

**American Rescue Plan Act  
Culturally Specific Domestic Violence and Sexual Assault Supplemental Funding Survey**

**Specific Special Issue Resource Centers (CSSIRCs), Alaska Native Tribal Resource Center (ANTRC), and National Indian Resource Center Addressing Domestic Violence (NIRC)**

Office of Family Violence Prevention and Services  
Administration for Children and Families

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 required, 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 one hour 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).

## Organizational and Program Information

Name of Organization: \_\_\_\_\_

Staff Name Completing Survey and Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

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

## Sub-recipients and Services

Number of sub-recipients by program type:

	<b>Total</b>
Culturally Specific Domestic Violence Program	
Culturally Specific Sexual Assault Program	
Total	[Auto Sum]

## Sub-recipients List

Sub-recipient Name	City	State	Zip	Website	FVPSA Funding Amount	Type of Sub-recipient SA or DV	Underserved or culturally- and linguistically specific population <sup>1</sup> -	Classification of urban, rural, suburban or frontier <sup>2</sup>

<sup>1</sup> Please select in which population the subawardee primarily serves. *Culturally and linguistically specific services* refers to community-based services that offer full linguistic access and culturally specific services and resources, including outreach, collaboration and support mechanisms primarily directed toward culturally specific communities. *Underserved populations* means populations who face barriers in accessing and using victim services, and includes populations underserved because of geographic location, religion, sexual orientation, gender identity, underserved racial and ethnic populations, and populations underserved because of special needs including language barriers, disabilities, immigration status, and age. Individuals with criminal histories due to victimization and individuals with substance use disorders and mental health issues are also included in this definition (45 CFR [§1370.2](#).)

<sup>2</sup> <sup>2</sup> To determine if a program is designated as frontier, go to [www.ruralhealthinfo.org](http://www.ruralhealthinfo.org). Click on the *Am I Rural?* Tool. Run a report based on the program address. If the program receives a Frontier and Remote Area Code, then you may select frontier.]

## Client Demographics

Total number of clients reached by program type:

*Instructional Note: Report on all ARP participants that are served with this funding.*

<b>Program Type</b>	<b>Total</b>
Domestic Violence Program Only	
Sexual Assault Program Only	
Both Domestic Violence and Sexual Assault Programs	
Domestic Violence Program Only	[Auto Sum]

Total number of clients reached by ethnicity:

<b>Race/Ethnicity</b>	<b>Total</b>
Black or African American	
American Indian / Alaskan Native	
Native Hawaiian / Other Pacific Islander	
Asian/Asian American	
Caucasian or White	
Hispanic or Latino	
Unknown Race / Ethnicity	
Other (Please Specify)	
Total	[Auto Sum]

Total number of clients reached by underserved type:

<b>Clients reached by underserved type</b>	<b>Total</b>
Person with a Disability	
Formerly Incarcerated	
Immigrant or Refugee	
Limited English Proficiency (LEP)	
Clients needing Language Translation Services	
LGBTQ/Two Spirited	

Faith-Based	
Rural Geographically Isolated	
Youth ages 13-17 receiving services due to being a victim of dating violence	
Youth ages 13-17 receiving services due to being a victim of sexual assault	

Total number of clients reached by age:

Age	Total
0-12	
13-17	
18-24	
25-59	
60 +	
Unknown Age	
Total	[Auto Sum]

## Remote/Virtual Supportive Services

Total number of clients reached through remote/virtual services:

What challenges do survivors face in utilizing remote/virtual services for urban or rural clients?  
(check all that apply)

	Urban	Rural
None		
Lack of available internet connection		
Lack of a high-speed internet account		
Lack of a phone/data plan to talk on phone		
Lack of a device with camera and microphone		
Lack of digital proficiency		
Cognitive impairment		
Language/translation needs		
Hearing impairment		
Lack of private quiet place that is safe		
Distrust of technology		

Other (comment box, "Please specify")		

**Rental Assistance and Hotel/Motel Vouchers**

Total number of technical assistance contacts provided for shelter, temporary refuge: rental assistance and hotel/motel vouchers

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

**Rental Assistance and Hotel/Motel Partnerships**

Please tell us more about the partnerships that your organization/agency has related to rental assistance and temporary refuge to increase housing supports for survivors. 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	

## COVID-19 Supportive Services

For each type of allowable supportive service, or items provided:

	<b>Total</b>
Mobile advocacy client sessions conducted	
PPE items provided	
Client vaccinations assistance	
Testing assistance	

For the COVID-19 medical emergency, total number of telehealth clients provided support by program type:

	Domestic Violence Total	Sexual Assault Total
Telehealth Clients		

## Training and Technical Assistance

Training and technical assistance topics support **needed**: (check all that apply)

	Training Needed	Technical Assistance Needed
Assessing, planning, adapting workforce capacity		
Assessing, planning, adapting organizational programs/processes		
Assessing, planning, adapting supportive services		
Assessing, planning, adapting client risks		
Supporting underserved populations		
Supporting culturally specific populations		
Providing mobile advocacy		
Providing remote/virtual services		
Providing sexual assault supportive services		
Providing mobile health unit services including contracted		
Providing linguistically appropriate services, referrals, and staff		

Providing culturally specific services, referrals, and staff		
COVID-19 testing activities		
Provisioning virus testing supplies		
COVID-19 contact tracing		
COVID-19 education		
COVID-19 vaccine promotion or confidence building		
Support services for acute virus infection symptoms		
Providing telehealth direct crisis intervention services		
Innovating new service pilots		
Improving current processes and/or best practices		
Removing barriers		
Improving collaboration with established partners		
Developing new partnerships		
Flexible funding		
None		
Other (comment box, "Please specify") [Open Text]		

Total number of training and technical assistance resources topics **developed and/or distributed**:

	<b>Developed Total</b>	<b>Distributed Total</b>
Assessing, planning, adapting workforce capacity		
Assessing, planning, adapting organizational programs/processes		
Assessing, planning, adapting supportive services		
Assessing, planning, adapting client risks		
Supporting underserved populations		
Supporting culturally specific populations		
Providing mobile advocacy		
Providing remote/virtual services		
Providing sexual assault supportive services		
Providing mobile health unit services including contracted		
Providing linguistically appropriate services, referrals, and staff		
Providing culturally specific services, referrals, and staff		
COVID-19 testing activities		
Provisioning virus testing supplies		
COVID-19 contact tracing		
COVID-19 education		
COVID-19 vaccine promotion or confidence building		



Support services for acute virus infection symptoms		
Providing telehealth direct crisis intervention services		
Innovating new service pilots		
Improving current processes and/or best practices		
Removing barriers		
Improving collaboration with established partners		
Developing new partnerships		
Flexible funding		
None		
Other (comment box, "Please specify") [Open Text]		

## Accomplishment Highlights:

Share an accomplishment that demonstrates how implementation of this funding is support survivors. Please do NOT share personally identifiable information.

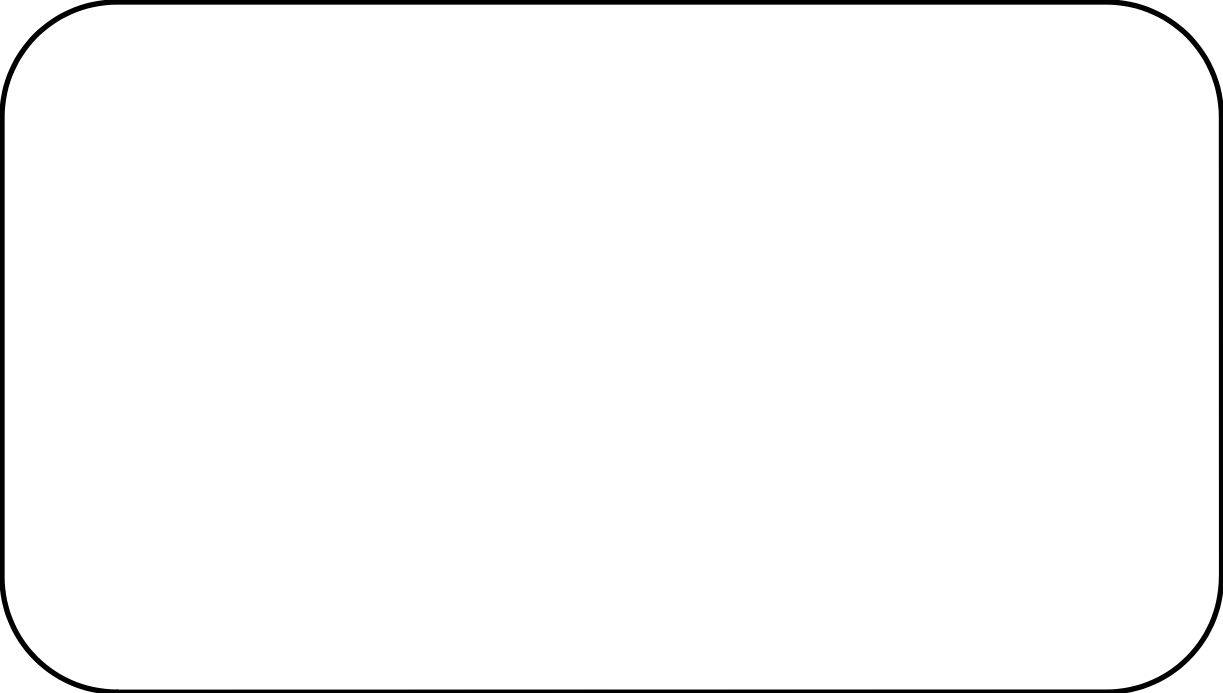
Title of Accomplishment:

Accomplishment Category:

	Type Please check box for the innovation
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 [Open Text]	

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

Story Narrative:

A large, empty rounded rectangular box with a black border, intended for writing the story narrative. The box is centered on the page and occupies a significant portion of the lower half.

## Spending Challenges

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

	<b>Implementation</b>
<input type="checkbox"/>	Difficulty finding appropriate/sufficient shelter
<input type="checkbox"/>	Difficulty finding appropriate/sufficient sub-awardees
<input type="checkbox"/>	Difficulty implementing remote/virtual services
<input type="checkbox"/>	Difficulty finding ARP activity authorized supplies
<input type="checkbox"/>	Difficulty implementing mobile advocacy services
<input type="checkbox"/>	Difficulty implementing telehealth or mobile health services
<input type="checkbox"/>	Difficulty implementing innovative services
<input type="checkbox"/>	Difficulty finding appropriate/sufficient workforce

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

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

<input type="checkbox"/>	<b>NONE</b>
<input type="checkbox"/>	<b>Other (Please Specify)</b>

