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| **Part I: SUBRECIPIENT AGENCY INFORMATION** | | | | | | | | |
| Subrecipient Name | Click here to enter text. | | | | Grant Subaward Number | | | Click here to enter text. |
| **Instruction: Complete this form, even if no information has changed, since 2020-21.** | | | | | | | | |
| **HOTLINE** | | | | | | | | |
| Hotline Phone Number(s) | | | Click here to enter text. | Click here to enter text. | | Click here to enter text. | | |
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| **BUSINESS CENTER** | | | | | | | | |
| Business Center Address | | Click here to enter text. | | | Phone Number | | Click here to enter text. | |
| Business Center Address | | Click here to enter text. | | | Phone Number | | Click here to enter text. | |
| Business Center Address | | Click here to enter text. | | | Phone Number | | Click here to enter text. | |
| Business Center Address | | Click here to enter text. | | | Phone Number | | Click here to enter text. | |
|  | | | | | | | | |
| **DOMESTIC VIOLENCE (DV) SHELTER INFORMATION** | | | | | | | | |
| Number of DV shelter facilities for the entire Subrecipient agency | | | | | | | Click here to enter text. | |
| Number of beds in all DV shelter facilities for entire Subrecipient agency | | | | | | | Click here to enter text. | |
| Number of cribs in all DV shelter facilities for the entire Subrecipient agency | | | | | | | Click here to enter text. | |

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| **HOUSING** | |
| Indicate the expected amount of funding, from this program, which will be used for housing assistance (e.g., shelter, hotel/motel stays, havens, and safe housing etc.). | Click here to enter text. |

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| **SUBRECIPIENT CLASSIFICATION** | |
| Indicate which classification (Urban, Rural, Suburban or Frontier) most closely matches your service area. If unknown, you may use <https://www.ruralhealthinfo.org/am-i-rural> to find your classification. | Click here to enter text. |

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| **UNDERSERVED OR CULTURALLY AND LINGUISTICALLY SPECIFIC SERVICES PROJECT** | |
| Does your agency primarily serve an underserved or a culturally and linguistically specific population\*? | Yes:  No:  If yes, list specific population(s) served:  Click here to enter text. |

*\*Culturally and linguistically specific services* refers to community-based services that offer full linguistic access and culturally specific services and resources, including outreach, collaboration and support mechanisms primarily directed toward culturally specific communities. Underserved populations means populations who face barriers in accessing and using victim services, and includes populations underserved because of geographic location, religion, sexual orientation, gender identity, underserved racial and ethnic populations, and populations underserved because of special needs including language barriers, disabilities, immigration status, and age. Individuals with criminal histories due to victimization and individuals with substance use disorders and mental health issues are also included in this definition (45 CFR [§ 1370.2).](https://www.federalregister.gov/documents/2016/11/02/2016-26063/family-violence-prevention-and-services-programs#sectno-citation-%E2%80%891370.2) ]

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| **Part II: REQUIRED SERVICE OBJECTIVES AND PROJECTED GOALS**  Please project the number of new DV victims/survivors and services to be provided during the grant performance period. | | | |
| **1.** |  |  | Number of crisis calls to be received by the agency through the hotline. |
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| **2.** | **a.** |  | Total number of new DV victims/survivors who will receive peer/individual counseling by a DV counselor. |
| **b.** |  | Total number of Peer/Individual Counseling sessions to be provided by DV counselors. |
| **c.** |  | Total number of new DV victims/survivors who receive group counseling services. |
| **d.** |  | Total number of group counseling services to be provided (each survivor is counted at each group). |
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| **3.** |  |  | Total number of new DV victims/survivors to be served at the business center. |
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| **4.** | **a.** |  | Total number of new DV victims/survivors and their children to be sheltered (including hotel vouchers, safe homes, etc.) |
| **b.** |  | Total number of bed nights = (# of beds occupied x # of nights). |
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| **5.** |  |  | Total number of new DV victims/survivors to receive emergency food and/or clothing. |
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| **6.** | **a.** |  | Total number of new DV victims/survivors to be served by the project as a result of referrals from law enforcement. |
| **b.** |  | Total number of times DV counselors will respond to a call from law enforcement agencies. |
|  | | | |
| **7.** | **a.** |  | Total number of new DV victims/survivors to be served by the project as a result of hospital emergency rooms, medical clinics, and/or medical office referrals. |
| **b.** |  | Total number of times DV counselors will respond to an emergency call from a hospital emergency room, medical clinics, and/or medical office referrals. |
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| **8.** |  |  | Total number of new DV victims/survivors who will be provided transportation (direct or through vouchers/bus pass, etc.). |
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| **9.** | **a.** |  | Total number of children of new DV victims/survivors who will receive counseling. |
| **b.** |  | Total number of counseling sessions to be provided to all children. |
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| **10.** |  |  | Total number of new DV victims/survivors who will receive criminal justice and/or social service advocacy services. |
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| **11.** | **a.** |  | Total number of new DV victims/survivors who will receive legal assistance with TROs, protective and/or custody orders by the DV project. |
| **b.** |  | Total number of new DV victims/survivors to be referred to an outside agency for legal assistance with TROs, protective and/or custody orders, and others. |
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| **12.** | **a.** |  | Total number of new DV victims/survivors that will be accompanied to court by a DV counselor. |
| **b.** |  | Total number of times a DV counselor will accompany DV victims/survivors to court. |
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| **13.** |  |  | Total number of collaborative meetings to be attended by the project. |
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| **14.** |  |  | Total number of new DV victims/survivors who will receive household establishment assistance. |