



Grant Recipient Name: _____

State Fiscal Year: _____ Sub-grant Award: _____

2018-V2-GX-0019 \$ _____

PRIORITY AND UNDERSERVED REQUIREMENTS:

Instructions: Be sure to accurately report the amount of VOCA funds that are allocated to each category of priority and underserved victims of crime. Child sexual victimization should be reported ONLY in category C. SEXUAL ASSAULT, C1. CHILD SEXUAL ASSAULT.

A. Child abuse/neglect:	\$
A1. Child physical abuse/neglect:	\$
A2. Child sexual assault:	\$
B. Domestic and Family Violence:	\$
C. Sexual assault:	\$
C1. Adult sexual assault:	\$
Report Child Sexual Assault above (A2)	
D. Underserved:	
D1. Underserved (DUI/DWI crashes):	\$
D2. Underserved (assault):	\$
D3. Underserved(adults molested as children):	\$
D4. Underserved (elder abuse):	\$
D5. Underserved (robbery):	\$
D6. Underserved (survivors of homicide vics.):	\$
D7. Other Underserved (other violent crimes):	\$

Total Underserved: \$ _____ (autofilled)

Total: \$ _____ (autofilled, should equal total Subaward Amount)

D8. Please briefly describe "Other Underserved" if used:

8. SUBGRANT MATCH (financial support from other sources):

A. Value of in-kind match: \$ _____

B. Cash match: \$ _____

D. Match waiver (full or partial):

Total match (autofilled): \$ _____

9. USE OF VOCA AND MATCH FUNDS:

Instruction: check the category of service and subcategory that best identifies the types of services or activities that will be provided by the VOCA-funded project, as described below. Note: Report only those services actually provided by the VOCA-funded project. Do not report services offered by another agency.

Check all that apply

A. INFORMATION & REFERRAL

- Information about the criminal justice process
- Information about victim rights, how to obtain notifications, etc.
- Referral to other victim service programs
- Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.)

B. PERSONAL ADVOCACY/ACCOMPANIMENT

- Victim advocacy/accompaniment to emergency medical care
- Victim advocacy/accompaniment to medical forensic exam
- Law enforcement interview advocacy/accompaniment
- Individual advocacy (e.g., assistance in applying for public benefits, return of personal property or effects)
- Performance of medical forensic exam or interview, or medical evidence collection
- Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)
- Intervention with employer, creditor, landlord, or academic institution
- Child and/or dependent care assistance (includes coordination of services)
- Transportation assistance (includes coordination of services)
- Interpreter services

C. EMOTIONAL SUPPORT OR SAFETY SERVICES

- Crisis intervention (in-person, includes safety planning, etc.)
- Hotline/crisis line counseling
- On-scene crisis response (e.g., community crisis response)
- Individual counseling
- Support groups (facilitated or peer)
- Other therapy (traditional, cultural, or alternative healing; art, writing, or play therapy; etc.)
- Emergency financial assistance (includes emergency loans and petty cash, payment for items such as food and/or clothing, changing windows and/or locks, taxis, prophylactic and nonprophylactic meds, durable/medical equipment, etc.)

D. CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE

- Notification of criminal justice events (e.g. case status, arrest, court proceedings, case disposition, release, etc.)
- Victim impact statement assistance

- Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)
- Civil legal assistance in obtaining protection or restraining order
- Civil legal assistance with family law issues (e.g. custody, visitation, or support)
- Other emergency justice related assistance
- Immigration assistance (e.g. special visas, continued presence application, and other immigration relief)
- Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness)
- Law enforcement interview advocacy/accompaniment
- Criminal advocacy/accompaniment
- Other legal advice and/or counsel

10. TYPES OF VICTIMIZATIONS

INSTRUCTION: Check the types of victimization that best describe the victims the VOCA-funded project will serve. "Other" refers to a type that is not associated with any of the types provided in this list. Provide an explanation for any victimization type listed as "other".

- Adult Physical Assault (includes Aggravated and Simple Assault)
- Adult Sexual Assault
- Adult Sexually Abused/Assaulted as Children
- Arson
- Bullying (Verbal, Cyber, or Physical)
- Burglary
- Child Physical Abuse or Neglect
- Child Pornography
- Child Sexual Abuse/Assault
- Domestic and/or Family Violence
- DUI/DWI Incidents
- Elder Abuse or Neglect
- Hate Crime: Racial/Religious/Gender/Sexual Orientation/Other
- Human Trafficking: Labor
- Human Trafficking: Sex
- Identity Theft/Fraud/Financial Crime
- Kidnapping (noncustodial)
- Kidnapping (custodial)
- Mass Violence (Domestic/International)
- Other Vehicular Victimization (e.g. Hit and Run)
- Robbery

- Stalking/Harassment
- Survivors of Homicide Victims
- Teen Dating Victimization
- Terrorism (Domestic/International)
- Other

If Other, please explain:

11. BUDGET AND STAFFING:

INSTRUCTION: Indicate below the requested information based on the your current fiscal year (June 30-July 1): Report the total budget available to the victim services program, by source of funding. Do not report the entire agency budget, unless the entire budget is devoted to victim services. For example, if VOCA funds area awarded to support a victim advocate unit in a prosecutor’s office, then only report the budget for the victim advocate unit. NOTE: Do not include in-kind match; do not report sums less than one dollar.

B. Total Budget for all victimization programs/services for this agency (The amount reported is for the current fiscal year. Include the subaward amount.): _____

C. Annual funding amounts allocated to all victimization programs and/or services for the current fiscal year. (Identify by source the amount of funds allocated to the victimization programs/services budget of the subgrantee agency. OTHER FEDERAL includes all federal funding except the subaward amount reported in Question 4.)

C1. Subaward Amount:	
C2. State/Territory:	
C3. Local:	
C4. Other Federal:	
C5. Other Non-Federal:	

D. Total number of paid staff for all subgrantee victimization program and/or services (Total number of paid full-time equivalent staff (FTE) for the current fiscal year): _____

E. Number of FTE staff funded through this VOCA award (plus match) for subgrantee’s victimization programs and/or services (Total number of VOCA-funded staff by FTE for the current fiscal year): _____

F. Total number of volunteer staff FTE supporting the work of this VOCA award (including volunteers used as match on this grant): _____

G. Number of volunteer hours supporting the work of this VOCA award (plus match) for subgrantee’s victimization programs and/or services (Total count of hours to be worked by all volunteers supporting the work of this VOCA subaward plus match): _____

Overall Comments (Optional):