

Unserved/Underserved Victim Advocacy and Outreach Program Progress Report

**California Governor's Office of Emergency Services
Criminal Justice/Emergency Management & Victim Services Branch
ATTN: Victim/Witness Unit
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 OES 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 4/30

Second Progress Report: Narrative and statistical report covering entire grant period **(Pages 1-9)**

Due 10/31

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 Governor's Office of Emergency Services policies and procedures.

Signature Title Date

(For Cal OES use only):

Signature of Program Specialist

Date

Approved

Disapproved

PERSONNEL

Positions Authorized in Grant Award Agreement:

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

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.	_____	_____	_____

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:	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th 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>(not hours) – FTE – i.e. - .25</i>	_____	_____	_____	_____

Note: If part-time give percentage of full time equivalent.

OBJECTIVES

1. Identify the number of new unserved/underserved victims served.

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

2. During the grant year, document the number of presentations conducted towards raising awareness regarding direct services to unserved/underserved victims.

Projected Number:	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total to Date
Number of:					
A. Sessions conducted:	_____	_____	_____	_____	_____
B. Attendees:	_____	_____	_____	_____	_____

3. During the grant year, document the number of referrals to agencies serving the Unserved/Underserved victims.

Projected Number:	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total to Date
Number of referrals to agencies serving target population of victims:	_____	_____	_____	_____	_____

VICTIM ADVOCATE TRAINING(S)

1. List any advocate staff required to complete the Victim Advocate Training pursuant to Cal OES regulations.

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

CULTURAL COMPETENCY 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: (Attach additional pages, if necessary)

Cal OES 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 (Attach additional pages, if necessary)

Thoroughly address the following items:

1. Other than the personnel issues described on Page 2, please 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). (6 month)

2. Briefly identify the Unserved/Underserved target population which is served by this grant.

3. Describe the activities performed during the grant period which help you achieve your primary goals, (i.e. collaborative efforts, volunteer recruitment status, community involvement, media events, presentations made and/or Victims' Rights Week events) including any significant accomplishments you may wish to highlight. Include statistical information, highlights of high profile cases and, if desired, any news clippings.

4. Are the Objectives being met according to schedule? Please summarize successes and obstacles.

5. **Document Goals, Objectives Activities And Performance Measures:**
Identify each Program Goal, and corresponding Objectives outlined in your application. Identify the Activities and Performance Measures implemented and document the resulting Output/Outcome, Data and Program Effectiveness. (Refer to the Unserved/Underserved Request for Application)

12. Describe how VOCA funds have been used to improve services to targeted Unserved/Underserved crime victims in your community.

13. Include additional information you wish to provide.

VICTIM STATISTICS

A. Indicate the number of victims served by type of victimization. For Item 11, you may submit an additional sheet of paper to identify and record the number of victims served.

B. Provide the number of victims receiving each type of service. Note: Review the description of each service prior to completing this question.

1. Counseling refers to in-person crisis intervention, emotional support, and guidance and counseling provided by advocates, counselors, mental health professionals, or peers. Such counseling may occur at the scene of the crime, immediately after a crime, or be provided on an ongoing basis.

2. Follow-up refers to in-person contacts, telephone contacts, and written communications with victims to offer emotional support, provide empathetic listening, check on a victim's progress, etc.

3. Therapy refers to intensive professional psychological and/or psychiatric treatment for individuals, couples, and family members related to counseling to provide emotional support in crisis arising from the occurrence of crime. This includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy.

4. Group Treatment/Support refers to the coordination and provision of supportive group activities and includes self-help, peer, social support, etc.

5. Shelter/Safe House refers to offering short- and long-term housing and related support services to victims and families following victimization.

6. Information/Referral (in-person) refers to in-person contacts with victims during which time, services, and available support are identified.

7. Criminal Justice Support/Advocacy refers to support, assistance, and advocacy provided to victims at any stage of the criminal justice process, to include post-sentencing services and support.

8. Emergency Financial Assistance refers to cash outlays for transportation, food, clothing, emergency housing, etc.

9. Emergency Legal Advocacy refers to filing temporary restraining orders, injunctions, and other protective orders, elder abuse petitions, and child abuse petitions but does not include criminal prosecution or the employment of attorneys for non-emergency purposes, such as custody disputes, civil suits, etc.

10. Assistance in Filing Compensation Claims includes making the victim aware of the availability of crime victim compensation, assisting the victim in completing the required forms, gathering the needed documentation, etc. It also may include follow-up contact with the victim compensation agency on behalf of the victim.

11. Personal Advocacy refers to assisting victims in securing rights, remedies, and services from other agencies; locating emergency financial assistance, intervening with employers, creditors, and others on behalf of the victim; assisting in filing for losses covered by public and private insurance programs including workman's compensation, unemployment benefits, welfare, etc.; accompanying the victim to the hospital; etc.

12. Telephone Contact refers to contacts with victims during which time services and available support are identified. This does not include calls during which counseling is the primary function of the telephone call.

13. Other refers to other VOCA allowable services and activities not listed.

Victim Statistics

A. Indicate the number of victims served by type of victimization:

NOTE: Indicate the number of victims served by VOCA-funded projects during the grant period. Each victim should be counted only once, i.e., a victim of a series of spouse abuse assaults should be counted more than once only as a result of separate and unrelated crimes.

No. of Victims Served		No. of Victims Served	
<input type="text"/>	1. Child Physical Abuse	<input type="text"/>	7. Adults Molested as Children
<input type="text"/>	2. Child Sexual Abuse	<input type="text"/>	8. Survivors of Homicide Victims
<input type="text"/>	3. DUI/DWI Crashes	<input type="text"/>	9. Robbery
<input type="text"/>	4. Domestic Violence	<input type="text"/>	10. Assault
<input type="text"/>	5. Adult Sexual Assault	<input type="text"/>	11. Other (Specify)
<input type="text"/>	6. Elder Abuse		<input type="text"/>
Total		<input type="text"/>	

B. Indicate the number of victims who received the following services (See instructions for definitions of each service):

No. of Victims Served		No. of Victims Served	
<input type="text"/>	1. <u>Crisis Counseling</u>	<input type="text"/>	8. <u>Emergency Financial Assistance</u>
<input type="text"/>	2. <u>Follow-up</u>	<input type="text"/>	9. <u>Emergency Legal Advocacy</u>
<input type="text"/>	3. <u>Therapy</u>	<input type="text"/>	10. <u>Assistance in Filing Compensation Claims</u>
<input type="text"/>	4. <u>Group Treatment/Support</u>	<input type="text"/>	11. <u>Personal Advocacy</u>
<input type="text"/>	5. <u>Shelter/Safe house</u>	<input type="text"/>	12. <u>Telephone Contact Information/Referral</u>
<input type="text"/>	6. <u>Information/Referral (In-person)</u>	<input type="text"/>	13. Other (Specify)
<input type="text"/>	7. <u>Criminal Justice Support/Advocacy</u>		<input type="text"/>
Total		<input type="text"/>	

Attachments

You may also choose to discuss "Victim Witness 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.