OMB Control Number: 0970-0467 Expiration Date: 11/30/2018



## **Trafficking Victim Assistance Program Grantee Training Reporting Form**

Complete each section of the form detailing trainings the grantee provided during the reporting period.

	G	ra	n	t	е	е	:
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Reporting Period Start Date	Reporting Period End Date	Report Type	

#### **Grant Management Training Topics**

Record the total number of occasions each topic was covered in trainings provided by grantee.

Building a Community Referral Network and Partnership Building

Data Collection, Management, and Reporting

Introduction to Grant Program and Onboarding

Outreach Strategies

Program Policy, Protocol, and Administration

### **Service Delivery and Access Training Topics**

Record the total number of occasions each topic was covered in trainings provided by grantee.

Approaches, Strategies, and Special Considerations for Working with Victims

Available Services/Benefits and Strategies for Self Sufficiency

HHS Certification, Eligibility, and Other HHS Resources

How to Access Legal Services and Remedies

Human Trafficking 101: Definition,

and itemedie

Types, Laws, and Indicators

## Other

#### **Total Number of Trainings Provided**

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

## **Training Audience**

Record the total number of professionals trained by grantee within each profession during the reporting period.

Behavioral Health Child Welfare

Education Faith-Based

Government (local, state, or federal) Health Care

Housing Law Enforcement

Legal Private Sector

Public Health Social Services

Students (Higher Education) Tribal

Other

## Type of Relationship Between Grantee and Trainee

Record the total number of trainings provided during the reporting period by type of relationship with the trainees.

Intra-Agency Formal Partner

Informal Partner Other (No Partnership)

# **Training Evaluation Results**

Percentage of Training Participants who Demonstrated Knowledge Increase from Assessm
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Describe the method and results of your training evaluations