

RAPE CRISIS PROGRAM

GRANT SUBAWARD SUMMARY – FY2021-22

1. Subrecipient Name:

Address(es)	Telephone
Mailing:	
Business:	
Physical address:	
Satellite Office: _____ _____	
Agency cell phone number for Executive Director	
Agency cell phone number for Rape Crisis Program/Project Director	

2. Forcible Rape Reported to local Law Enforcement in your Service Area

(see <https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances>)

Agency	Reported	Agency	Reported

3. Full Time Equivalent (FTE) STAFF paid by this subaward _____ FTE
Example: 0.5 FTE + 0.75 FTE + 1.0 FTE is 3 people but equals 2.25 FTE

4. Full Time Equivalent (FTE) VOLUNTEERS providing sexual assault services _____ FTE
Note: All volunteers not just what meets the match
One FTE = 2,080 hours; Total volunteer hours divided by 2,080 = Volunteer FTEs

5. Use of volunteers in your Rape Crisis Program? Check all that apply
 __ Crisis Line __ Accompaniment __ Counseling __ Other (specify) _____

6. Is the Rape Crisis project building owned or leased by the agency?

7. Human Relations Training

Provide information in the chart format below. DO NOT SUBMIT A NARRATIVE.

Topic	Trainer	Date