OMB Approval Number: 0970-0490
Expiration Date: 03/31/2026

Administration for Children and Families (ACF) PERFORMANCE PROGRESS REPORT (PPR)
ACF–Specialized Services for Abused Parents and Their Children (SSAPC)–OFVPS
COVER PAGE INSTRUCTIONS
Office of Family Violence Prevention and Services (OFVPS)
Family Violence Prevention and Services (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)	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	Check the correct reporting period, either April 1 – September 30 or October 1 – March 31.
7.	Final Report	Mark appropriate box. Check "Yes" only if this is the 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.

PAPERWORK REDUCTION ACT (PRA) OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to implement a Specialized Services for Abused Parents and Children (SSAPC) demonstration projects PPR, the OFVPS seeks to ensure that the complexity and nuance of the SSAPC's work is reflected through metrics or narrative information collected through an updated PPR while also reporting on challenges or barriers to meeting the SSAPC'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 Holi Dahl [holi.dahl@acf.hhs.gov].

Specialized Services for Abused Parents and Their Children (SSAPC) Discretionary Grant
PERFORMANCE PROGRESS REPORT (PPR)
ACF-SSAPC-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

<table>
<tr><td>1. Federal Agency and Organization Element to Which Report is Submitted

ACF-SSAPC-OFVPS</td><td>2. Federal Grant or Other Identifying Number Assigned by Federal Agency

[Enter text here]</td><td>3a. DUNS Number

[Enter text here]

3b. EIN

[Enter text here]</td></tr>
<tr><td colspan="2">4. Recipient Organization
(Name and Complete Address Including Zip Code)

[Enter text here]</td><td>5. Recipient Identifying Number or Account Number

[Enter text here]</td></tr>
<tr><td colspan="2">6. Project Reporting Period

[ ] April 1 – September 30 [ ] October 1 – March 31</td><td>7. Final Report
Yes [ ] No [ ]</td></tr>
<tr><td colspan="3">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.</td></tr>
<tr><td rowspan="2">8a. Typed or Printed Name and Title of Authorized Certifying Official

[Enter text here]</td><td colspan="2">8c. Telephone (Area Code, Number and Extension)
[Enter text here]</td></tr>
<tr><td colspan="2">8d. Email Address
[Enter text here]</td></tr>
<tr><td>8b. Signature of Authorized Certifying Official

[Enter text here]</td><td colspan="2">8e. Date Report Submitted (Month, Day, Year)

[Enter text here]</td></tr>
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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 Parents Who Are Abused and Their Children
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 Parents Who Are Abused and Their Children

Table 1.1 Outcomes: Quantifiable Expected Goals versus Completed Goals

Please complete the chart below to indicate the progress your organization has made toward at least **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" 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
Example 1: 50 survivors referred to therapy via behavioral health screening	*50*	*15*	*35*	*Of 30 survivors engaged in behavioral health screening, 15 were referred to therapy and 8 successfully enrolled*
Example 2: All 20 project partners demonstrate increased knowledge of dynamics of family violence	*20*	*10*	*10*	*Of 20 total project partners, 10 participated in dynamics learning activities and of those who participated, 100% demonstrated increased knowledge based on pre- and post-activity knowledge checks*

Expected Goal Description	Goal	Progress this Period	Remaining	Outcome Description
Expected Goal Description				
Expected Goal Description				
Expected Goal Description				
Expected Goal Description				
Expected Goal Description				

Table 1.2 Services Provided to Parents Who Are Abused and Their Children

Please complete the table below to indicate which of the services your organization provided to adult, children, and youth survivors and indicate the number of individuals who were provided the service. Definitions of the service categories in this table are available for reference in the Section 7: Terms and Definitions table. Please note that the age cutoff for children/youth is 17 years of age.

Note that adult, children, and youth survivors can be counted across multiple services. For example, if child/youth A received children/youth crisis intervention and children/youth legal advocacy, count them in *both* areas. However, please ensure that counts for children/youth and adults served together are not also counted under the children/youth or adult section. However, if a child/youth or adult receives both services separately and services together, each instance should be counted. 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
Children/Youth receiving:	
Art-based approaches to healing (e.g., A Window Between Worlds, dance, photography, etc.)	
Childcare/Early Childhood Development Services and Head Start services	
Crisis intervention	
Disability Support Services/Accessibility Services	
Individual or group counseling/support group	
Legal advocacy/services	

Service Provided	Total # of Individuals Provided with Service
Medical advocacy	
Mental health services	
Mobile Advocacy/Offsite Services	
Prevention programs and outreach	
Safety planning	
Shelter services	
Transportation services	
Victim advocacy services	
Youth/Teen Support Services	
Additional services such as educational support, respite care, supervised visitation, etc.	
Other service(s) not listed: (Provide other service(s) type and count)	
Adults receiving:	
Art-based approaches to healing (e.g., A Window Between Worlds, dance, photography, etc.)	
Child Care/Early Childhood Development Services and Head Start Services	
Crisis intervention	
Disability Support Services/Accessibility Services	
Individual or group counseling/support group	
Legal advocacy/services	
Medical advocacy	
Mental health services	
Mobile Advocacy Services/Offsite Services	
Parenting programs/classes	
Prevention programs and outreach	
Safety planning	
Shelter services	

Service Provided	Total # of Individuals Provided with Service
Social Services/Public Benefits (i.e. TANF, WIC, Low Income Home Energy Assistance Program [LIHEAP], Child Support)	
Transportation services	
Victim advocacy services	
Youth/Teen Support Services	
Additional services such as educational support, respite care, supervised visitation, etc.	
Other service(s) not listed: (Provide other service(s) type and count)	
Children/Youth and Adults Together receiving:	
Art-based approaches to healing (e.g., A Window Between Worlds, dance, photography, etc.)	
Child Care/Early Childhood Development Services and Head Start Services	
Crisis intervention	
Disability Support Services/Accessibility Services	
Individual or group counseling/support group	
Legal advocacy/services	
Medical advocacy	
Mental health services	
Mobile Advocacy Services/Offsite Services	
Prevention programs and outreach	
Safety planning	
Shelter services	
Services to the abusive parent and child within their respective service system to restore the parent-child bond	
Social Services/Public Benefits (i.e. TANF, WIC, Low Income Home Energy Assistance Program [LIHEAP], Child Support)	
Transportation services	
Victim advocacy services	
Youth/Teen Support Services	

Service Provided	Total # of Individuals Provided with Service
Additional services such as educational support, respite care, supervised visitation, etc.	
Other service(s) not listed: (Provide other service(s) type and count)	

Table 1.3 Service Referrals

Please complete the table below to indicate the number of incoming and outgoing service referrals for adult, children, and youth survivors. Note that adult, children, and youth survivors 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		
Children/Youth	**# Referred In**	**# Referred Out**
Art-based approaches to healing (e.g., A Window Between Worlds, dance, photography, etc.)		
Childcare/Early Childhood Development Services and Head Start services		
Crisis intervention		
Disability Support Services/Accessibility Services		
Individual or group counseling/support group		
Legal advocacy/services		
Medical advocacy		
Mental health services		
Mobile Advocacy/Offsite Services		
Prevention programs and outreach		
Safety planning		
Shelter services		
Social Services/Public Benefits (i.e. TANF, WIC, Low Income Home Energy Assistance Program [LIHEAP], Child Support)		
Transportation services		

Services Referred		
Victim advocacy services		
Youth/Teen support services		
Additional services such as educational support, respite care, supervised visitation, etc.		
Other referred service(s) not listed: (Provide other service(s) type and count)		
Adults	**# Referred In**	**# Referred Out**
Art-based approaches to healing (e.g., A Window Between Worlds, dance, photography, etc.)		
Child Care/Early Childhood Development Services and Head Start Services		
Crisis intervention		
Disability support services/Accessibility services		
Individual or group counseling/support group		
Legal advocacy/services		
Medical advocacy		
Mental health services		
Mobile advocacy services/Offsite services		
Parenting programs/classes		
Prevention programs and outreach		
Safety planning		
Shelter services		
Social services/Public benefits (i.e. TANF, WIC, LIHEAP, Child Support)		
Transportation services		
Victim advocacy services		
Youth/Teen support services		
Additional services such as educational support, respite care, supervised visitation, etc.		
Other referred service(s) not listed:		

Services Referred		
(Provide other service(s) type and count)		
Children/Youth and Adults Together	**# Referred In**	**# Referred Out**
Art-based approaches to healing (e.g., A Window Between Worlds, dance, photography, etc.)		
Child Care/Early Childhood Development Services and Head Start Services		
Crisis intervention		
Disability Support Services/Accessibility Services		
Individual or group counseling/support group		
Legal advocacy/services		
Medical advocacy		
Mental health services		
Mobile Advocacy Services/Offsite Services		
Prevention programs and outreach		
Safety planning		
Shelter services		
Services to the abusive parent and child within their respective service system to restore the parent-child bond		
Social Services/Public Benefits (i.e. TANF, WIC, Low Income Home Energy Assistance Program [LIHEAP], Child Support)		
Transportation services		
Victim advocacy services		
Youth/Teen Support Services		
Additional services such as educational support, respite care, supervised visitation, etc.		
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 adult, children and youth survivors who were supported by Family Violence Prevention and Services Act (FVPSA) grant funding by race/ethnicity. Clients may self-identify in more than one broader level category, (e.g., White and Hispanic) and should be represented as "multiracial".

Please note: All the main Race and Ethnicity categories (Asian, for example) should add up to equal the total number of individuals served. However, the subcategories (Chinese, Asian Indian, Filipino, for example) may total a higher number than the individuals in that category, due to multiple sub-categories chosen by one individual of a single race.

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 Error: Reference source not found table.

Defining race and ethnicity. In accordance with the Office of Management and Budget (OMB) Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (SPD 15), the race and ethnicity categories set forth are sociopolitical constructs and are not an attempt to define race and ethnicity biologically or genetically. The SPD 15 race and ethnicity categories are intended to result in more accurate and useful race and ethnicity data across the Federal government.

Adults, Children, and Youth Served Who Are:	Total Number
American Indian or Alaska Native (AIAN)	
For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.	
Asian	
Chinese	
Asian Indian	
Filipino	
Vietnamese	
Korean	
Japanese	
Enter, for example, Pakistani, Hmong, Afghan, etc.	
Black or African American	
African American	
Jamaican	
Haitian	
Nigerian	

Adults, Children, and Youth Served Who Are:	Total Number
Ethiopian	
Somali	
Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.	
Hispanic or Latino	
Mexican	
Puerto Rican	
Salvadoran	
Cuban	
Dominican	
Guatemalan	
Enter, for example, Colombian, Honduran, Spaniard, etc.	
Middle Eastern or North African	
Lebanese	
Iranian	
Egyptian	
Syrian	
Iraqi	
Israeli	
Enter, for example, Moroccan, Yemeni, Kurdish, Palestinian, etc.	
Native Hawaiian or Pacific Islander	
Native Hawaiian	
Samoan	
Chamorro	
Tongan	
Fijian	
Marshallese	
Enter, for example, Chuukese, Palauan, Tahitian, etc.	
White	
English	
German	
Irish	
Italian	
Polish	
Scottish	
Enter, for example, French, Swedish, Norwegian, etc.	
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 adult, children, and youth survivors 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 Sex

In table 2.3, please report the total number of adult, children, and youth survivors who were supported by FVPSA grant funding by sex.

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."

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

Table 2.4 Additional Populations

Please report the total number of adult, children, and youth survivors who were supported by FVPSA grant funding who belong to any of the below categories. Note that adult, children, and youth survivors can be counted across multiple categories. For example, if a survivor reports they need 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 were formerly incarcerated	

Category	Total Number
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 refugees or asylum seekers	
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] 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 Who Require Language Services

Please report the number of adult, children, and youth survivors needing language services, based on their primary language(s) spoken. If an adult, children, and youth survivor needs support for more than one language, please include them in counts for each language they speak. If adult, children, and youth survivors 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 adult, children, and youth survivors spoke another language other than English but did not need language access services, do **not** count them in the table.

Language	Total # of Individuals Needing Language Services
African Languages	
Arabic	
Chinese	

French	
German	
Hindi	
Korean	
Native North American Languages (Includes American Indian and Alaska Native languages)	
Russian	
Spanish	
Tagalog	
Vietnamese	
Other not listed (Please specify languages and count)	

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 SSAPC 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 SSAPC 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.)		
trainings and workshops 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 here and the 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 (adult, children, and youth survivors or individuals at organizations/service providers) trained 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 (adult, children, and youth survivors or individuals at organizations/service providers) trained on adolescent/teen relationship abuse, but there were not any individuals trained on program evaluation, enter a "10" for adolescent/teen relationship abuse and a "0" for program evaluation. Note that one individual can be trained across multiple areas and therefore would be entered multiple times.

Training Area	# individuals trained
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	
Evidence- and practice-based interventions/ informed practice	
Parenting programs	
Primary prevention	
Program development	
Program evaluation	
Public benefits (TANF, SNAP, WIC, etc.)	
Runaway/homeless youth	
Rural communities (includes those living in remote areas)	
Safety planning	
Sexual assault	
Substance abuse	
Trafficking	
Training for people who use violence	
Tribal justice issues	
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 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		
Culturally specific populations and community-based organizations (CBOs)		
Domestic violence programs		
Domestic violence shelters		
Faith-based organizations (churches, mosques, temples, etc.)		
General public		
Homeless shelters		
Hospitals and health clinics		
Housing programs		
Human trafficking organizations		
Jails and prisons		

Organizations & Communities	# of Partnership/ Outreach Activities	Check [X] if MOU/Letter of Agreement Developed
Legal aid organizations		
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/sex worker advocacy organizations		
Social service non-profit organizations		
Substance abuse rehabilitation centers		
Tribes		
Tribal organizations		
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)		

Table 4.3 Subrecipients

Please use the chart below to list your organization's subrecipients*, if applicable. Please also be sure to list the number of domestic violence/sexual assault survivors who were referred to each subrecipient, as well as the number of those survivors who were served.

Sub-recipient Name	City, State, Zip	Website	OFVPS Funding Amount	Population	Number of Referrals	Number of Individuals Served

*"Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency." (45 CFR § 75.2).

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 SSAPC 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: Describe a significant or impactful outcome or accomplishment this reporting period you would like the Office of Family Violence Prevention and Services to know about. 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.

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.

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.

Optional Narrative Description

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, etc.)

to which the additional context refers. Please limit your response to 500 words.

Section 7: Terms and Definitions

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

SSAPC PPR Allowable Activity Terms

Term	Source
Criminal/Civil Legal Advocacy	State and Tribal FVPSA Grantees PPR
Crisis Intervention	State and Tribal FVPSA Grantees PPR
Individual/Group Counseling	State and Tribal FVPSA Grantees PPR
Medical Advocacy	State and Tribal FVPSA Grantees PPR
Transportation Services	State and Tribal FVPSA Grantees PPR
Victim Advocacy Services	State and Tribal FVPSA Grantees PPR

Additional PPR Terms	
Term	**Source**
Culturally specific services	House.gov
Domestic violence	House.gov
Evidence based	House.gov
Family violence	House.gov
Supportive services	Code of Federal Regulations
Trauma	SAHMSA
Informed	SAHMSA
Race/Ethnicity	Census Bureau