

**Administration for Children and Families (ACF) PERFORMANCE PROGRESS REPORT (PPR)
ACF–Culturally Specific Domestic Violence and Sexual Assault (CSDVSA)–OFVPS
COVER PAGE INSTRUCTIONS**

Office of Family Violence Prevention and Services (OFVPS)
Family Violence Prevention and Services Act (FVPSA) Program
Administration for Children and Families
U.S. Department of Health and Human Services

Number	Data Element	Instructions
1.	Awarding Federal Agency & Organizational Element to Which Report is Submitted	Enter the name of the awarding federal agency and organizational element identified in the award document or as otherwise instructed by the agency. The organizational element is the sub-agency within an awarding federal agency.
2.	Federal Grant/Other Identifying Number Assigned by Awarding Federal Agency	Enter the grant number/award referenced in the award document.
3. (a-b)	Data Universal Numbering System Employer (DUNS) and Identification Number (EIN)	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number and EIN provided by the Internal Revenue Services (IRS).
4.	Recipient Organization	Enter the name and complete address, including zip code.
5.	Recipient Identifying Number/Account Number	Enter the account number or any other identifying number assigned by the recipient to the award. This number is strictly for the recipient's use only and is not required by the awarding federal agency.
6.	Project Reporting Period	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter period end dates should be used: 3/31; 6/30; 9/30; and 12/31. For final PPRs,

PAPERWORK REDUCTION ACT (PRA) OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to implement a Culturally Specific Domestic Violence and Sexual Assault (CSDVSA) Programs PPR, the OFVPS seeks to ensure that the complexity and nuance of the CSDVSA's work is reflected through metrics or narrative information collected through an updated PPR while also reporting on challenges or barriers to meeting the CSDVSA's performance metrics. Public reporting burden for this collection of information is estimated to average 10 hours per grantee, including the time for reviewing instructions, gathering, and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit related to and funded by the Family Violence Prevention and Services Act (FVPSA), 42 U.S.C. 10401 et seq., which authorizes the U.S. Department of Health and Human Services to award grants to the National Domestic Violence Hotline and National, Special Issue, and Culturally Specific Resource Centers. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the PRA of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact OFVPS [ofvps@acf.hhs.gov].

		the reporting period end date should be the end date of the project/grant period. The frequency of required reporting is usually established in the award.
7.	Report Status	Mark appropriate box. Check whether this is the semi-final or final report for the project/grant period in Box 6.
8. (a-e)	Certification	Fill in the appropriate information to certify the report, including name, signature, telephone number, email address and date.

**Culturally Specific Domestic Violence and Sexual Assault Discretionary Grant
 PERFORMANCE PROGRESS REPORT (PPR)
 ACF-CSDVSA-OFVPS PPR COVER PAGE
 Office of Family Violence Prevention and Services
 Family Violence Prevention and Services Act (FVPSA) Program
 Administration for Children and Families
 U.S. Department of Health and Human Services**

1. Federal Agency and Organization Element to Which Report is Submitted ACF-CSDVSA-OFVPS	2. Federal Grant or Other Identifying Number Assigned by Federal Agency [Enter text here]	3a. DUNS Number [Enter text here]
		3b. EIN [Enter text here]
4. Recipient Organization (Name and Complete Address, Including Zip Code) [Enter text here]		5. Recipient Identifying Number or Account Number [Enter text here]
6. Project Reporting Period Start date: [Enter text here] End date: [Enter text here]		7. Report Status Semi-Final [] Final []
8. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.		
8a. Typed or Printed Name and Title of Authorized Certifying Official [Enter text here]	8c. Telephone (Area Code, Number and Extension) [Enter text here]	
		8d. Email Address [Enter text here]
8b. Signature of Authorized Certifying Official [Enter text here]	8e. Date Report Submitted (Month, Day, Year) [Enter text here]	

General Instructions for Quantitative Data Tables

Complete the tables in Sections 1–5 below with data from the relevant reporting period.

Quantitative data sections include:

1. Allowable Services Provided to Culturally Specific Populations
2. Demographics
3. Workforce Information
4. Other Services Provided
5. Survivor Outcomes

If you would like to provide additional context on the services your organization provided in Sections 1–5, please refer to Section 6: Narrative Descriptions toward the end of the PPR.

Section 1: Allowable Services Provided to Underserved Populations

Table 1.1 Use of Grant Funding by Type – Domestic Violence Services versus Sexual Assault Services versus Dual Services

Please use the chart below to indicate which category or categories of services your organization provides with Family Violence Prevention and Services Act (FVPSA) grant funding.

Category	Services Provided (mark with an X if provided)
Domestic Violence Services Only	
Sexual Assault Services Only	
Dual Domestic Violence and Sexual Assault Services	

Table 1.2 Outcomes: Quantifiable Expected Goals Versus Completed Goals

Please complete the chart below to indicate the progress your organization has made toward **one or more expected goals** and provide a brief description of the associated outcome. Please note that these goals should align to the goals your organization created in your grant application.

When completing this table, enter only full numerical values. Ranges (e.g., 30–45) or text values (e.g., thirty to forty-five) will not be accepted. In addition, please use the mandatory narrative section “Significant and impactful outcomes resulting from activities” at the end of this document to describe the activities that resulted in the most significant and impactful outcomes for the individuals you serve. The narrative section is specifically appropriate for organizational goals that are not quantifiable or require additional context. You will also outline future activities planned in the narrative section “Activities planned for next reporting period” at the end of this document.

Expected Goal Description	Goal	Progress this Period	Remaining	Outcome Description
<i>Example 1: 50 survivors referred to therapy via behavioral health screening</i>	50	15	35	<i>Of 30 survivors engaged in behavioral health screening, 15 were referred to therapy and 8 successfully enrolled</i>
<i>Example 2: All 20 project partners demonstrate increased knowledge of culturally specific dynamics of family violence</i>	20	10	10	<i>Of 20 total project partners, 10 participated in culturally specific dynamics learning activities and of those who participated, 100% demonstrated increased knowledge based on pre- and post-activity knowledge checks</i>
<i>Expected Goal Description</i>				
<i>Expected Goal Description</i>				
<i>Expected Goal Description</i>				
<i>Expected Goal Description</i>				
<i>Expected Goal Description</i>				

Table 1.3 Services Provided

Please complete the table below to indicate which services your organization provided to survivors and their dependents, the number of individuals who were provided the service. Definitions of the Service Provided categories in this table are available for reference in the Section 7: Terms and Definitions table.

Note that survivors can be counted across multiple services. For example, if Survivor A received legal advocacy, housing assistance, and culturally specific healing practices, count them once in each of those three areas. Enter only full numerical values. Ranges (e.g., 30–45) or text values (e.g., thirty to forty-five) will not be accepted. If the service was not provided, enter “0.”

Service Provided	Total # of Individuals Provided with Service
Activities to ensure trauma-informed organizational practices	
Art-based approaches to healing (e.g., A Window Between Worlds, dance, photography, etc.)	
Child Care/Early Childhood Development Services	
Counseling/Behavioral Health Services	
Crisis intervention	
Culturally specific healing, practices, and interventions	
Disability services/Accessibility support services	
Economic empowerment services	
Employment services	
Engagement, education, and outreach strategy to involve racial/ethnic populations in services creation	
Evaluation and dissemination of best practices for underserved populations	
Housing assistance	
Individual or group counseling/support group	
Language access	
Legal advocacy	
Listening sessions/needs assessments	
Medical advocacy	
Mobile advocacy services	
Parenting programs for survivors and their dependents	
Prevention programming	
Training, technical assistance and outreach to staff, partners, DV/SA programs, etc. (capacity building)	
Transportation services	
Virtual services	
Youth/Teen Services	
Other service(s) not listed: (Provide other service(s) type and count)	

Table 1.4 Service Referrals

Please complete the table below to indicate the number of incoming and outgoing service referrals for survivors and their dependents. Note that survivors and/or their dependents can be counted across multiple referral areas if they received multiple referrals. Enter only full numerical values. Ranges (e.g., 30–45) or text values (e.g., thirty to forty-five) will not be accepted. If the referral was not provided, enter “0.”

Services Referred	# Referred In	# Referred Out
Activities to ensure trauma-informed organizational practices		
Art-based approaches to healing (e.g., A Window Between Worlds, dance, photography, etc.)		
Child Care/Early Childhood Development Services		
Counseling/Behavioral Health Services		
Crisis intervention		
Tailored healing, practices, and interventions		
Disability services/Accessibility support services		
Economic empowerment services		
Employment services		
Engagement, education, and outreach strategy to involve racial/ethnic populations in services creation		
Evaluation and dissemination of best practices for underserved populations		
Housing assistance		
Individual or group counseling/support group		
Language access		
Legal advocacy		
Listening sessions/needs assessments		
Medical advocacy		
Mobile advocacy services		
Parenting programs for survivors and their dependents		
Prevention programming		
Social Services/Public Benefits (i.e. TANF, WIC, Low Income Home Energy Assistance Program [LIHEAP], Child Support)		
Specialized Services for Underserved Populations		
Training, technical assistance and outreach to staff, partners, DV/SA programs, etc. (capacity building)		
Transportation services		
Virtual services		
Youth/Teen Services		
Other referred service(s) not listed: (Provide other service(s) type and count)		

Section 2: Demographics

Table 2.1 Race/Ethnicity

Please report the total number of survivors and their dependents who were supported by Family Violence Prevention and Services Act (FVPSA) grant funding by race/ethnicity. Clients may self-identify in more than one category, (e.g., White and Hispanic) and should be represented as “multiracial”.

Enter only full numerical values. Ranges (e.g., 30–45) or text values (e.g., thirty to forty-five) will not be accepted. If the racial or ethnic group was not represented, enter “0.” Definitions for the categories in this table are available for reference in the Section 7: Terms and Definitions table.

Survivors and Dependents Served Who Are:	Total Number
American Indian or Alaska Native (AIAN)	
Asian	
Black or African American	
Hispanic or Latino	
Middle Eastern or North African	
Native Hawaiian or Pacific Islander	
White	
Multi-Racial (Individuals who identify as more than one race and/or ethnicity)	

Table 2.2 Age (In Years)

Please report the total number of survivors and their dependents who were supported by FVPSA grant funding by age range. Enter only full numerical values. Ranges (e.g., 30–45) or text values (e.g., thirty to forty-five) will not be accepted. If the age group was not represented, enter “0.”

Age (In Years)	Total Number
0-12	
13-17	
Unknown Child Age	
18-24	
25-59	
60 +	
Unknown Adult Age	
Not Collected (Organization did not collect this data)	

Table 2.3 (a-b) Sex

In tables 2.3a-b, please report the total number of survivors and their dependents who were supported by FVPSA grant funding by their sex .

In tables 2.3c-d, please report the total number of survivors and their dependents in the noted underserved populations for both services received and service referrals.

Enter only full numerical values. Ranges (e.g., 30-45) or text values (e.g., thirty to forty-five) will not be accepted. If the listed identity group was not represented, enter "0."

Table 2.3a Sex

Sex	Total Number
Female	
Male	
Prefer not to say	
Information not provided	

Table 2.3b Services Provided for people who identified with sexual orientation

Services Provided	Total # of Individuals Provided with Service
Support Services	
Individual or Group Counseling/Support Group	
Legal Advocacy	
Medical Advocacy	
Shelter Services	

Table 2.3c Services Referred for people who identified with sexual orientation

Services Referred	# Referred In	# Referred Out
Support Services		
Individual or Group Counseling/Support Group		
Legal Advocacy		
Medical Advocacy		
Shelter Services		

Table 2.4 Underserved Populations

The categories below are in accordance with FVPSA 42 U.S.C. § 10402, which require the provision of services to underserved populations of survivors and their dependents.

Please report the total number of survivors and their dependents who were supported by FVPSA grant funding who belong to any of the below categories. Note that survivors and their dependents can be counted across multiple categories. For example, if a survivor needs language access services and has a history of substance use, they would be counted in *both* categories. Enter only full numerical values. Ranges (e.g., 30–45) or text values (e.g., thirty to forty-five) will not be accepted. If the “Other” populations group was not represented, enter “0.”

Category	Total Number
People experiencing homelessness/housing instability	
People who are low income or very low income	
People who are currently incarcerated	
People who are elders	
People with physical disabilities (includes those who are deaf or hard of hearing)	
People with cognitive disabilities	
People who need language access services (please provide information in Table 2.5)	
People who are immigrants	
People who are experiencing substance misuse issues	
People who are experiencing mental health issues	
People who do not have health insurance	
People who are migratory/seasonal agricultural workers	
People who are Veterans/military spouses/active duty	
People who live in rural communities	
People who are victims of trafficking	
People who need social services (TANF, WIC, Child Support, Low Income Home Energy Assistance Program [LIHEAP])	
People who need economic education or support services (credit repair, matched savings, or arears/debt relief)	
Other not listed (provide examples and count):	

Table. 2.5 Languages Spoken by Survivors and/or their Dependents Who Require Language Services

The categories below are in accordance with FVPSA 42 U.S.C. 10412 (c)(2), which requires the provision of age-appropriate and culturally and linguistically appropriate services, to the survivors and children; and FVPSA 42 U.S.C. § 10402, which requires the provision of services to underserved populations of survivors and their dependents.

Please report the number of survivors and/or their dependents needing language services, based on their primary language(s) spoken. If an individual needs support for more than one language, please include them in counts for each language they speak. If survivors and/or their dependents speak other languages not listed here, please indicate the language(s) and the total number in the “Other” row. Enter only full numerical values. Ranges (e.g., 30–45) or text values (e.g., thirty to forty-five) will not be accepted. If the language group was not represented, enter “0.”

NOTE: If survivors and/or their dependents spoke another language other than English but did not need language access services, do **not** count them in the table.

Language - Please specify languages and count	Total # of Individuals Needing Language Services

Section 3: Workforce Information

Table 3.1 Breakdown of Full-Time Equivalents (FTE) Across Grant Categories

Please use the chart below to indicate the total staff full-time equivalents (FTE) paid using FVPSA funding. One FTE is equal to the number of hours a full-time employee works for an organization. FTE Planned refers to planned/expected staff, while FTE Staffed refers to actual staff hired. Each full-time paid staff member should equal 1 and each part-time paid staff member should equal 0.5. For employees paid across categories, use decimals (e.g., 0.25, 0.50, etc.) to refer to the amount of time spent across grant categories. For example, if you have one employee dedicated 0.5 FTE to work on the CSDVSA grant and their time is split equally performing both Outreach and Finance, they would be counted in *both* categories. In this case, write 0.25 in the Total FTE column for Outreach and 0.25 for Finance. Enter only numerical values; ranges (e.g., 30–45), text values (e.g., thirty to forty-five), and percentages (50%) will not be accepted.

If your organization had staff working across additional categories, please indicate the specific type of service and the total number of staff in the “Other” row.

NOTE: If no grant funds were allocated toward FTEs, please enter zeroes in each category.

Category	Total FTE Planned	Total FTE Staffed
Direct Services		
Evaluator Services		
Finance		
Grant funds were not allocated toward FTEs		
Outreach		
Program/Project Management		
Other not listed: (Please specify category or categories here and the total count planned and staffed)		
Total FTE		

Table 3.2 Workforce Capacity Building Implemented with CSDSVA Grant Funds

Please indicate which of the below capacity building activities were implemented with FVPSA funding. If your organization implemented additional capacity building activities through use of FVPSA funding, please indicate the capacity building activity in the “Other” row.

Workforce Capacity Building Activity Type	Activity Provided (mark with an X if provided)	Provide # of Staff FTE Impacted (if available)
Conferences and seminars funded (national conferences on DV/SA, etc.)		
Culturally specific trainings and workshops (trauma-informed care, crisis intervention, advocacy training, etc.)		
Hazard pay		
Hired additional FVPSA-funded staff		
Hired bilingual/culturally sensitive staff		
Hired data collection staff/consultant		
Hired program evaluators		
Hiring bonus		
Housing/rental assistance		
Paid interns		
Professional development (e.g., certification programs, online learning)		
Provided health/wellness services (e.g., health insurance, prescriptions, chiropractic care, vision, dental, etc.)		
Staff retention activities (e.g., pay increase, childcare assistance, commuting/transportation assistance)		
Other not listed: (Please specify activity or activities and total count of staff impacted)		

Section 4: Other Services Provided

Table 4.1 Training/Technical Assistance

Please indicate areas in which you have provided training/technical assistance by including the total number of individuals (survivors and their dependents or individuals at organizations/service providers) in that area in the right column of the table. If your organization provided other forms of training/technical assistance, please indicate the type as well as the total number of individuals trained in the “Other” row. Enter only full numerical values. Ranges (e.g., 30–45) or text values (e.g., thirty to forty-five) will not be accepted. If the training area was not provided, enter “0.”

For example: If there were 10 total individuals (survivors and their dependents or individuals at organizations/service providers) trained on adolescent/teen relationship abuse, but there were not any individuals trained on elder abuse, enter a “10” for adolescent/teen relationship abuse and a “0” for elder abuse. Note that one individual can be trained across multiple areas and therefore would be entered multiple times.

Training Area	# Individuals Trained
Access to services	
Adolescent/teen relationship abuse	
Child custody issues	
Child welfare	
Civil legal issues (includes family court response, civil legal assistance)	
Data collection and evaluation	
Dating violence	
Disabilities (includes those who are deaf/hard of hearing)	
Domestic violence	
Economic empowerment	
Elder abuse	
Employment and job training	
Engaging men and boys	
Evidence- and practice-based interventions/trauma-informed practice	
Faith/religion	
Housing assistance/navigation	
Underserved communities	
Parenting programs	
Program development	
Public benefits (TANF, SNAP, WIC, etc.)	
Immigrant survivor response	
Research	
Runaway/homeless youth	
Rural communities (includes those living in remote areas)	
Safety planning	

Training Area	# Individuals Trained
Sexual assault	
Stalking	
Substance abuse	
Trafficking	
Trauma-informed care	
Tribal justice issues	
Wellness	
Other not listed: (Please specify training area(s) here and the total count)	

Table 4.2 Partnership/Community Outreach

Please indicate which organizations, agencies, etc. you have completed partnership/outreach activities with by indicating the total number of partnerships/activities completed during the grant period in the right column of the table. Note that prevention services to culturally specific communities that increase access to sexual assault and domestic violence services are also considered partnership/community outreach activities.

If your organization provided other forms of partnership/outreach, please indicate the type as well as the total number of activities in the “Other” row. Enter only full numerical values. Ranges (e.g., 30–45) or text values (e.g., thirty to forty-five) will not be accepted. If the organization was not represented, enter “0.”

In addition, if you have developed a Memorandum of Understanding (MOU) or Letter of Agreement with any of these types of organizations, please also indicate that in the final column with an X.

Organizations & Communities	# of Partnership/ Outreach Activities	Check [X] if MOU/Letter of Agreement Developed
Childcare centers		
Community-based activists, sexual assault and domestic violence service providers and survivors, rape crisis centers/sexual assault programs		
Community-based organizations (CBOs)		
Domestic violence programs		
Domestic violence shelters		
Faith-based organizations (churches, mosques, temples, etc.)		
General public		

Organizations & Communities	# of Partnership/ Outreach Activities	Check [X] if MOU/Letter of Agreement Developed
Homeless shelters		
Hospitals and health clinics		
Housing programs		
Human trafficking organizations		
Immigration services		
Jails and prisons		
Legal aid organizations		
Organizations serving underserved populations		
Local and state public health authorities/departments		
Local businesses/corporate partners		
Local departments of social services		
Local law enforcement agencies		
Local schools and colleges/universities		
Media outlets		
Mental health/behavioral health organizations		
Organizations that support refugees and immigrants		
Other local and state government agencies		
Sex trafficking organizations		
Social service non-profit organizations		
Substance abuse rehabilitation centers		
Tribal organizations		
Tribes		
Urban Indian organizations		
Youth-serving organizations		
Other not listed: (Please specify other types of organization(s) here and the total count of activities and MOU details to the right)		

Section 5: Survivor Outcomes

Table 5.1 Survivor Outcomes

Please complete the table below to indicate the percentage of survivors receiving FVPSA funded services that reported the below outcomes. Please note that survivor percentages are counted separately across the two outcomes. If the outcome was not reported, enter “NA”.

Survivor-Centered Outcome Metrics	Total Percentage
For this reporting period, please provide the percentage of survivors receiving FVPSA-funded services that reported increased knowledge of safety planning	
For this reporting period, please provide the percentage of survivors receiving FVPSA-funded services that reported increased knowledge of community resources	

Section 6: Narrative Descriptions

In this section you will provide additional narrative information regarding how your organization designed, implemented, and sustained activities that add value to the CSDVSA program’s intended outcomes. Note that the first five narrative descriptions are required and the last is optional. Please type your questions directly into the space provided, avoid restating the question in your responses and avoid uploading narrative descriptions as attachments. Please limit your responses to 500 words, if possible.

Required Narrative Descriptions

Survivor Stories: Provide examples of the experiences of survivors you served based on the services you provided for them, and their associated impact. You may include stories and/or anecdotes to contextualize your work.

Significant and Impactful Outcomes Resulting from Culturally Specific Activities: Briefly describe a significant and impactful activity your organization accomplished, based on culturally specific practices. This could include but is not limited to additional information on survivor-centered outcomes not already addressed in your report, reduction in trauma symptoms, less violence, more confidence in being able to support children, reunification numbers, reduction in parenting stress, parent/child relationship changes, skill development for providers, etc.

Describe Programmatic Success and Accomplishments Since the Implementation of Your Activities. Please include narratives such as community partnerships, innovative and or unique programming and services, best practices, etc. Particular areas of interest are successes related to intersections with foster care and technology-facilitated abuses.

Barriers and Challenges Faced During this Reporting Period: Briefly describe any barriers and/or challenges your organization faced this reporting period. Please describe how you overcame those barriers and challenges, including any pivots in your approach. Please write directly in the space provided and avoid using a table.

Progress on Accessibility Plans: Briefly describe your progress this reporting period on your organization's Accessibility Plan. Include details that demonstrate the processes and policies the organization has put in place to ensure the proactive identification of systemic barriers to opportunities and benefits for people with disabilities and other underserved populations. You may also use this section to discuss any time spent toward policy or systems-level change.

**** Optional Narrative Description**

Activities Planned for Next Reporting Period: Briefly describe any activities planned for the next reporting period that align with the terms of the cooperative agreement as outlined in the Award Letter. Please list planned activities directly in the space provided and avoid using a table.

Sustainability: How will the termination of your grant award affect your organization's ability to continue providing culturally specific DV and SA services? Please describe anticipated impacts on service availability, staffing, and any community partnerships established through your project.

Key Lessons Learned: Briefly describe the knowledge and insights gained through your grant both positive and negative, reflecting on the entire project, activities, experiences, and/or situations that worked well and may have not worked so well.

Context on Data Tables: Please provide any context you feel is necessary as it relates to the completed quantitative data tables throughout Sections 1-4 of the PPR. If providing additional context, please include the section of the PPR (Allowable Services, Demographics, Workforce Information, Training/Technical Assistance, etc.) to which the additional context refers.

Section 7: Terms and Definitions

Please refer to the definitions below when completing the relevant data tables.

CSDVSA PPR Allowable Activity Terms

Term	Definitions and/or Examples
Crisis intervention	<p>“Process by which a person identifies, assesses, and intervenes with an individual in crisis so as to restore balance and reduce the effects of the crisis in their life. In this category, report crisis intervention that occurs in person and/or over the telephone with an established client. This is typically short-term to intervene in a crisis.” (State and Tribal FVPSA Grantees PPR)</p>
Culturally specific services	<p>“Culturally specific services mean community-based services that include culturally relevant and linguistically specific services and resources to culturally specific communities, which are primarily directed toward racial and ethnic minority groups (American Indian/Alaska Native, Native Hawaiians/Other Pacific Islander, Black, Hispanic, etc.).</p> <p>This underserved populations definition also includes other population categories determined by the Secretary [of Health and Human Services] or the Secretary’s designee to be underserved.” (House.gov)</p>
Dating violence	<p>“Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim and where the existence of such a relationship shall be determined based on a consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship.” (Office on Violence Against Women)</p>
Domestic violence	<p>“Felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws or jurisdiction receiving grant monies; or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.” (House.gov)</p>
Evidence based	<p>“Evidence-based practices in policymaking include identifying existing solutions, scaling up practices that are working, and designing solutions with regular input of the individuals and communities to be served.” (House.gov)</p>

Term	Definitions and/or Examples
Family violence	“Any act or threatened act of violence, including any forceful detention of an individual, which: (a) results in or threatens to result in physical injury, and (b) is committed by a person against another individual (including an elderly person) to whom such person is, or was, related by blood or marriage, or otherwise legally related, or with whom such person is, or was, lawfully residing.” (Legal Information Institute)
Housing assistance	“The term [“housing assistance”] means, with respect to federally assisted housing, the grant, contribution, capital advance, loan, mortgage insurance, or other assistance provided for the housing under the provisions of law referred to in paragraph (2). The term also includes any related assistance provided for the housing by the Secretary, including any rental assistance for low-income occupants.” (Legal Information Institute)
Individual or group counseling/support group	“Counseling or support provided by a volunteer, staff, advocate, etc.” (State and Tribal FVPSA Grantees PPR)
Legal advocacy	“Assisting a client with civil legal issues, including preparing paperwork for protection orders; accompanying a client to a protection order hearing, or other civil proceeding; and all other advocacy within the civil justice system. This also includes accompanying a client to an administrative hearing, such as unemployment, Social Security, TANF, or food stamp hearing. Assisting a client with criminal legal issues, including notifying the client of case status, hearing dates, plea agreements, and sentencing terms; preparing paperwork such as victim impact statements; accompanying a client to a criminal court proceeding or law enforcement interview; and all other advocacy within the criminal justice system.” (State and Tribal FVPSA Grantees PPR)
Medical advocacy	“Includes accompanying a domestic violence victim to, or meeting a victim at, a hospital, clinic, or medical office.” (State and Tribal FVPSA Grantees PPR)
Mobile Advocacy	“Mobile advocacy allows advocates/program staff to work within the community to support domestic violence and sexual assault survivors wherever it is safe and convenient for the survivor.” (CSDVSA NOFO, 2023)
Sexual assault	“For the purposes of this announcement, [“sexual assault”] means any nonconsensual sexual act proscribed by federal, tribal, or state law, including when the victim lacks capacity to consent.” (Office on Violence Against Women)

Term	Definitions and/or Examples
Supportive services	<p>“For the purposes of this announcement, [“supportive services”] is defined as services for adult and youth victims of family violence, domestic violence, dating violence, and sexual assault and their dependents that are designed to meet the needs of such victims and their dependents for short-term, transitional, or long-term safety and recovery.</p> <p>Supportive services include, but are not limited to, the following: direct and/or provide referral-based advocacy on behalf of victims and their dependents, counseling, case management, employment services, referrals, transportation services, legal advocacy or assistance, childcare services, health, behavioral health and preventive health services, culturally and linguistically appropriate services, and other services that assist victims and their dependents in recovering from the effects of the violence.” (Code of Federal Regulations)</p>
Trauma	<p>Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being. (SAHMSA)</p>
Trauma-Informed	<p>Trauma-informed care acknowledges the need to understand a patient’s life experiences in order to deliver effective care and has the potential to improve patient engagement, treatment adherence, health outcomes, and provider and staff wellness. (SAHMSA)</p>
Underserved population	<p>The term “underserved populations” has the meaning given in the Family Violence Prevention and Services Act (FVPSA) 42 U.S. Code § 10402(14).</p> <p>“The term “underserved populations” includes populations underserved because of geographic location, underserved racial and ethnic populations, populations underserved because of special needs (such as language barriers, disabilities, alienage status, or age), and any other population determined to be underserved by the Attorney General or by the Secretary of Health and Human Services, as appropriate.”</p>

Race and Ethnicity Terms

Term	Definitions and/or Examples
American Indian or Alaska Native	“Individuals with origins in any of the original peoples of North, Central, and South America, including, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, and Maya.” (Census.gov)
Asian	“Individuals with origins in any of the original peoples of Central or East Asia, Southeast Asia, or South Asia, including, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese.” (Census.gov)
Black or African American	“Individuals with origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali.” (Census.gov) Note from OFVPS: This refers to the original peoples of black racial groups of Africa.
Hispanic or Latino	“Includes individuals of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, and other Central or South American or Spanish culture or origin.” (Census.gov)
Middle Eastern or North African (MENA)	“Individuals with origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, and Israeli.” (Census.gov)
Native Hawaiian or Pacific Islander	“Individuals with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese.” (Census.gov)
White	“Individuals with origins in any of the original peoples of Europe, including, for example, English, German, Irish, Italian, Polish, and Scottish.” (Census.gov)
Multiracial and/or Multiethnic	“This term is used when presenting data for individuals who identify with multiple race/ethnicity minimum reporting categories (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Middle Eastern or North African, Native Hawaiian or Pacific Islander, and White).” (Census, 2024) (U.S. Census Bureau, n.d. ; Marks et al., 2024)