

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

**Sexual Assault Services
Formula Grant Program**

Brief Instructions: This form must be completed for all Sexual Assault Services Formula Grant Program (SASP Program) subgrants received. The grant administrator or coordinator must ensure that the form is fully completed.

All subgrantees should read each section to determine which questions they must answer, based on the staffing and activities supported under this subgrant during the current reporting period. Subsection A1 and sections B, D, and E must be completed by all subgrantees. In subsection A2 and section C, subgrantees must answer an initial question about whether they engaged in certain activities during the current reporting period. If the response is yes, then the subgrantee must complete that section or subsection. If the response is no, the rest of that section or subsection is skipped.

For example, if you are an agency providing victim services using a SASP Program-funded advocate, you would complete A1, A2, B, D, and E (and answer “no” in C, if you did not use SASP Program funds to develop, revise, or distribute informational materials).

The activities of volunteers or interns should be reported if they were coordinated or supervised by SASP Program-funded staff or if SASP Program 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: Informational Materials | 4 |
| Section D: Victim Services | 5 |
| Section E: Narrative | 12 |

SECTION **A1**

GENERAL INFORMATION

Grant Information

All subgrantees must complete this subsection.

1. **Date of report** (format date with 6 digits - 01/31/09)

2. **Current reporting period** January 1-December 31 (Year)

3. **Subgrantee name** _____

4. **Subgrant number(s) for each subgrant award under which activities were supported during the current reporting period**
(List the numbers for all subgrants supporting activities during the current reporting period.)

5. **Type of funded organization**
(Check the one answer that best describes the organization receiving the SASP Program subgrant.)
 - Community-based organization
 - Dual program (sexual assault and domestic violence)
 - Sexual assault/dual coalition
 - Sexual assault program
 - Tribal coalition
 - Tribal sexual assault program
 - Other (specify):

- 5a. **Is this a faith-based organization?**
 Yes No

- 5b. **Does the funded organization receive its subgrant from a State or Territory Sexual Assault Coalition?**
 Yes No

6. **Point of contact**
(person responsible for the day-to-day coordination of the subgrant)
First name _____ MI _____ Last name _____
Agency/organization name _____
Address _____
City _____ State _____ Zip code _____
Telephone _____ Facsimile _____
E-mail _____

7. **Does this grant specifically address Alaska Native/American Indian tribal populations?**
(Check yes if your SASP Program subgrant focuses on tribal populations, and indicate which tribes or nations you serve or intend to serve.)
 Yes No **If yes, which tribes/nations:**

SECTION
A2

Staff Information

Were your SASP Program funds used to fund staff positions during the current reporting period?

Check yes if SASP Program 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 SASP 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 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 SASP Program funds, you would report that as .25 FTE. Report all FTEs in decimals, not percentages. One FTE is equal to 2,080 hours—40 hours per week x 52 weeks. See separate instructions for examples of how to calculate FTEs.)

| Staff | FTE(s) |
|--|----------------------|
| Administrator (<i>fiscal manager, executive director</i>) | <input type="text"/> |
| Children's advocate | <input type="text"/> |
| Counselor | <input type="text"/> |
| Legal advocate (<i>does not include attorney or paralegal</i>) | <input type="text"/> |
| Outreach worker | <input type="text"/> |
| Program coordinator (<i>training coordinator, volunteer coordinator, hotline coordinator, victim services coordinator</i>) | <input type="text"/> |
| Support staff (<i>bookkeeper, accountant, administrative assistant</i>) | <input type="text"/> |
| Translator/interpreter | <input type="text"/> |
| Victim advocate (<i>non-governmental</i>) | <input type="text"/> |
| Other (<i>specify</i>): <input type="text"/> | <input type="text"/> |
| TOTAL | <input type="text"/> |

SECTION **B**

PURPOSE AREAS

All subgrantees must complete this section.

9. Statutory purpose areas

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

| Check ALL that apply | Purpose areas |
|--------------------------|--|
| <input type="checkbox"/> | 24-hour hotline services providing crisis intervention and referral |
| <input type="checkbox"/> | Accompaniment and advocacy through medical, criminal justice, and social support systems, including medical facilities, police, and court proceedings |
| <input type="checkbox"/> | Crisis intervention, short-term individual and group support services, and comprehensive service coordination and supervision to assist sexual assault victims and family or household members |
| <input type="checkbox"/> | Information and referral to assist the sexual assault victim and family or household members |
| <input type="checkbox"/> | Community-based, linguistically and culturally specific services and support mechanisms, including outreach activities for underserved communities |
| <input type="checkbox"/> | The development and distribution of materials on issues related to the services described above |

SECTION C

INFORMATIONAL MATERIALS

Were your SASP Program funds used to develop, substantially revise, or distribute informational materials regarding services provided by the funded organization during the current reporting period?

Check yes if SASP Program-funded staff developed, substantially revised, or distributed such materials or if SASP Program funds directly supported the development, revision, or distribution of such materials.

- Yes—answer question 10
- No—skip to section D

10. Use of SASP Program funds for development, substantial revision, or distribution of informational materials

(Report the number of materials developed, substantially revised, or distributed with SASP Program funds during the current reporting period that describe or promote the services provided by the funded organization. Do not report materials or products designed to train professionals or educate victims about the dynamics of sexual assault or other issues related to sexual assault. Report the number of new materials developed or substantially revised during the current reporting period; the title/topic and intended audience for each type of material developed, revised, or distributed; and the number of materials used or distributed. If materials were created in or translated into a language other than English, including Braille, indicate the language. Report on materials that were newly developed or revised during the current reporting period whether or not they were used or distributed, and on materials that were previously developed or revised and used or distributed during the current reporting period. Do not report the number of materials printed or copied; only report the number developed or revised—in most cases that number will be one for each informational item 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.”)

| Materials | Number developed or revised | Title/topic | Intended audience | Number used or distributed | Other languages |
|--|-----------------------------|----------------------|----------------------|----------------------------|----------------------|
| Outreach material (brochures, pamphlets, information packets, posters, tv/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"/> |
| Promotional products (wallet cards, key rings, whistles, 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 (indicate the number of page views in the number used or distributed column) | <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"/> |

SECTION **D**

VICTIM SERVICES

All subgrantees must complete this section.

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

11. Number of primary victims/survivors 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 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 | TOTAL |
|---|----------------------|
| A. Served: Victims/survivors who received the service(s) they requested, if those services were funded by your SASP Program subgrant | <input type="text"/> |
| B. Partially served: Victims/survivors who received some service(s), but not all of the services they requested, if those services were funded by your SASP Program subgrant | <input type="text"/> |
| TOTAL SERVED AND PARTIALLY SERVED (11A + 11B) | <input type="text"/> |
| C. Victims/survivors seeking services who were not served: Victims/survivors who sought grant-funded service(s) and did not receive the grant-funded services they were seeking, if those services were funded by your SASP Program subgrant | <input type="text"/> |

12. 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 indirectly affected by the sexual assault—e.g., children, siblings, spouses or 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 SASP Program subgrant | <input type="text"/> |

13. Reasons that the 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"/> |

14. Demographics of primary victims/survivors served or partially served

(Based on the primary victims/survivors reported in 11A and 11B, 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 11A and 11B. However, the total number of victims/survivors reported under Race/ethnicity should not be less than the total number of victims/survivors reported in 11A and 11B. 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 11A and 11B. Those victims 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.)

| Race/ethnicity <i>(Victims/survivors should not be counted more than once in either the category "American Indian or Alaska Native" or in the category "Native Hawaiian or other Pacific Islander.")</i> | Number of victims/survivors |
|---|------------------------------------|
| 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"/> |
| TOTAL RACE/ETHNICITY | <input type="text"/> |
| Gender | Number of victims/survivors |
| Female | <input type="text"/> |
| Male | <input type="text"/> |
| Unknown | <input type="text"/> |
| TOTAL GENDER | <input type="text"/> |
| Age | Number of victims/survivors |
| 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"/> |
| TOTAL AGE | <input type="text"/> |
| Other demographics | Number of victims/survivors |
| 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 are immigrants/refugees/asylum seekers | <input type="text"/> |
| People who live in rural areas | <input type="text"/> |

15. Victims/survivors' relationships to offender by victimization

| Victim/survivor's relationship to offender | Number of victim/survivor relationships |
|---|---|
| Current or former spouse or intimate partner | <input type="text"/> |
| Other family or household member (<i>son/daughter, stepson/daughter, 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"/> |
| TOTAL | <input type="text"/> |

16. Victim services

(Report the number of primary victims/survivors from 11A and 11B who received SASP Program-funded services during the current reporting period. Count each victim/survivor only once for each type of service that victim/survivor received during the current reporting period; do not report the number of times that service was provided to the victim/survivor. The total for each type of service should not be higher than [insert total of 11A and 11B], the total of 11A and 11B. Do not report secondary victims receiving services in this question.)

| Type of service | Number of victims/survivors served |
|---|------------------------------------|
| Civil legal advocacy/court accompaniment <i>(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. Does not include advocacy by attorneys and/or paralegals.)</i> | <input type="text"/> |
| Counseling services/support group <i>(Short-term individual or group counseling or support provided by a volunteer, peer, or professional.)</i> | <input type="text"/> |
| Criminal justice advocacy/court accompaniment <i>(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 sex offender management process; and all other advocacy within the criminal justice system.)</i> | <input type="text"/> |
| Crisis intervention <i>(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.)</i> | <input type="text"/> |
| Employment counseling <i>(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)</i> | <input type="text"/> |
| Financial counseling <i>(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, etc.)</i> | <input type="text"/> |
| Hospital/clinic/other medical response <i>(Accompanying a victim/survivor to, or meeting a victim/survivor at a hospital, clinic, or medical office)</i> | <input type="text"/> |
| Job training <i>(Providing training in specific employment-related skills to a victim/survivor, e.g., on computer literacy)</i> | <input type="text"/> |
| Language services <i>(Interpretation, translation)</i> | <input type="text"/> |
| Material assistance <i>(Providing victims/survivors with clothing, food, personal items, etc.)</i> | <input type="text"/> |
| Transportation <i>(Provision of transportation, either directly or through bus passes, taxi fares, or other means of transportation)</i> | <input type="text"/> |
| Victim/survivor advocacy <i>(Actions designed to help the victim/survivor obtain needed support, resources, or services including employment, housing, shelter services, health care, victims' compensation, school/education, etc.)</i> | <input type="text"/> |
| Other (specify): <input type="text"/> | <input type="text"/> |

17. Hotline calls/information and referral

(Report the number of hotline calls received from primary victims/survivors, and the total number of hotline calls received, on phone lines paid for with SASP Program funds or answered by SASP Program-funded staff, during the current reporting period. Primary victims/survivors whose calls are reported here should not be reported as victims served in question 11 unless they also received at least one of the services listed in question 16, 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 16. 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 16, 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"/> |
| Walk-in information and referrals | <input type="text"/> | <input type="text"/> |
| Web-based information and referrals | <input type="text"/> | <input type="text"/> |

18. Outreach to victims/survivors (Report the number of unsolicited letters, phone calls, or visits to victims/survivors of specific incidents of sexual assault identified in police reports or court documents, informing them of services and/or providing information about the criminal justice system. Report only SASP Program-funded outreach activities. Victims/survivors who are the recipients of these notification/outreach activities should not be reported as victims/survivors served in question 11 unless they also received at least one of the services reported in question 16, Victim services. Victims/survivors who receive services such as advocacy over the telephone should be reported in question 16.)

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

19. Protection/restraining orders

(Report the total number of temporary and/or final protection orders requested and granted for which SASP Program-funded victim services staff provided assistance to victims/survivors of sexual assault during the current reporting period. These orders may also be referred to as protection from abuse, protection from harassment or anti-harassment 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"/> |

20. (Optional) Additional information

(Use the space below to discuss the effectiveness of victim services funded or supported by your SASP Program subgrant 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 SASP funding, was able to provide medical accompaniment to an increased number of sexual assault survivors. This resulted in a higher percentage of survivors also seeking additional support services.) (Maximum 2,000 characters)

SECTION
E

NARRATIVE

All grantees must answer questions 21 and 22.

Please limit your responses to the space provided (8,000 characters) for each question.

- 21. 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, underserved populations, service delivery systems, and challenges and barriers unique to your jurisdiction.)
- 22. What has SASP Program funding allowed you to do that you could not do prior to receiving this funding?** *(e.g., expand services to include criminal justice advocacy; expand coordination and cross-referrals with sexual assault agencies in your community)*

Questions 23 and 24 are optional.

Please limit your responses to the space provided (8,000 characters) for each question.

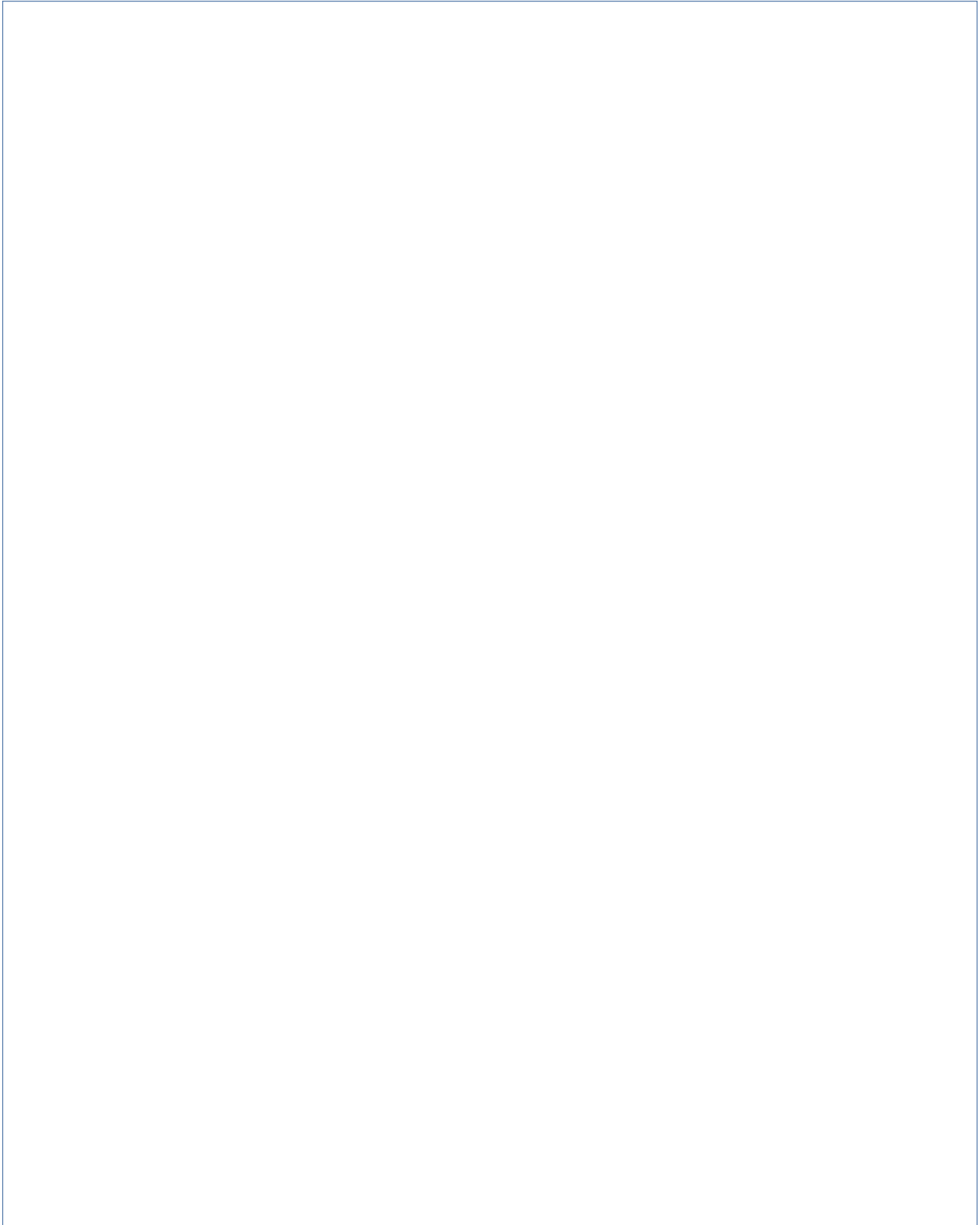
- 23. Provide any additional information that you would like us to know about your SASP Program sub-grant and/or the effectiveness of your grant.**
(If you have any other data or information that you have not already reported in answer to previous questions that demonstrate the effectiveness of your SASP Program-funded program please provide it below.)
- 24. 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 reported staff—e.g., victim advocates—but did not report any corresponding victim services, you may explain why; or if you did not report either staff or activities during the reporting period, please explain.)

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.

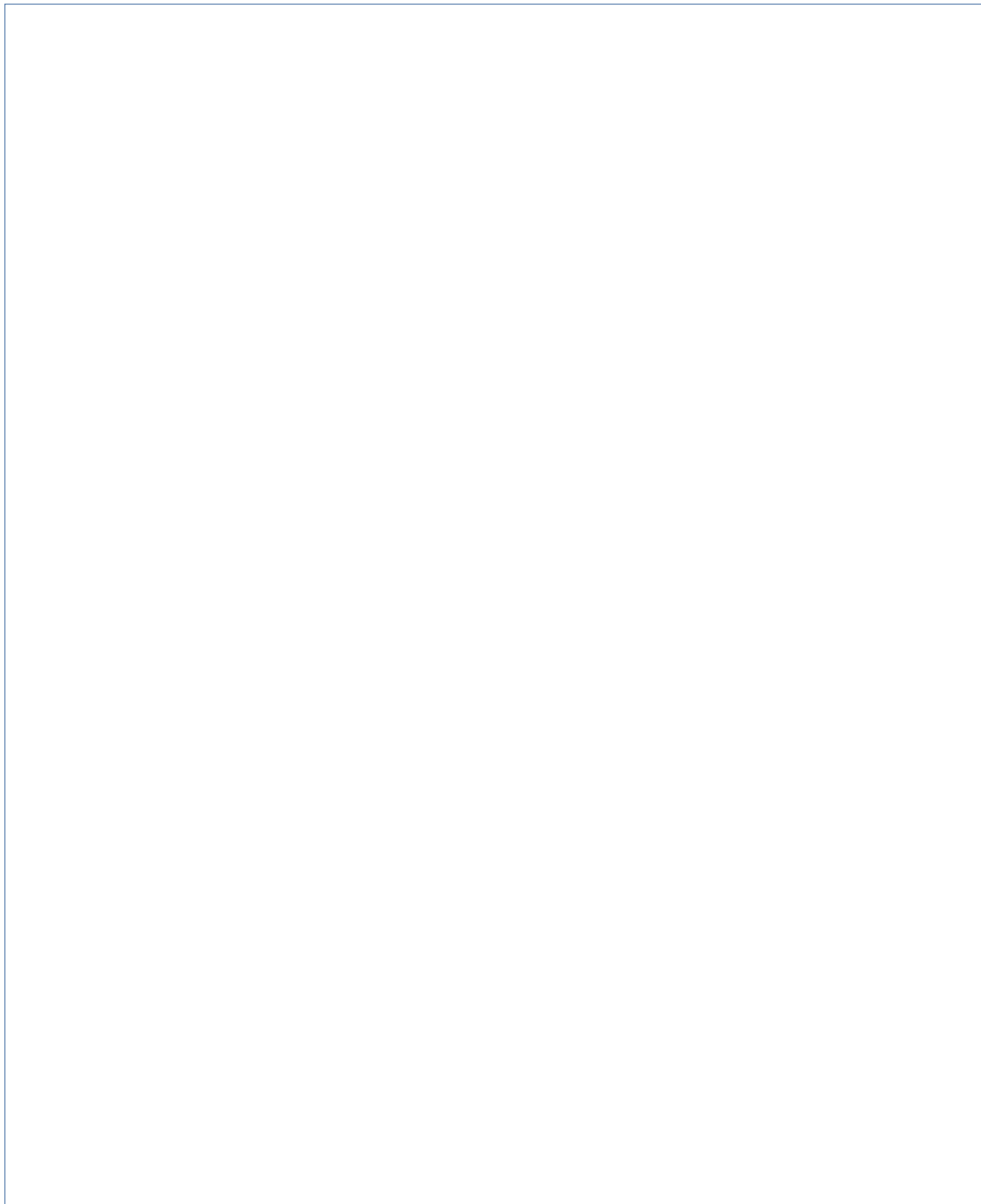
What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors of sexual assault, increasing victims/survivors safety, and enhancing community response (including offender accountability for sex offenders)? **Question #21**

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 #21 (cont.)**



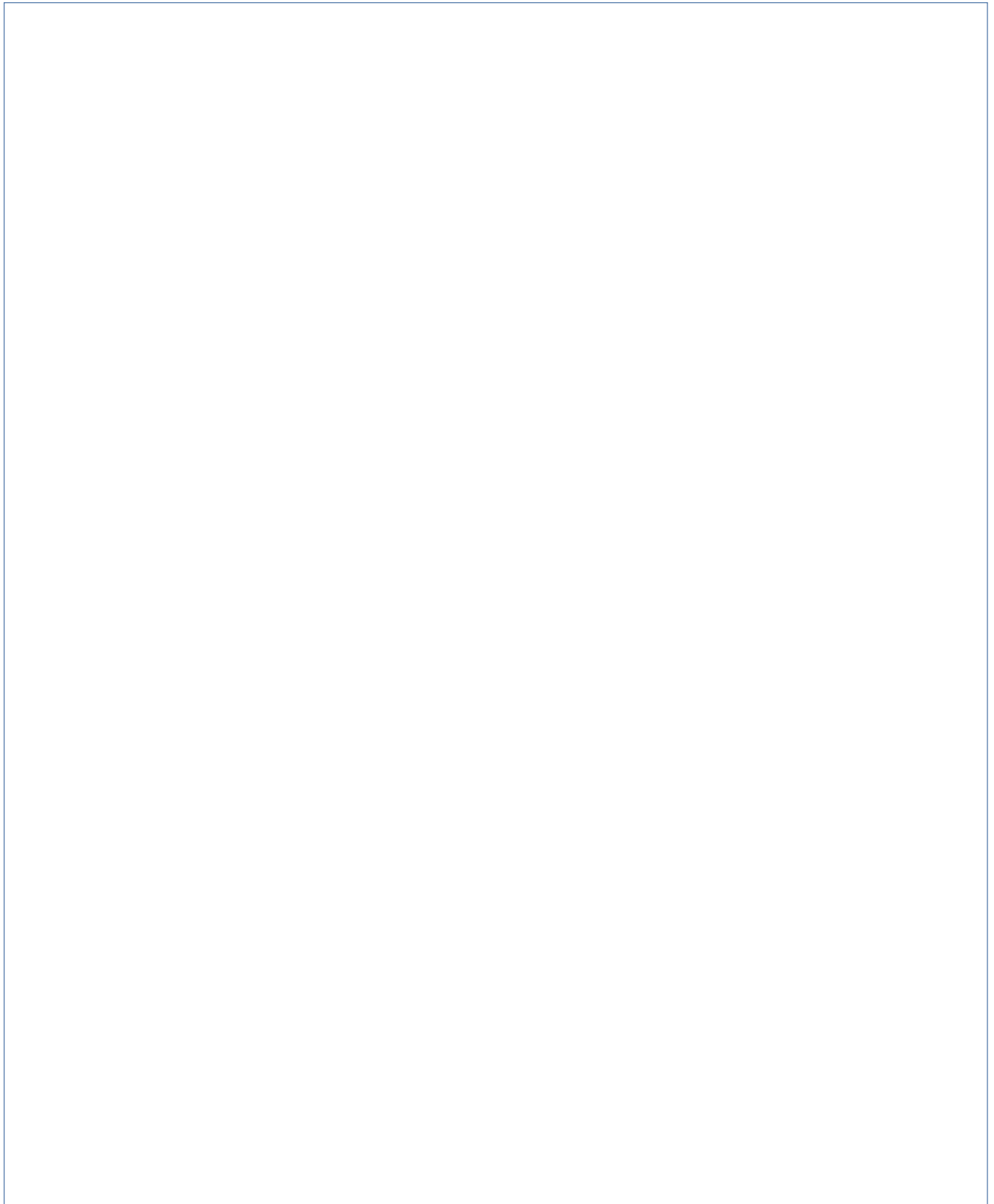
What has SASP Program funding allowed you to do that you could not do prior to receiving this funding?

Question #22



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

Question #22 (cont.)

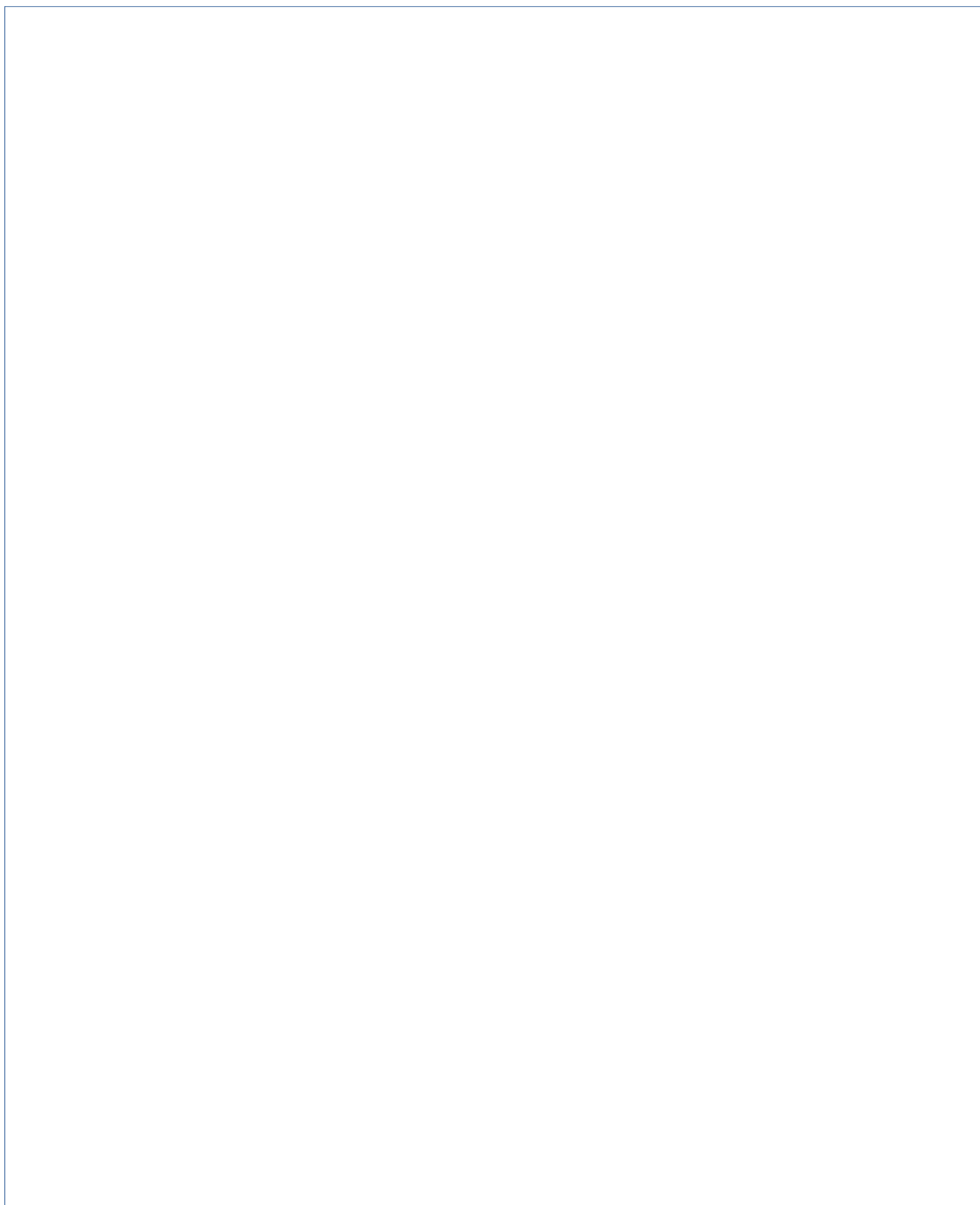


Provide any additional information that you would like us to know about your SASP Program subgrant and/or the effectiveness of your grant. **Question #23**

Provide any additional information that you would like us to know about your SASP Program subgrant and/or the effectiveness of your grant. **Question #23 (cont.)**

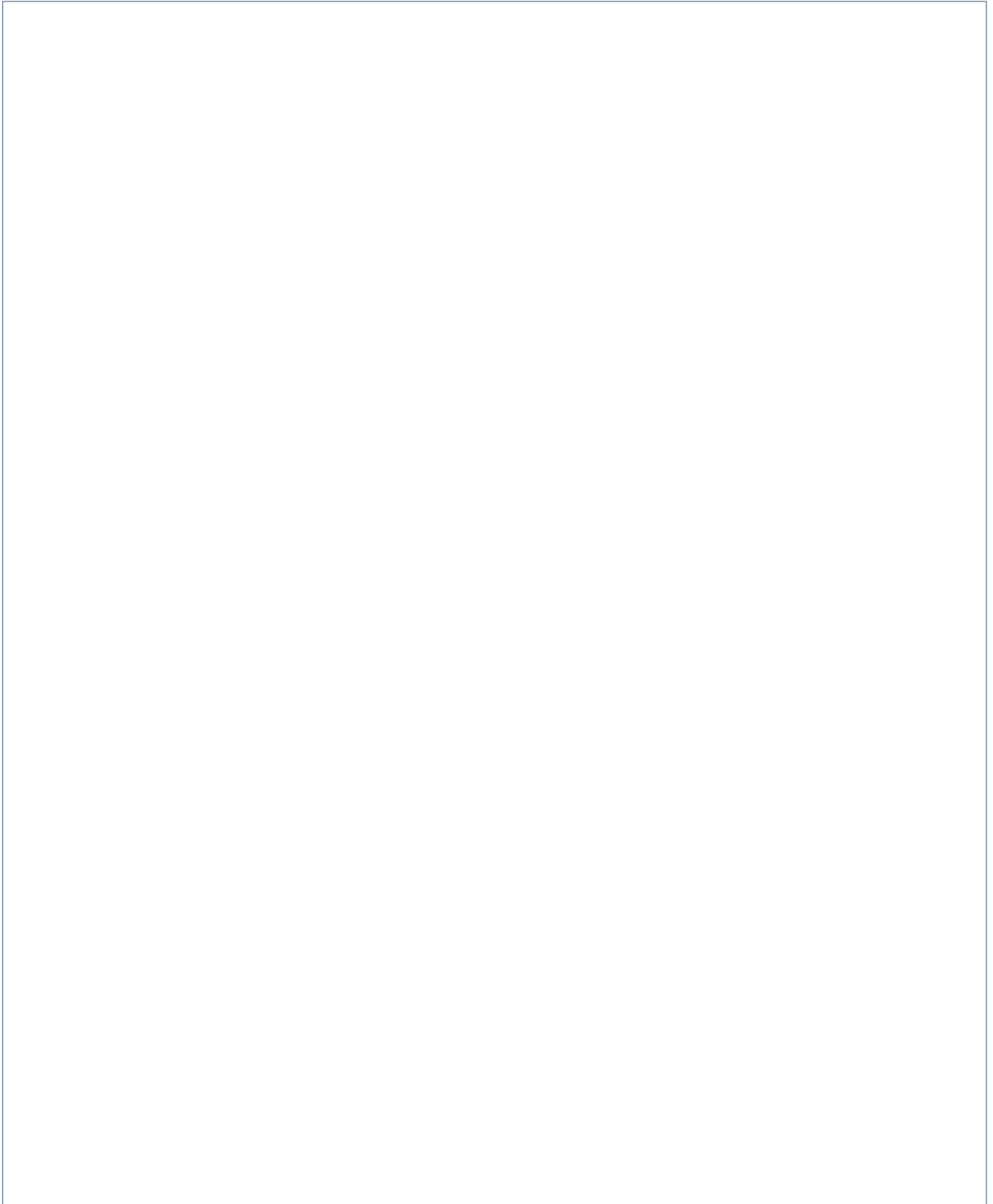
Provide any additional information that you would like us to know about the data submitted.

Question #24

A large, empty rectangular box with a thin blue border, intended for providing additional information related to the data submitted.

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

Question #24 (cont.)

A large, empty rectangular box with a thin blue border, intended for providing additional information related to the data submitted.

