Coalition Performance Progress Report ACF- OFVPS-FVPS-PPR COVER PAGE

Office of Family Violence Prevention and Services (OFVPS)
Administration for Children and Families
U.S. Department of Health and Human Services
Domestic Violence Coalition Grant Report

1. Federal Agency and Organia	zation Element		Frant or Other Iden		3a. DUNS Number:					
to Which Report is Submitted		Number Ass	signed by Federal A	Agency	Click here to enter text.					
OFVPS/ACF/HHS		Click here	e to enter text.		3b. EIN Click here to enter text.					
		Circii iici	to enter term		Click here to enter text.					
4. Recipient Organization (Nam	4. Recipient Organization (Name and Complete Address Including Zip Code)									
					Account Number					
Click here to enter text.					Click here to enter text.					
6. Project Reporting Period			7. Reporting Peri	od End	8. Final Report?					
			Date		C Yes					
					□ No					
Start Date: (Month, Day, Year)	(Month, Day, Yea	nr)	(Month, Day, Year		9. Report Frequency					
Start Bate. (World, Bay, Tear)	(World), Day, Yea	u)	(
Click here to enter text.	Click here to	enter	Click here to e	enter	C Annually					
	Circii iici c to									
	text.		text.							
10. Performance Narrative	text.			ched PPR	forms)					
	text.			ched PPR	forms)					
	text.			ched PPR	forms)					
	text.			ched PPR	forms)					
10. Performance Narrative	text.			ched PPR	forms)					
10. Performance Narrative (11. Other Attachments Click here to enter text.	text. (performance no	arrative is co	overed in the attac	at this rep	ort is correct and complete for					
10. Performance Narrative (11. Other AttachmentsClick here to enter text.12. Certification: I certify to the content of t	text. (performance national continuous descriptions) to the best of national continuous descriptions are senting to the purpose description.	arrative is co	evered in the attac ge and belief tha in the award do	at this repcuments. 12c. Telep	,					
10. Performance Narrative of the state of t	text. (performance national continuous descriptions) to the best of national continuous descriptions are senting to the purpose description.	arrative is co	evered in the attac ge and belief tha in the award do	at this repcuments. 12c. Telepextension)	ort is correct and complete for whone (area code, number and					
 10. Performance Narrative (11. Other Attachments Click here to enter text. 12. Certification: I certify to performance of activities for the series of activities for the series of the serie	text. (performance national continuous descriptions) to the best of national continuous descriptions are senting to the purpose description.	arrative is co	evered in the attac ge and belief tha in the award do	at this repo cuments. 12c. Telep extension) Click her	ort is correct and complete for shone (area code, number and re to enter text.					
 10. Performance Narrative (11. Other Attachments Click here to enter text. 12. Certification: I certify to performance of activities for the second performance of a	text. (performance national continuous descriptions) to the best of national continuous descriptions are senting to the purpose description.	arrative is co	evered in the attac ge and belief tha in the award do	at this repo cuments. 12c. Telep extension) Click her 12d. Emai	ort is correct and complete for shone (area code, number and re to enter text.					

1

OMB Approval Number: 0970-0280 Expiration Date: 06/30/2027

Coalition Performance Progre	ss Report
12b. Signature of Authorized Certifying Official	12e. Date Report Submitted (Month, Day, Year) Click here to enter text.
	10. Agency Use Only

2

OMB Approval Number: 0970-0280 Expiration Date: 06/30/2027

Instructions for Completion

This is the paper copy of the form to be completed for your reference. To submit this Performance Progress Report to OFVPS, you will enter the information electronically into the Online Data Collection System (OLDC) at https://extranet.acf.hhs.gov/ssi. For help accessing OLDC, please contact 866-577-0771.

FVPSA Funds

Purpose

This report is a compilation of all the domestic violence programming/services provided by state and territorial domestic violence coalitions – whether or not the programming/service is provided with FVPSA funds. Because of the manner in which coalitions utilize the FVPSA funds in their respective agency, it is not feasible to consistently and accurately identify the specific grant activities (including the level of effort) that are funded by FVPSA dollars. Therefore, in consultation with FVPSA state administrators, tribal program coordinators and coalition representatives, it was determined that this report would include a count of all domestic violence programming/services provided, including those supported through other funding sources. The FVPSA program will use the percentage of FVPSA funding received by the coalition to the total coalition budget in order to determine the level of services supported by FVPSA funding. Grantees are required to report the total coalition budget and the FVPSA grant amount.

Dual Coalition

Check here if your coalition is both a sexual assault coalition determined by the Centers for Disease Control (CDC) and a HHS-designated domestic violence coalition (Administration on Children and Families/ Office of Family Violence Prevention and Services' FVPSA Program).

Total Coalition Budget

This is the total annual organizational budget for your coalition including sexual assault funding if a dual program. This number will include funding from other sources in addition to your FVPSA grant amount. For example, the total coalition budget would include all funding sources of the coalitions, i.e., FVPSA dollars (including any pass-through amounts), state dollars, private foundations.

Total FVPSA Amount

Fill in the total State Domestic Violence Coalition FVPSA award amount for the year of this report.

3

OMB Approval Number: 0970-0280 Expiration Date: 06/30/2027

Amount of Pass-Through Dollars

If your coalition receives funds from the state to fund local domestic violence shelter and supportive services, enter that here. This includes FVPSA, State General Funds, VOCA, VAWA, and other funds for domestic violence that are passed through the coalition directly to local programs.

Percentage of the Budget Funded by FVPSA

(Total FVPSA Coalition Grant Amount) / (Total Coalition Budget – Pass-Through Dollars) = Percentage of the Budget Funded by FVPSA

State FVPSA Dollars to the Coalition

In addition to the FVPSA Coalition Grant, OFVPS provides formula funding to each state. Some state offices contract part of this money to the state domestic violence coalition. If your coalition receives FVPSA

4

OMB Approval Number: 0970-0280 Expiration Date: 06/30/2027

dollars from the state, check yes here and give a brief explanation of what those dollars are for, e.g., training and TA, support of a statewide data collection system.

Coalition Members

Number of Organizational Members Table

This chart asks you to place each of the organizational members of your coalition into categories. The left column contains categories for types of service provider members. The top row contains categories for types of organizations. Each member should have only one category of type of service provider (left column) and one type of organization (top row) reported as a number in the corresponding cell. For example, a coalition may have 6 members who are domestic violence service providers so the total for the first row would be 6. If one of the programs is within a government agency, a 1 would be reported in the first row/second column. If 2 of the programs are tribal specific programs, then 2 would be reported in the first row/fourth column. The next rows would be filled out similarly.

Definitions:

Domestic Violence Service Providers – these are the domestic violence service providers whose primary purpose is to serve victims of domestic violence.

Sexual Assault/ Domestic Violence Dual Service Providers – these are providers that provide both domestic violence and sexual assault services to victims.

Sexual Assault Service Providers or Rape Crisis Centers – these providers provide services to victims of sexual assault.

Other victim service providers – these are providers that serve victims in some way, but do not fit in the above categories.

Other Organizational Members – these are providers that don't fit into the above four categories, but not individual members.

Government Agency – these organizations are located within the state or local government structure. **Culturally-specific Program** – these organizations provide services that offer full linguistic access and culturally specific services and resources, including outreach, collaboration and support mechanisms primarily directed toward culturally specific communities. These programs are not exclusive to the targeted population.

Tribal-specific – these organizations fit the above definition for culturally-specific with a focus on serving Native Americans.

All others - these organizations do not fit into the previous three categories.

Example - Coalition X has a total of 67 organizational members, not including any individual members. 17 of

5

OMB Approval Number: 0970-0280 Expiration Date: 06/30/2027

these members are DV service providers (not dual programs). Of those 17, four are located within a local government human service program, one is the Latino Women's DV Program, and another is the Pamunkey Indian Tribal DV Program. Eleven of them are stand-alone DV non-profit organizations. Note that this is not a count of individual members.

6

OMB Approval Number: 0970-0280 Expiration Date: 06/30/2027

Number of Organizational Members

Type of Service Provider	Government	Culturally-	Tribal-	All Others	TOTAL
	Agency	specific	specific		
		Program			
Domestic Violence Service					
Providers					
SA/DV Dual Service Providers					
Sexual Assault Service					
Providers or Rape Crisis					
Centers					
Other Victim Service Providers					
Other Organizational					
Members					
TOTAL					

Number of Domestic Violence Service Providers in the State/Territory

This is the total number of domestic violence service providers whose primary purpose is to provide domestic violence services to victims. This is a count of all the providers in the state, not only the ones that are members of your coalition. A primary-purpose domestic violence service provider is one that operates a project of demonstrated effectiveness, carried out by a nonprofit, nongovernmental, private entity or a tribe or tribal organization, that has as its project's primary purpose the operation of shelters for victims of domestic violence and their dependents; or provides counseling, advocacy, or self-help services to victims of domestic violence.

How many of the primary purpose domestic violence service providers are members of your coalition? This is the number of primary-purpose domestic violence service providers that are members of your coalition.

Narrative Questions

7

1. Describe in narrative format your progress during the reporting period in completing the activities described in your most recent application.

Note: If you report serving on a board, commission or other planning group (e.g. Governor's Commission on Domestic Violence, Criminal Justice coordinating Council, etc.) please briefly describe

OMB Approval Number: 0970-0280 Expiration Date: 06/30/2027

what was accomplished during the reporting period.

- 2. Please write a success story about your coalition's work that is ready for publication on the ACF website.
 - O Topic(s): An example of a survivor who has a positive life outcome or story to tell, with help from program services; a news item reporting a workshop, conference, new program or other event held/to be held; a story focusing on the work of a fatality review team which led to a systems change impacting survivor outreach and awareness of services. Stories reflecting themes or issues related to underrepresented, or underserved communities.
 - O Length: Submissions should be between 500 and 750 words, roughly
 - O Writing should be in third person narrative, and double-checked for proper grammar, spelling, and punctuation.
 - O As always, use good standards of confidentiality and privacy when reporting on individual survivors. Please change names, ages, and all other personally-identifying information.
 - O A photo/image to accompany the submission is most welcome. If one is not provided, ACF will choose one from stock images.
- 3. How does the coalition identify training and technical assistance priorities? What is the process and who is involved?
- 4. Describe your coalition's efforts in organizational capacity-building and development of your members.
- 5. What are the top areas in which other coalitions, state or national audiences look to your coalition as a leader, unique expert or innovator? (optional)
- 6. What other state coalitions do you look to as experts, leaders, or innovators on a specific topic? Name the coalition and the topic. (optional)
- 7. What other things regarding your work would you like OFVPS to know? (optional)

Summary of Activities Table

This table is included as a way to help OFVPS know 'at a glance' which coalitions are working on different program areas and priorities. Throughout the year, OFVPS gets requests, which need to be responded to

8

OMB Approval Number: 0970-0280 Expiration Date: 06/30/2027

quickly from senior leadership, members of congress and others asking what OFVPS is doing around 'fill in the blank' issues. Rather than the piece meal approach used now which involves OFVPS staffs' prior knowledge of your coalition and multiple email queries to all the coalitions, this table will serve as an overall view of the work of the coalitions by topics and allow the OFVPS to easily identify coalitions working on an issue and, hopefully, easily gather the information to respond.

Statutorily-defined Program Areas

The alphabetical list in the left-hand column is comprised of both program areas identified in FVPSA legislation as required work of the coalition and topics that have been identified as priority issues for ACF or have received multiple requests for information in the past. Additional notes about each topic are noted as a foot note.

Level of Involvement

This second column asks you to identify your level of involvement with each topic in the first column. For each topic, you must choose one level of involvement. OFVPS does not expect that each coalition will be involved in every topic. Determining your level of involvement is somewhat subjective. *Highly Involved* in a topic would indicate to OFVPS that your coalition is doing something that may be: widespread, innovative, unique or replicable to other states. When senior leadership request information on a certain topic, we will first look at those states that checked Highly Involved on that topic.

The statutorily-defined program areas will not allow you to check **Not Involved**, as you are mandated to address these issues, though you do not have to check Highly Involved.

Types of Activities

For any of the topics that you indicate you have some level of involvement, check all the types pertaining to that topic. At least one type of activity should be checked if the topic has any level of involvement checked.

9

OMB Approval Number: 0970-0280 Expiration Date: 06/30/2027

Training – this is training provided to general audiences or allied professionals. It could be face to face, as a webinar or a conference call.

Capacity Building / Technical Assistance – this is checked if you provided programming/services to increase the capacity of individuals or organizations to address this specific topic.

Products – if you developed any products on this topic such as a brochure, manual, newsletter, training curriculum, training material, report, fact sheet, website, video, e-learning module, or recorded webinar, check this box.

Public Awareness – if you conducted any awareness events around this topic, check this box. An awareness event might be rallies, speak outs, Take Back the Night, vigils, Clothesline Project, silent witness, information tables or media campaigns on radio, TV or newspaper.

Policy / Systems Advocacy -Policy/systems advocacy is any effort to influence public policy or systems by providing information, speaking to decision makers, demonstrating benefits for policy or systems change and other such activities that encourage the adoption of the desired policy or systems change.

Number of People Trained

This information is helpful for OFVPS to respond to queries. This column is to be completed only if Training is checked in the Types of Activities section. Estimate the number of people trained about the topic listed in the first column. OFVPS understands that you may not have this information to report. However, if it is available, report it here.

Short Response

Write a short narrative response (less than 50 words) on your efforts in this topic area. This can be a list, bullets or 2 sentences to give OFVPS a little bit more information. You may also cut and paste information from your longer narrative responses above in order to provide the snapshot intended for this section.

References

In this column you will supply information about where OFVPS can get more information or specificity on your work in this area. You will probably reference areas of your PPR Report, your application, an annual report, a website, or something else. Please include specific directions as to how to find the information in

10

OMB Approval Number: 0970-0280 Expiration Date: 06/30/2027

the referenced document. For example, you may say, "see response to question 6 in the narrative section of this report. Additional information is on page 5 of our application." If you are linking to a website, please provide the exact url to the page or the document. For example, to find out more about the coalition grant program, the url would be http://www.acf.hhs.gov/programs/fysb/programs/family-violence-prevention-services/programs/state-dv, not just www.acf.hhs.gov/fypsa.

Other Topics

Check any of the boxes if your coalition provided training, TA, or capacity building on the topic.

11

OMB Approval Number: 0970-0280 Expiration Date: 06/30/2027

Example

Statutorily- defined	Ir	eve nvo nen	lve			/pes				Number of People Reached (Training only)	Short Response (Involved and Highly Involved only)	References
Program Areas	Not Involved	Low Involvement	Involved	Highly Involved	Training	Capacity Building	Products	Public Awareness	Policy/ Systems		Write a short narrative response (less than 50 words) on your efforts in this area. Or cut and paste from other parts of your report.	For additional information go to:
Anti- discriminati on												
Child custody and visitation												

Training

Report the total number of participants trained.

This report is a compilation of all the domestic violence programming/services provided by state and territorial domestic violence coalitions – whether or not the programming/service is provided with FVPSA funds. OFVPS understands that FVPSA dollars fund only a portion of the activities reported below, which is appropriately indicated in any report out by OFVPS.

12

OMB Approval Number: 0970-0280 Expiration Date: 06/30/2027

Report the number of training events for each type of listed trainings, regardless of topic.

Computer-based or e-learning module – This is different than a webinar. It is a stand-alone program housed on a website where users may access it on their own time. The count for this would be the number of times users completed the training.

Conferences sponsored by the coalition - These events are coordinated by the coalition.

Workshops/seminars/presentations – These events are ones hosted by other organizations where your coalition is asked to present. Count each time you present, even if it is to the same or a similar audience.

Teleconferences - This type of training uses the telephone only as a conference call.

Videoconferences – These events involve technology that brings participants together in separate locations where a camera is used to see each participant.

Webinars – This type of training uses a shared technology platform so content can be shared by the presenter to multiple users at different locations using their own computers.

13

OMB Approval Number: 0970-0280 Expiration Date: 06/30/2027

Coalition PPR

FVPSA Funds	
Dual Coalition □yes	
□no Total Coalition	
budget	
Total FVPSA coalition grant amount	
Amount of pass through dollars	
Auto calculate % of budget funded by FVPSA	[Total FVPSA coalition grant amount / (Total Coalition
Budget Pass Through Dollars)]	
Does your coalition receive additional FVPSA dollars	through the state to support the work of your coalition? \square yes \square no
If so, what do those dollars support, e.g., tra	ining and TA, support of a statewide data collection system?
Click here to enter text.	

Coalition Members

Number of Organizational Members

Type of Service Provider	Government Agency	Culturally - specific Program	Tribal- specific	All Others	TOTAL
Domestic Violence Service					[Auto Sum]
Providers					
SA/DV Dual Service Providers					[Auto Sum]
Sexual Assault Service					[Auto Sum]
Providers or Rape Crisis					
Centers					
Other Victim Service Providers					[Auto Sum]
Other Organizational					[Auto Sum]
Members					
TOTAL	[Auto Sum]	[Auto Sum]	[Auto Sum]	[Auto Sum]	[Auto Sum]

Total number of primary purpose domestic violence service providers in the state/territory	
How many of the primary purpose domestic violence service providers are members of your coalition?	

Narrative Questions

- 1. Briefly describe your progress during the reporting period in completing the activities described in your most recent application.
- 2. If you report serving on a board, commission or other planning group (e.g., Governor's Commission on Domestic Violence, Criminal Justice coordinating Council, etc.) please briefly describe the coalition's participation in the group and identify the purpose of the group, body or commission, and what it accomplished during the reporting period.
- 3. Please write a success story about your coalition's work during the reporting period (i.e., partnership, award, trainings, collaboration, etc.).
- 4. What are the top areas in which other coalitions or national audiences look to your coalition as a leader, unique expert, or innovator?
- 5. What other DRVN/Resource Center did you consult or collaborate with during this reporting period.
- 6. Is there additional information you would like to share with OFVPS that was not asked or included above? Areas of particular interest include intersections with foster care and/or technology-facilitated abuses.

Summary of Activities

Statutorily-defined		Le ^s Invol	vel o			Types of Activities					Number of People Trained	Short Response (Involved and Highly Involved only)	References
Program Areas and ACF Priority Area	Not Involved	Low Involvement	Involved	Highly Involved	Training	Capacity Building / TA	Products ¹	Public	Awareness ²	Policy/ Systems Advocacy		Write a short narrative response (less than 50 words) on your efforts in this area. Or cut and paste from other parts of your report.	For additional information go to:
Accessibility													
Accommodation or													
Disability Assistance													
Anti-discrimination													
Child Custody and									T				
Visitation													
Children's													
Programming/													
Exposure to DV													
Child Support													
Child Welfare													
Confidentiality ³													
Criminal or Civil Justice													
Systems ⁴													
Disaster Preparedness													
& Response													
Economic													
Empowerment ⁵													
Engaging Men													
Evidence-Informed													
Practices Promotion													

¹ Brochure, Manual, Newsletter, Training curriculum, Training material, Report, Fact sheet, Web site, Video, e-learning module, recorded webinar, Other

² Rallies, speak outs, Take Back the Night, vigils, Clothesline Project, silent witness, information tables, media campaigns

Coalition Performance Progress Report

³ HIPPAA, privileged communication, technology issues, FVPSA personally identifying information and confidentiality requirements

⁴ Law enforcement, courts, judicial, probation and parole, etc.

⁵ Financial literacy, Earned Income Tax Credit

	_							Janu	ΟI	I FEII	υļ		ress Report	
Statutorily defined		Le Invol	vel c lvem			Types of Activities						Number of People Trained	Short Response (Involved and Highly Involved only)	References
Program Areas and ACF Priority Area	Statutorily-defined Program Areas and ACF Priority Area Involved Involved Area Paylovil to be provided to the polynomial in the polynomi		Highly Involved	Training	Capacity	Building / I.A Products ¹	Public	Awareness ²	Policy/ Systems	Advocacy		Write a short narrative response (less than 50 words) on your efforts in this area. Or cut and paste from other parts of your report.	For additional information go to:	
Responsible														
Fatherhood														
Healthcare ⁶														
Healthy Relationships														
HIV/AIDS														
Home Visiting														
Housing ⁷														
Immigration														
Incarcerated /														
Formerly Incarcerated														
Mental Health &														
Behavioral Health														
Online Harassment,														
Abuse, or Safety														
Primary Prevention														
Public benefits ⁸														
Reproductive Health and Coercion														
Runaway and Homeless Youth														
Substance Use (i.e., disorder, coercion)														
Trafficking			+						\dashv		\dashv			
Trauma-informed			+						\dashv		\dashv			
Programming														
Workplace Violence											\dashv			
Other:									\dashv		\dashv			
Other:									\dashv		\dashv			
- C 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1		li .	1		1			- 1			

18

Coalition Performance Progress Report

⁶ ACA screening provisions, healthcare outreach, nurse training, emergency room personnel training, ACA insurance exchange collaborations, etc.

⁷ Emergency/immediate, transitional, and permanent housing

⁸ TANF, food stamps and others

⁸ TANF, food stamps and others

Statutorily-defined Program Areas and ACF Priority Area		Le Invol	vel (Type	s of	Activitie	es	Number of People Trained	Short Response (Involved and Highly Involved only)	References
	Not Involved	Low Involvement	Involved	Highly Involved	Training	Capacity Building / TA	1-	Public Awareness²	Policy/ Systems Advocacy		Write a short narrative response (less than 50 words) on your efforts in this area. Or cut and paste from other parts of your report.	For additional information go to:
Underserved and cultur	ally	cnocit	fic									
populations ¹	ally-	-specii	IIC									
Black or African-			Τ	Τ								
American												
Asian												
Immigrant												
Hispanic or Latino												
Men												
American Indian or												
Alaskan Native												
Native Hawaiian or												
Pacific Islander												
Older Victims												
Teen (ages 13 to 24)												
Person with a Disability												

¹ 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, underserved 2 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).

Rural,				
Geographically				
Isolated, Frontier ²				
Clients needing				
Language				
Interpretation and				
or Translation				
Services				
Other culturally				
specific populations				

² To determine if a program is designated as frontier, go to <u>www.ruralhealthinfo.org</u>. 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.

Other Topics

Does your coalition provide training, technical assistance,	or capacity-building on the below topics?
 □ Access to Services (ADA, language, programming) □ Batterers Intervention programming and standards □ Board Governance and Training □ Coordinated Community Responses □ Employment and job training □ Evaluation □ Faith/Religion □ Fatality Reviews □ Fundraising 	 □ Grants and Funding □ Military (programming, advocacy, system response) □ Mandatory Reporting □ Non-profit Administration and Management □ Research □ Shelter Operational Policies, Protocols, or Rights and Responsibilities □ Stalking □ Sustainability □ Wellness □ Other

Trainings

Total number of participants trained _____

Type of Training	Number of Events
Computer-based or e-learning module	
Conferences sponsored by the coalition	
Workshops/seminars/presentations	
Teleconferences	
Videoconferences	
Webinars	
Other:	

OMB Control Number: 0970-0280 Expiration Date: XXXX