

**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 and Holi Dahl at 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:

| | |
|---|--------------|
| | Total |
| 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 ¹ - | Classification of urban, rural, suburban or frontier ² |
|--------------------|------|-------|-----|---------|----------------------|--------------------------------|--|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

¹ 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](#).)

² ² To determine if a program is designated as frontier, go to 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.

| Program Type | Total |
|--|--------------|
| 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:

| Race/Ethnicity | Total |
|--|--------------|
| 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:

| Clients reached by underserved type | Total |
|---|--------------|
| 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:

| | Total |
|---|--------------|
| 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**:

| | Developed Total | Distributed Total |
|---|------------------------|--------------------------|
| 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.

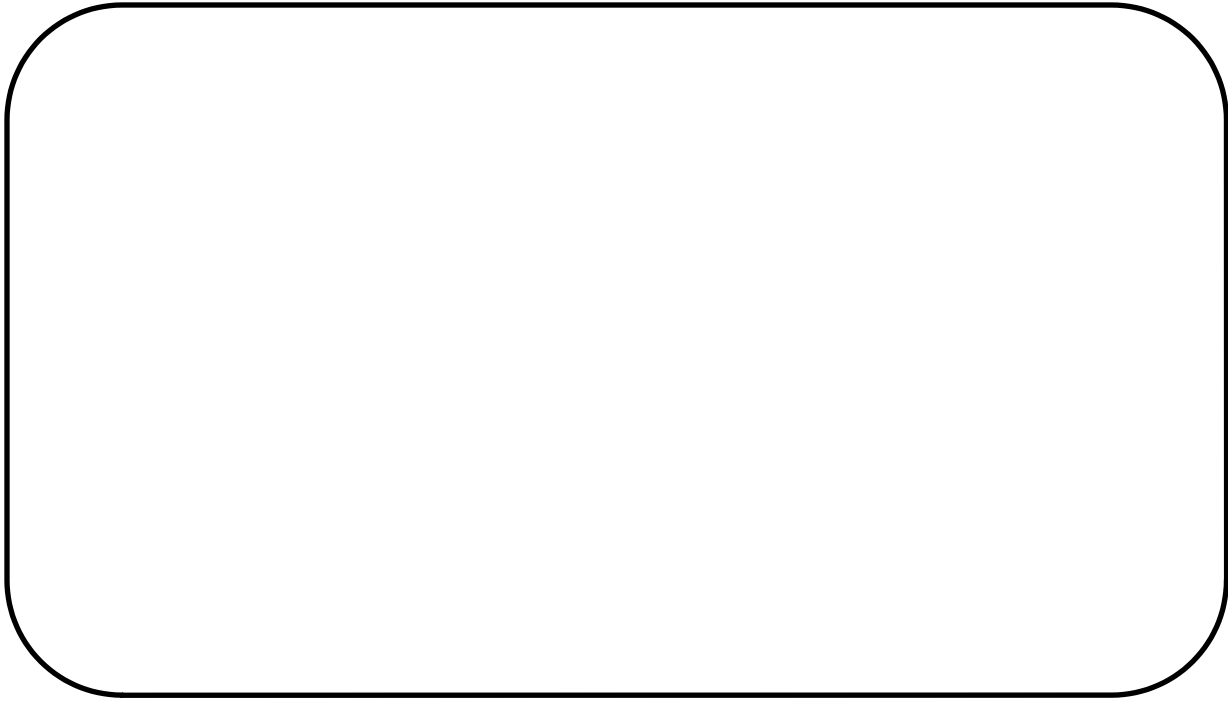
Title of Accomplishment:

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 horizontally and occupies a significant portion of the page's vertical space.

Spending Challenges

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

| | Implementation |
|--------------------------|--|
| <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 |

| | Funding |
|--------------------------|--|
| <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 |

| | Regulatory or Policy limitations |
|--------------------------|---|
| <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"/> | NONE |
| <input type="checkbox"/> | Other (Please Specify) |

