

**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 and Holi Dahl at 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 |

| | |
|----------------|--|
| Funding | |
| | 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 |

| | |
|---|---|
| Regulatory or Policy limitations | |
| | 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. |

| | |
|-------------------------------|--|
| NONE | |
| Other (Please Specify) | |

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 |
|--|---|

| | |
|---|----------------------|
| | 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: