

**American Rescue Plan (ARP) Act Supplemental Funding Survey  
Family Violence Prevention and Services Act (FVPSA) Grantee  
Workforce, Partnerships, and Technical Assistance Needs Survey**

Office of Family Violence Prevention and Services  
Administration for Children and Families  
U.S. Department of Health and Human Services

Thank you for your participation. In an effort to assess implementation of the ARP Act supplemental funding, we would like to request your participation in this survey. The information provided will be used to improve the Office of Family Violence Prevention and Services (OFVPS) training and technical assistance provided to you as a grantee. Please note your participation in this feedback survey is voluntary, and the information provided will be kept private.

Paperwork Reduction Act of 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions.

Please only include information that is funded through the ARP supplemental funding and do not include information that is funded exclusively with FVPSA core annual funding. You may find you have not provided services using ARP funding, so the answer “No” or “O” is acceptable for those questions or categories.

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. The OMB # is 0970-0531 and the expiration date is 09/30/2025. If you have any comments on this collection of information, please contact Sabrina Peña at [sabrina.pena@acf.hhs.gov](mailto:sabrina.pena@acf.hhs.gov) and Holi Dahl at [Holi.Dahl@acf.hhs.gov](mailto:Holi.Dahl@acf.hhs.gov).

## Workforce Support and Capacity Building

**Total number of staff paid using ARP Act supplemental funding:**

*Instructional Note: Each full-time paid staff member should equal 1. If an employee is part-time, please use the numeric value of 0.5.*

	Total
Total number of staff paid using ARP supplemental funding	

**Please share the type and total number of staff paid using FVPSA ARP supplemental funding:**

*Instructional Note: Each full-time paid staff member should equal 1. If an employee is being paid from more than one category, use fractions to denote the allotted time in each (i.e., 0.5 or 0.33). Please enter 0 in in fields that do not apply.*

	Total
ARP DV Services Funding	
ARP COVID-19 Testing, Vaccines, Mobile Health Units Funding	
ARP Sexual Assault Services Funding	
Total	[Auto Sum]

**Types of workforce capacity building and supports being implemented with ARP supplemental funding.**

	Please indicate if your ARP grant funds are supporting this support [Yes/No]	Please indicate the number of staff impacted
Hired more FVPSA funded staff		
Trained staff on COVID-19 mitigation activities: implementation of mobile advocacy services; or virtual/remote services implementation		
Hired bi-lingual staff		
Hired data collection staff/consultant		
Paid Interns		
Hired COVID-19 mitigation staff/consultant		
Hiring bonuses		
Retention payments		
Childcare		
Transportation subsidies		
Wellness services ( <i>employee</i>		

<i>assistance programs, onsite fitness center, yoga classes, smoking prevention, nap space, etc.)</i>		
<i>Health services (health insurance, prescriptions, chiropractic care, vision, dental, etc.)</i>		
Contracted with an employment agency		
Other		[Open Text ]

## Technical Assistance Provided for Temporary Refuge and Shelter Services:

### Rental Assistance and Hotel/Motel Vouchers

Please tell us about the number of technical assistance contacts provided for:

	Total TA Contacts
Shelter alternatives	
Rental assistance	
Hotel/motel vouchers	
Other	

### Rental Assistance and Hotel/Motel Partnerships

Total number of partnerships related to temporary refuge: shelter alternatives, rental assistance, and hotel/motel vouchers.

	Total Number of Partners
Public housing agency	
Rental company	
Hotels/motels	
Private landlords	

Faith-based organization providing housing	
Tribal program providing housing	
Culturally specific organization providing housing	
Homeless services provider	
Housing agency	
Other	

**NOTE: FORCE LOGIC ONLY DISPLAY CATEGORIES WITH >0 in previous table**

### **New Rental Assistance and Hotel/Motel Partnerships**

How many of the Rental Assistance and Hotel/Motel Partnerships included in the previous table are newly formed partnerships as a result of receiving FVPSA ARP Funding.

Count each collaborator only once / count in multiple	Total Number of New Partners
Public housing agency	
Rental company	
Hotels/motels	
Private landlords	
Faith-based organization providing housing	
Tribal program providing housing	
Culturally specific organization providing housing	
Homeless services provider	
Housing agency	
Other	

## **COVID-19 Supportive Services**

Please tell us about your COVID mitigation and response. For each type of allowable supportive service, total number of items provided:

	Total
Mobile advocacy client sessions conducted	
Personal Protective Equipment items provided (masks, gowns, etc.)	
COVID-19 test kits	
COVID-19 mitigation supplies (i.e., cleaning supplies, hand sanitizer, etc.)	

COVID-19 vaccines	
COVID mitigation minor updates (i.e., non-construction modifications/renovations)	

## Health and Behavioral Health Partnerships

Please tell us more about the types of health and behavioral health partnerships that have been formed or enhanced with your organization’s ARP supplemental funding.

	Total
Total number health and behavioral partnerships	

Please include the total number of partners supported/engaged for each type of partnership. Partnerships reported above may be included in more than one category below.

	Total
Hospital/Health Centers	
Medical clinics	
State health department health care authorities/providers	
Health associations	
Private COVID-19 testing providers	
Home Visitation or Visiting Nursing providers	
State Behavioral Health/Mental Health agencies	
Substance Use Treatment providers	
Indian Health Services	
Urban Indian Organizations	
American Indian or Alaska Native Health Boards	
Tribal health clinics	
Culturally Specific Healthcare or Health Services providers	
Sexual Assault Nurse Examiners associations/agencies	

## Innovative Projects

Please share the type and total number of innovative projects funded with FVPSA ARP supplemental funding:

	Total
Survivor engagement, services, or support innovation	
Health and domestic violence innovation	
Health and sexual assault innovation	
Mental health innovation	
Substance use innovation	
Mobile services innovation	
Virtual services innovation	
Culturally specific communities innovation	
LGBTQ communities innovation	
American Indian and Alaska Native services innovation	
Youth services innovation	
COVID mitigation innovation	
Other	
Total	[Auto Sum]

## Grant Funds Spending Challenges

What challenges do you experience spending ARP Act supplemental funds? (check all that apply)

Implementation	
	Difficulty finding appropriate/sufficient shelter
	Difficulty finding appropriate/sufficient sub-awardees
	Difficulty implementing remote/virtual services
	Difficulty finding ARP activity authorized supplies
	Difficulty implementing mobile advocacy services
	Difficulty implementing telehealth or mobile health services

	Difficulty implementing innovative services
	Difficulty finding appropriate/sufficient workforce

<b>Funding</b>	
	Having sufficient other funds to expend prior to ARP funds
	Difficulty identifying appropriate ARP and COVID-19 risk mitigating activities
	Complications of tracking and allocating funds from multiple grants simultaneously
	Difficulty drawing down funds through the Payment Management System

<b>Regulatory or Policy limitations</b>	
	Having to use other to use funds that expire before using ARP funds
	Local regulations limiting spending flexibility
	State regulations limiting spending flexibility
	Federal regulations limiting spending flexibility
	Tribal government/Tribal Council approval is pending, delayed, or was denied.

<b>NONE</b>	
<b>Other (Please Specify)</b>	

## Training and Technical Assistance

Types of Training and technical assistance your coalition **needs**: (check all that apply)

	Training Needed	Technical Assistance Needed
Assessing, planning, adapting workforce capacity	<input type="checkbox"/>	<input type="checkbox"/>
Assessing, planning, adapting organizational programs/processes	<input type="checkbox"/>	<input type="checkbox"/>
Assessing, planning, adapting supportive services	<input type="checkbox"/>	<input type="checkbox"/>
Assessing, planning, adapting client risks	<input type="checkbox"/>	<input type="checkbox"/>
Supporting underserved populations	<input type="checkbox"/>	<input type="checkbox"/>
Supporting culturally specific populations	<input type="checkbox"/>	<input type="checkbox"/>
Providing mobile advocacy	<input type="checkbox"/>	<input type="checkbox"/>

Providing remote/virtual services	<input type="checkbox"/>	<input type="checkbox"/>
Providing sexual assault supportive services	<input type="checkbox"/>	<input type="checkbox"/>
Providing mobile health unit services including contracted	<input type="checkbox"/>	<input type="checkbox"/>
Providing linguistically appropriate services, referrals, and staff	<input type="checkbox"/>	<input type="checkbox"/>
Providing culturally specific services, referrals, and staff	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 testing activities	<input type="checkbox"/>	<input type="checkbox"/>
Provisioning virus testing supplies	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 contact tracing	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 education	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 vaccine promotion or confidence building	<input type="checkbox"/>	<input type="checkbox"/>
Support services for acute virus infection symptoms	<input type="checkbox"/>	<input type="checkbox"/>
Providing telehealth direct crisis intervention services	<input type="checkbox"/>	<input type="checkbox"/>
Innovating new service pilots	<input type="checkbox"/>	<input type="checkbox"/>
Improving current processes and/or best practices	<input type="checkbox"/>	<input type="checkbox"/>
Removing barriers to health or behavioral health services	<input type="checkbox"/>	<input type="checkbox"/>
Improving collaboration with established partners	<input type="checkbox"/>	<input type="checkbox"/>
Developing new partnerships with health care providers	<input type="checkbox"/>	<input type="checkbox"/>
Flexible funding	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>
Other (comment box, "Please specify")	<input type="checkbox"/>	<input type="checkbox"/>

## Conveying impact through a story:

Share a brief story about an individual client or service/community that benefited from FVPSA ARP Act supplemental funding. Please do NOT share personally identifiable information. (Limited to 2,000 characters)

Title of Story:

Story Category:

	Type Please check all categories that apply
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	to the impact story.
Survivor engagement, services, or support impact	
Health and domestic violence impact	
Health and sexual assault impact	
Mental health impact	
Substance use impact	
Mobile services impact	
Virtual services impact	
Culturally specific communities impact	
LGBTQ communities impact	
American Indian and Alaska Native services impact	
Youth services impact	
COVID mitigation impact	
Other	

Story Link: Please provide the story website link or resource link if one is available.

Story Narrative: