



Grant Recipient Name: \_\_\_\_\_

State Fiscal Year: \_\_\_\_\_

**FAMILY VIOLENCE PREVENTION SERVICE ACT (FVPSA)**

**End of Year Performance Report**

**Reporting Period: July 1 to June 30**

*Please refer to your FVPSA award conditions and answer ALL questions below.*

*For **\*domestic violence\*** services supported in whole or in part by your FVPSA grant, provide examples or summaries of your program accomplishments and challenges in these areas:*

1. Share a story about a **domestic violence** program participant, service or community initiative.

2. What does your FVPSA grant allow you to do that you wouldn't be able to do without this funding?

**NOTE: FVPSA funds MAY NOT be used for sexual assault services.**

*FVPSA End of Year Performance Report*

Rev. 2019





6. Provide any additional information that you would like us to know about your FVPSA-supported domestic violence program and its effectiveness, the unmet needs of victims in your community and what would be required to meet them, or service trends that are emerging in your community.