

Victim Witness Program Progress Report

California Emergency Management Agency
Public Safety & Victim Services Division
ATTN: Victim/Witness Section
3650 Schriever Avenue
Mather, California 95655
FAX (916) 636-3770

Following the instructions, please provide the information as indicated. All reports must be received by Cal EMA by the dates shown below. **SUBMIT ONE (1) ORIGINAL AND ONE (1) COPY TO THE ABOVE ADDRESS.**

1. Project Title: _____ 2. Grant Award #: _____
3. Recipient: _____ 4. Grant Period: _____
5. Address: _____ 6. Report Period: _____

Report prepared by: _____ Title: _____
(Relationship to Project)

Telephone Number: _____ Email: _____

PROGRESS REPORT

First Progress Report: Narrative/Statistical report covering the first 6 months of the grant period (**Pages 1-9**) **Due 1/31**
Final Progress Report: Narrative and statistical report covering entire grant period (**Pages 1-10**) **Due 7/31**

BUDGET

1. Total grant award: _____
2. Total funds expended to date: _____
3. Items encumbered but not paid for: _____
4. Total grant current balance: _____
5. Month of most recently submitted Report of Expenditures _____

YES NO Are grant funds being expended in accordance with the Grant Award Agreement?
(If no, explain in the narrative section of this report.)

I certify that this report is accurate and in accordance with the California Emergency Management Agency policies and procedures.

Signature	Title	Date
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(For Cal EMA use only):

Signature of Program Specialist	Date	Approved	Disapproved
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PERSONNEL

Positions Authorized in Grant Award Agreement:

Name of Staff	Position	Duties	Full-Time Equivalency (FTE)
		Total:	

1. YES NO Have there been any delays in hiring project personnel?
2. YES NO Are there any personnel issues which may affect the Project Objectives?
3. YES NO Have any of the job duties, as detailed in the Grant Award, changed?

Comments (If any are Yes, enter an explanation below)

EQUIPMENT

(List equipment purchases for the entire grant period.)

YES NO Does your Grant Award allow equipment purchases? (If Yes, detail below):

Equipment	Cost	Date Ordered/Received
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

If your equipment purchases exceed the space above, or you have encountered problems in ordering/receiving grant equipment, please detail below. (extra space is provided on page 10 & 11).

SUMMARY DATA ON PROJECT ACTIVITIES

Instructions: All data must be supported by source documentation. Each progress report must contain cumulative data from the previous report period. The "Total to Date" is the cumulative figure from all report periods to date in a grant award period.

BACKGROUND INFORMATION

Grant Information:	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
1. Number of grant funded positions: <i>(Should match FTE's from Page 2)</i>	_____	_____	_____	_____
2. Number of non-grant funded positions:	_____	_____	_____	_____
3. Number of Volunteers: <i>(2080 hours = 1 FTE)</i>	_____	_____	_____	_____

OBJECTIVES

1. Identify the number of new victims served. *(New victims only)*

Projected Number:	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total to Date
_____	_____	_____	_____	_____	_____

Note: New victims include primary and secondary victims.

2. Identify the number of new witnesses served.

Projected Number:	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total to Date
_____	_____	_____	_____	_____	_____

Note: Do not count victims as witnesses. Do not count witnesses outside the victim/notification program.

SPECIAL NEEDS OF NEW VICTIMS

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total to Date
Total Number of 1 st time Special Needs Victims	_____	_____	_____	_____	_____
a. Disabled <i>(i.e. physically, hearing/vision impaired, developmentally, other)</i>	_____	_____	_____	_____	_____
b. Elderly (65 and above)	_____	_____	_____	_____	_____
c. Elderly & Disabled	_____	_____	_____	_____	_____
d. Translation Services	_____	_____	_____	_____	_____

MANDATORY SERVICES

Instructions: A victim may be provided more than one service, but each service may only be counted once per victim per victimization.

For example, if a victim is provided with 1 “emergency assistance service” and 3 “court escort services”, you would count 1 service for “emergency assistance” and 1 for “court escort”.

Type of Service Provided:	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total to Date
1. Crisis Intervention	_____	_____	_____	_____	_____
2. Emergency Assistance	_____	_____	_____	_____	_____
3. Resource & Referral Assistance					
a. In person	_____	_____	_____	_____	_____
b. Other (phone/letter)	_____	_____	_____	_____	_____
4. Direct Counseling/Therapy	_____	_____	_____	_____	_____
5. Follow up Assistance-Total	_____	_____	_____	_____	_____
a. In person	_____	_____	_____	_____	
b. Other (phone/letter)	_____	_____	_____	_____	
6. Victim of Crime Claims/Compensation					
a. Claims Assisted	_____	_____	_____	_____	_____
b. Claims Submitted	_____	_____	_____	_____	_____
	Is this Project?	JPA	Regional	Non JPA	
7. Property Return	_____	_____	_____	_____	_____
8. Orientation to Criminal Justice	_____	_____	_____	_____	_____
9. Escort/Court Support	_____	_____	_____	_____	_____
10. Presentations	_____	_____	_____	_____	_____
11. Training for Criminal Justice Agencies	_____	_____	_____	_____	_____
12. Case Status/Case Disposition	_____	_____	_____	_____	_____
a. Victim Impact Statements	_____	_____	_____	_____	
13. Notification of Family/Friends	_____	_____	_____	_____	_____
14. Employer Notification	_____	_____	_____	_____	_____
15. Restitution Assists	_____	_____	_____	_____	_____

OPTIONAL SERVICES

Instructions: A victim may be provided more than one service, but each service may only be counted once per victim per victimization.

Type of Service Provided:	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total to Date
1. Employer Intervention	_____	_____	_____	_____	_____
2. Creditor Intervention	_____	_____	_____	_____	_____
3. Child Care Assistance	_____	_____	_____	_____	_____
4. Witness Notification	_____	_____	_____	_____	_____
5. Funeral Arrangements	_____	_____	_____	_____	_____
6. Crime Prevention Information	_____	_____	_____	_____	_____
7. Witness Protection	_____	_____	_____	_____	_____
8. Temporary Restraining Order (TRO) Assistance	_____	_____	_____	_____	_____
9. Transportation Assistance	_____	_____	_____	_____	_____
10. Court Waiting Area	_____	_____	_____	_____	_____

CRIME TYPES

Instructions: Report one crime type per victim per victimization. The total of all crime types should match the number reported under the NEW VICTIMS section (under Objectives on page 3).

Number of new victims by crime type:	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total to Date
1. Survivors of Homicide Victims	_____	_____	_____	_____	_____
2. Robbery	_____	_____	_____	_____	_____
3. Adult Sexual Assault	_____	_____	_____	_____	_____
4. Adults Molested as Children	_____	_____	_____	_____	_____
5. Assault	_____	_____	_____	_____	_____
6. Child Sexual Abuse (Under 18 years old)	_____	_____	_____	_____	_____
7. Child Physical Abuse (Under 18 years old)	_____	_____	_____	_____	_____
8. Domestic Violence	_____	_____	_____	_____	_____
a. Stalking	_____	_____	_____	_____	_____

Number of new victims/crime type (cont):	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total to Date
9. Elder Abuse (age 65 or older or dependent adult)	_____	_____	_____	_____	_____
10. DUI/DWI (With Injuries or Death)	_____	_____	_____	_____	_____
Total Crime Types:	_____	_____	_____	_____	_____

OTHER CRIME TYPES

Instructions: Specify “other” crime types in accordance with your project’s specific statistics. Please note the “Other” section on this page must not exceed 2% of the number of new victims as reported under the NEW VICTIMS section on page 3. If you need additional lines to the “other crime types” (extra space is provided on page 10 & 11).

Other crime types:	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total to Date
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____	_____
Total Other Crime Types:	_____	_____	_____	_____	_____

Total All Crimes: _____

VICTIM/WITNESS TRAINING(S)

Name of Staff	Date Hired	Does the staff person meet requirements?		Supervisor
		Yes	No	
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____
_____	_____	Yes	No	_____

OTHER TRAINING RECEIVED BY ADVOCATES/VOLUNTEERS

	1 st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total to Date
Number of persons trained:	_____	_____	_____	_____	_____
Number of hours of training:	_____	_____	_____	_____	_____

Describe the type of training received: DV, SA, CA, Crisis Intervention, SART Teams, etc. (extra space is provided on page 10 & 11).

Cal EMA TECHNICAL ASSISTANCE REQUESTED:

~~Yes~~ • ~~No~~ If YES, describe in the Narrative Section of this report the type of technical assistance needed.

NARRATIVE AND ACTIVITY SECTION (additional blank page is on 11, if necessary.)

Thoroughly address the following items:

- Other than the personnel issues described on page 2, describe any difficulties experienced in the implementation of the Grant Award (i.e., problems encountered in ordering/receiving grant equipment, any staffing issues and/or activities supporting each objective which are not currently operational or in place).

- Discuss the activities performed during the grant period which help you achieve your primary goals, such as collaborative efforts, volunteer recruitment status, community involvement, media events, presentations made and/or Victims' Rights Week events. Please discuss any significant accomplishments you may wish to highlight. You may include statistical information, highlights of high profile cases and, if desired, any news clippings.

- Are the objectives being met according to schedule? Please summarize successes and obstacles.

- Identify areas in need of modification* (e.g., budget changes due to staff changes, equipment changes, or revisions to program objectives).

- Identify type of technical assistance and support Cal-EMA staff may provide to you.

You may also choose to discuss "optional" services such as: Creditor Intervention, Childcare Assistance, Witness Notification, Funeral Arrangements, Crime Prevention Information, Restraining Order Assistance, Transportation Assistance, Court Waiting Area, Witness Protection Information, and Employer Intervention.

***Note: A Grant Award Modification (2-223) must be submitted to Cal-EMA and approved for planned modifications prior to implementation.**

The following information will be included in the annual Federal Victims of Crime Act (VOCA) Assistance Performance Report prepared by the California Emergency Management Agency and submitted to the federal Office for Victims of Crimes (OVC).

**- It is imperative you submit this report by the due date -
(include this section as a part of your final report for the Grant Award time period)**

In a narrative form, please thoroughly address the following items:

(extra space is provided on page 10 & 11).

1. What are the major issues hindering victim assistance programs in assisting crime victims in filing for compensation benefits, and in understanding State Victim Compensation Program(VCP) eligibility requirements?

2. Describe efforts to promote coordinated public and private efforts within the community to aid crime victims.

3. Describe efforts taken to serve Federal Crime Victims (e.g., coordination, referral, etc.).

4. Describe notable activities conducted by your agency to improve the delivery of victim services (i.e., needs assessments, program monitoring, and program evaluation). Include training efforts and use of VOCA approved training funds, if applicable.

5. Using at least two case illustrations, describe ways in which funds have been used to assist crime victims (e.g., crisis intervention, information and referral, counseling services, follow-up services, court escort/support, etc.).

6. Describe emerging issues/notable trends in your community impacting crime victim services in your community or throughout the state.

7. Describe how VOCA funds have been used to improve services to crime victims in your community.

Additional information you wish to provide:

Additional information (cont.)