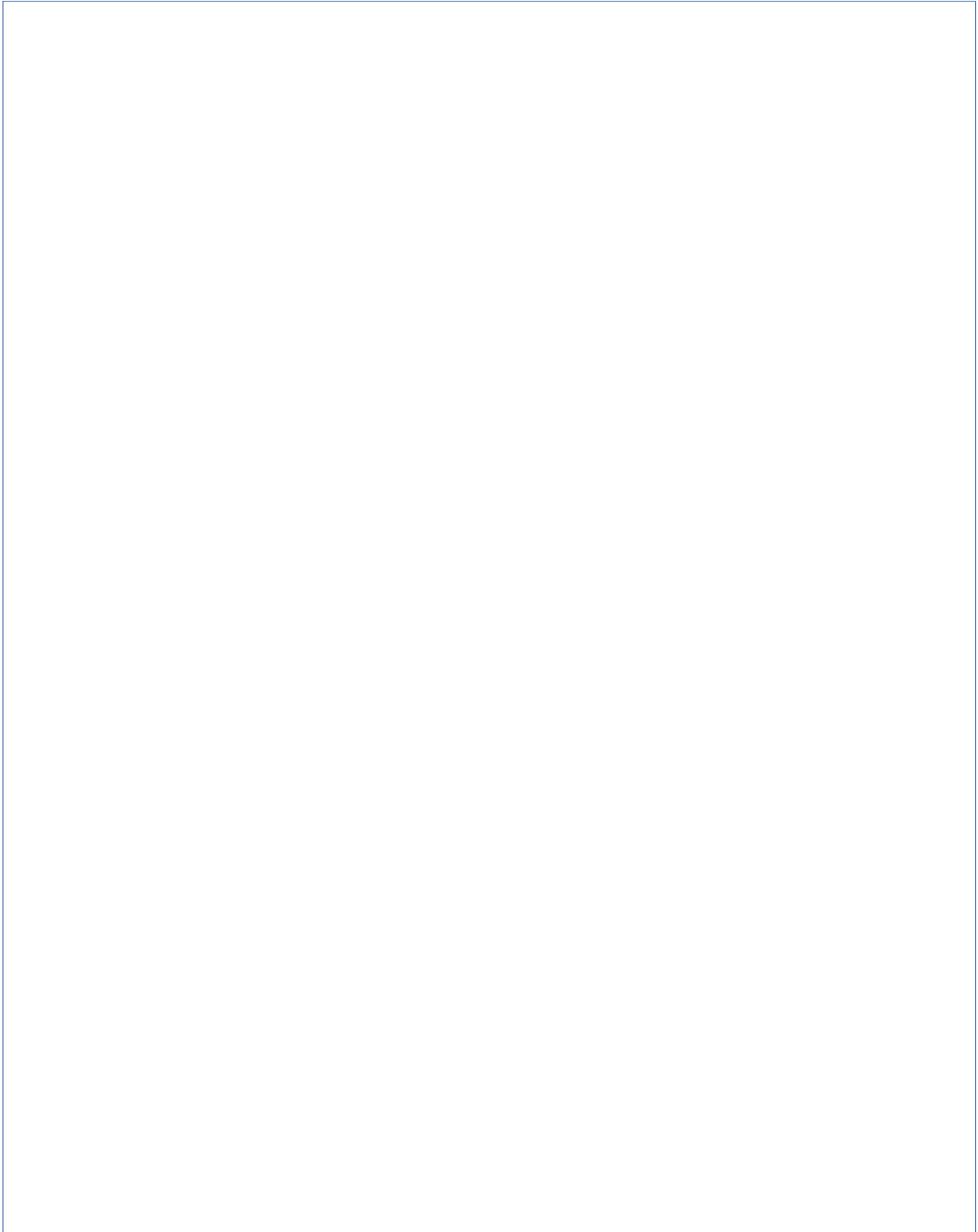
<b>Goals/Objectives (1,750 characters)</b>	<b>Status</b> <input type="text"/>
<b>Key Activities (1,750 characters)</b>	
<b>Comments (500 characters)</b>	

What services or resources do you provide that are specifically tailored to reach the American Indian and/or Alaska Native populations you serve?

**Question #25**

What services or resources do you provide that are specifically tailored to reach the American Indian and/or Alaska Native populations you serve?

**Question #25 (cont.)**



What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors of sexual assault, increasing victims/survivors safety, and enhancing community response (including offender accountability for sex offenders)?

**Question #26**



What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors of sexual assault, increasing victims/survivors safety, and enhancing community response (including offender accountability for sex offenders)?

**Question #26 (cont.)**

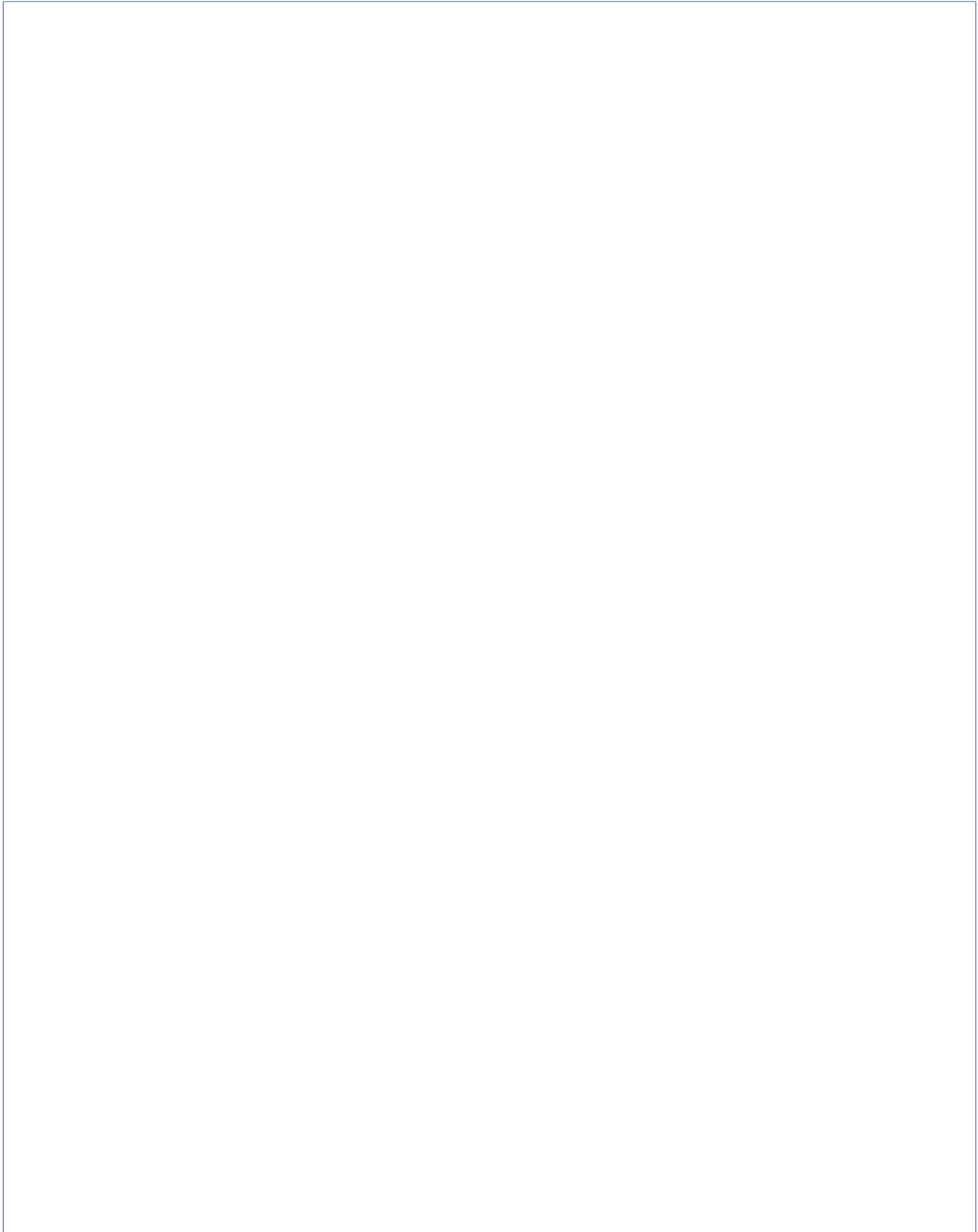
What has T-SASP funding allowed you to do that you could not do prior to receiving this funding?

**Question #27**



What has T-SASP funding allowed you to do that you could not do prior to receiving this funding?

**Question #27 (cont.)**



Provide any additional information that you would like us to know about your T-SASP grant and/or the effectiveness of your grant.

**Question #28**

Provide any additional information that you would like us to know about your T-SASP grant and/or the effectiveness of your grant.

**Question #28 (cont.)**

Provide any additional information that you would like us to know about the data submitted.

**Question #29**

Provide any additional information that you would like us to know about the data submitted.

**Question #29 (cont.)**

**THIS IS A SAMPLE GMS FORM. DO NOT USE THIS FORM TO SUBMIT YOUR FINAL DATA TO OVW.**

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