

Grant Administration for Victims of Crime Act (VOCA) Subgrantees: *Reporting*



**CRIME PREVENTION AND JUSTICE
ASSISTANCE DIVISION (CPJAD)**
GRANTS AND PLANNING BRANCH

Part II. Grant Reporting

I. **VOCA Reporting**

- Semi-Annual Financial Review
- Subgrant Award Report (SAR)
- Subgrantee Data Report-
Performance Measures (PMT)
- Grantee Reports aka “Narrative”
- Performance Outcome Report (POR)

II. **Reporting Deadlines**

III. **Resources**

IV. **Appendix: Allowable and Unallowable Costs**



OIG Audit Findings

PMT

- Insufficient subgrantee client data tracking systems
- Lack of back-up documentation
 - We will be talking more about data tracking in the PMT section

Financial Reports

- Insufficient Financial tracking systems
- Unsupported/Questioned Subgrantee Expenditures

New VOCA Monitoring Policies

- Collection of supporting documentation to verify PMT data and other performance reports
- Review of Client screening tool(s) used to verify VOCA eligibility
- Increased technical assistance and desk monitoring as necessary (i.e. monitoring, EDR, orientations, etc.)

Semi-Annual Financial Review

January and July

- Submit your Request for Funds (RFF) by the 15th of the following month as usual.
- Submit any receipts, invoices, payroll information, and other documentation to support the requested amount listed for that month.

Terms Review

Grantee refers to the Department of the Attorney General/CPJAD

Subgrantee refers to grant recipient with whom the Grantee contracts services

Subrecipient refers to the grant recipient with whom the Subgrantee contracts services

Project periods – Federal vs. Project

Office of Justice Programs – Performance Measurement Platform

Here you will enter your **OVC PMT** data
Enter your POC email and password.



U.S. DEPARTMENT OF JUSTICE

Office of Justice Programs

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Performance Measurement Platform



User Name

Email Address

Password

Maximum of 3 attempts

Login

[Forgot Password](#)

<https://ojpsso.ojp.gov/>

Office of Justice Programs – Performance Measurement Platform



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Performance Measurement Platform

Randi Barretto [Logout](#)

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[Change Password](#)



OVC PMT

Here you can update or change your account
and password information.

Click **OVC PMT** to continue and enter data.

Create an online account

Office for Victims of Crime
Victim Assistance Formula Grants Program
SUBGRANT AWARD REPORT

1. Subgrantee Organization/Tribal Name

(This is the agency providing the direct services to victims of crime, not a pass-through or conduit agency.)

A. Organization Name

B. Organization/Tribal Address

C. City

D. State

E. Zip Code

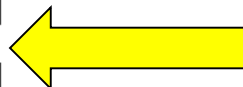
2. Subgrantee Organization/Tribal Point of Contact

A. POC Name

B. POC E-mail Address

C. POC Phone Number

The POC contact information
will be used to create an online
account to submit PMT



Additional Users

The screenshot shows the web interface for the Performance Measurement Tool (PMT) for Victim Assistance, managed by the Hawaii Department of the Attorney General. The header includes the Department of Justice logo and the text 'OFFICE OF JUSTICE PROGRAMS'. Below this is the 'OFFICE FOR VICTIMS OF CRIME' logo and name. To the right, it says 'Performance Measurement Tool (PMT) Victim Assistance' and 'HI - Hawaii Department of the Attorney General', with the tagline 'JUSTICE FOR VICTIMS • JUSTICE FOR ALL'.

The main navigation bar contains the following links: OVC PMT Home, Administration, Profile, SAR, Enter Data, Reports, Need Help?, and Logout. Below this, there are two sections: 'Federal Award List' and 'User Management'. The 'User Management' link is highlighted with a yellow arrow. To the left of the 'User Management' link, there is a red text label 'If any updates a' and a blue box labeled 'GENERAL INFO'.

Click on "User Management"
To add additional users

VOCA Priority Areas

- Child Abuse
- Sexual Abuse
- Domestic Violence
- Underserved
 - If you are unsure of what category your clients fall under, please contact your specialist.

Subgrant Award Report (cont'd)

4. OVC Crime Victim Assistance Funds Awarded

A. State-assigned Subaward Number

18-V2-18

B. Subaward Amount (Enter Federal Funds ONLY, NO MATCH)

\$50,000

Federal Award Number

INSTRUCTIONS: Select the federal grant from which this subaward is funded and enter the amount(s) related to that grant. When more than one OVC VOCA federal grant is used to fund the subaward, for the same start and end date, select each federal grant and enter the associated amount.

Secondly, enter the portion of the subaward amount that is intended for use for each priority or underserved category. If this amount is zero (0), please enter 0. The total for each category will auto-populate the applicable category in the section for **Priority and Underserved Requirements**.

Award Number	\$\$\$ from this award	A. Child abuse	B. Domestic and Family Violence	C. Sexual Assault	D. Underserved
2018-V2-GX-0015	\$ \$50,000	\$12,500	\$12,500	\$12,500	\$12,500
Award Number	\$\$\$ from this award	Child abuse	Domestic and Family Violence	Sexual Assault	Underserved

See Appendix for child sexual victimization definitions. Child sexual abuse or assault should be reported EITHER in category 6A, CHILD ABUSE, or in category 6C, SEXUAL ASSAULT, depending on how the state or territory tracks and reports this data. **SELECT ONLY one.**

A. Child abuse:
.....

\$ 12,500

(Required)

A1. Child physical abuse/neglect:
.....

\$6,250

A2. Child sexual abuse:
.....

\$6,250

B. Domestic and Family Violence:
.....

\$ 12,500

(Required)

C. Sexual assault:
.....

\$ 12,500

(Required)

C1. Child sexual assault:
.....

\$6,250

C2. Adult sexual assault:
.....

\$6,250

D. Underserved (*includes DUI/DWI crashes, survivors of homicide victims, assault, adults molested as children, elder abuse, robbery, and other violent crimes*)

\$ 12,500

D1. Underserved (*DUI/DWI crashes*)

\$6,250

D2. Underserved (*assault*)

\$6,250

D3. Underserved (*adults molested as children*)

\$ Amount

D4. Underserved (*elder abuse*)

\$ Amount

D5. Underserved (*robbery*)

\$ Amount

D6. Underserved (*survivors of homicide victims*)

\$ Amount

D7. Other Underserved (*other **violent** crimes*)

\$3,125

D8. Please briefly describe Other Underserved (*other **violent** crimes*)

Kidnapping

D9. Other Underserved (***non-violent** crimes*)

\$3,125

D10. Please briefly describe Other Underserved (***non-violent** crimes*)

Property Crime, Identify Theft

D11. Please briefly explain how your state or territory defines "underserved" if other than what is listed above.

This is determined by the state for all SARs. It will auto-populate all active SARs during the same federal fiscal year.

Underserved Victims of
"Non-Violent" Crimes can be funded,
but will not be counted towards the final
Underserved category

Federal Register Vol. 81, No. 131 (Final Rule)

Underserved

- Only VIOLENT CRIMES classified by the Underserved subcategories will be counted towards the Underserved priority area.
- All other crimes go into “other non-violent” or “other violent” crime categories.
- Definitions/categories: refer to your title page and the “Cheat Sheet” and ask your specialist if you have questions (RFP projects).

Activity: Sample SAR (RFP Project)

G. PROJECT PERIOD: From July 1, 2019 To June 30, 2020

H. VOCA PRIORITY AREA(S):

1. Check the priority areas on your Title Page

- ☒ Underserved Populations (specify population)
 - ☐ Elderly Victims
 - ☐ Homeless Victims
 - ☐ Immigrant/LEP Victims
 - ☐ LGBTQQ Victims
 - ☐ Native Hawaiian Victims
 - ☐ Tourist/Visitor Victims
 - ☐ Victims with Disabilities
- ☐ Sexual Assault
- ☐ Child Abuse
- ☒ Rural or Geographically Isolated
- ☐ Survivors of Homicide/Neg Homicide
- ☐ Victims with MH/SA Issues
- ☐ Victims of Sex Trafficking
- ☐ Victims of Violent Property Crime
- ☒ Youth Aging Out of Foster Care
- ☒ Youth Offender Victims
- ☐ Domestic Violence

I. ADDITIONAL CONSIDERATION(S):

- ☒ Underserved Population – additional points
- ☐ Priority Services – additional points
- ☐ Child Abuse Set Aside
- ☐ Geographic Set Aside

J. TOTAL PROJECT AMOUNT:

Federal Funds Requested	\$ <u>100,000</u>
20% Match	\$ <u>25,000</u>
Total Project Funds	\$ <u>125,000</u>

Sample SAR Q4

4. OVC Crime Victim Assistance Funds Awarded

A. State-assigned Subaward Number

18-V2-36

B. Subaward Amount (Enter Federal Funds ONLY, NO MATCH)

\$100,000

Federal Award Number

INSTRUCTIONS: Select the federal grant from which this subaward is funded and enter the amount(s) related to that grant. When more than one OVC VOCA federal grant is used to fund the subaward, for the same start and end date, select each federal grant and enter the associated amount.

Secondly, enter the portion of the subaward amount that is intended for use for each priority or underserved category. If this amount is zero (0), please enter 0. The total for each category will auto-populate the applicable category in the section for **Priority and Underserved Requirements**.

Award Number	\$\$\$ from this award	A. Child abuse	B. Domestic and Family Violence	C. Sexual Assault	D. Underserved
2018-V2-GX-0015	\$ \$0 this award	\$0 abuse	\$0 stic and Violence	\$0 Assault	\$100,000
Award Number	\$\$\$ from this award	Child abuse	Domestic and Family Violence	Sexual Assault	Underserved

See Appendix for child sexual victimization definitions. Child sexual abuse or assault should be reported EITHER in category 6A, CHILD ABUSE, or in category 6C, SEXUAL ASSAULT, depending on how the state or territory tracks and reports this data. **SELECT ONLY one.**

A. Child abuse:
.....

\$ 0

(Required)

A1. Child physical abuse/neglect:
.....

\$0

A2. Child sexual abuse:
.....

\$0

B. Domestic and Family Violence:
.....

\$ 0

(Required)

C. Sexual assault:
.....

\$ 0

(Required)

C1. Child sexual assault:
.....

\$ 0

C2. Adult sexual assault:
.....

\$ 0

Enter the amounts based on the
priority areas listed on your title page

D. Underserved (*includes DUI/DWI crashes, survivors of homicide victims, assault, adults molested as children, elder abuse, robbery, and other violent crimes*)

\$ 100,000

D1. Underserved (*DUI/DWI crashes*)

\$0

D2. Underserved (*assault*)

\$0

D3. Underserved (*adults molested as children*)

\$0

D4. Underserved (*elder abuse*)

\$0

D5. Underserved (*robbery*)

\$0

D6. Underserved (*survivors of homicide victims*)

\$0

D7. Other Underserved (*other violent crimes*)

\$80,000

D8. Please briefly describe Other Underserved (*other violent crimes*)

Rural/geographically isolated, Youth Aging out of foster care, etc.

D9. Other Underserved (*non-violent crimes*)

\$20,000

D10. Please briefly describe Other Underserved (*non-violent crimes*)

Property crime, etc.

D11. Please briefly explain how your state or territory defines the crime types listed above.

This is determined by the state for all SARs. It will auto-populate the federal fiscal year.

RFP Projects should not enter
Amounts in D1 –D6

D7-8. Enter the crime/victim
types listed on your Title Page
(violent crime only)

D9-10. If funds will be
used to assist victims of any
other crime types enter amount
(non-violent crime)

8. Subaward Match

8. Subaward Match *(financial support from other sources)*

INSTRUCTIONS: All VOCA awards must be matched (20 %) either with in-kind or cash match, except for VOCA subgrants made in the Virgin Islands, Puerto Rico, American Samoa, Guam, Northern Marianas and Palau, and tribal organizations. This is computed by dividing the amount of the award from item 4B by .80 and subtracting the amount of the award from the figure obtained. For example, a \$30,000 award divided by .80 equals \$37,500, less \$30,000 award equals \$7,500 match.

Tribal Organization match may be 0%.

A. Value of in-kind match

\$ Amount

B. Cash match

\$ 12,500

C. Total match

\$ Amount *(auto-calculated)*

$$\$50,000 / 4 = \$12,500$$

Types of Victimization (SAR)

10. Types of Victimations

Check the types of victimization that best describe the victims the VOCA-funded project will serve. "Other" refers to a type that is not associated with any of the types provided in this list. Please review the Appendix for definitions. Provide an explanation for any victimization type listed as "other."

Victimization Type	Check the type of victims served by type of crime
Adult Physical Assault (includes Aggravated and Simple Assault)	<input type="checkbox"/>
Adult Sexual Assault	<input type="checkbox"/>
Adults Sexually Abused/Assaulted as Children	<input type="checkbox"/>
Arson	<input type="checkbox"/>
Bullying (Verbal, Cyber, or Physical)	<input type="checkbox"/>
Burglary	<input type="checkbox"/>
Child Physical Abuse or Neglect	<input type="checkbox"/>
Child Pornography	<input type="checkbox"/>
Child Sexual Abuse/Assault	<input type="checkbox"/>
Domestic and/or Family Violence	<input type="checkbox"/>
DUI/DWI Incidents	<input type="checkbox"/>

Check ONLY the victimization types of the target population your VOCA-funded project will serve.

Refer to your Title Page

Subgrant Award Report (SAR)

* If awarded a two year award, figures must reflect both years.

11. Budget and Staffing

INSTRUCTIONS: Indicate below the requested information based on the subgrantee's current fiscal year. Report the total budget available to the victim services program by source of funding. Do not report the entire agency budget, unless the entire budget is devoted to victim services programs. For example, if VOCA funds are awarded to support a victim advocate unit in a prosecutor's office, only report the budget for the victim advocate unit. **NOTE:** Do not include in-kind match; do not report sums of less than \$1.

Information Requested	Response	Explanation (as needed)
A. Total budget for all victimization programs/services for this subgrantee	\$50,000	The amount reported is for the current fiscal year. Include the subaward amount reported in Question 4.
B. Annual funding amounts allocated to all victimization programs and/or services for the current fiscal year	C1. Subaward Amount: Auto-populated C2. OTHER STATE/TERRITORY: \$ Amount C3. OTHER LOCAL: \$ Amount C4. OTHER FEDERAL: \$ Amount C5. OTHER NON-FEDERAL:	Identify by source the amount of funds allocated to the victimization programs/services budget of the subgrantee agency. DO NOT COUNT FUNDS IN MORE THAN ONE CATEGORY OTHER FEDERAL includes all federal funding except the subaward amount reported in Question 4.
C. Total number of paid staff for all subgrantee victimization program and/or services	3 FT + 1 PT + 1 OC = 5	Count each staff member once. Both full and part time staff should be counted as one staff member. DO NOT prorate based on FTE.
D. Number of staff hours funded through this VOCA award (plus match) for subgrantee's victimization programs and/or services	Hrs per month * # of mos. * # of staff	Total COUNT of hours to work by all staff supporting the work of this VOCA subaward plus match.

Subgrant Award Report (SAR)

E. Number of volunteer staff supporting the work of this VOCA award (plus match) for subgrantee's victimization programs and/or services	ENTER WHOLE Number	<i>COUNT each volunteer staff once. DO NOT prorate based on FTE.</i>
F. Number of volunteer hours supporting the work of this VOCA award (plus match) for subgrantee's victimization programs	Number of HOURS	<i>Total count of hours to work by all volunteers supporting the work of this VOCA subaward plus match.</i>

Required unless
Volunteer Waiver
is approved

Subgrantee Data Report – PMT

- Track the progression of victim access to services;
- Assess impact of funded programs using performance management data;
- Increase partnerships with other OJP agencies that work with victims;
- Collect and analyze OVC performance management data; and
- Assists in tracking the sustainability of VOCA-funded projects.

Population Demographics (#1 -2)

1. **TOTAL** number of individuals who received services during the reporting period.

INSTRUCTIONS: Count all individuals served by your organization with the use of VOCA plus match funds during the reporting period. This number should be an unduplicated count of people served during a single reporting period, regardless of the number of services they received or victimization types with which they presented. **DO NOT count anonymous contacts here. They should be reported in question 2. If your organization only had anonymous contacts, enter zero (0).**

5

2. **TOTAL** number of anonymous contacts received during the reporting period.

INSTRUCTIONS: COUNT all anonymous contacts received by your organization through a hotline, online chat, or other service where the individuality of each contact cannot be established. If your organization did not have any anonymous contacts enter zero (0).

10

Population Demographics (#3/4)

3. Of the number of individuals entered in question 1, how many were **NEW** individuals who received services from your agency for the first time during the reporting period.

INSTRUCTIONS: Report the number of **NEW** individuals served with the use of VOCA plus match funds **for the first time** during the reporting period. This number should be an unduplicated count of identified NEW clients served during a single reporting period, regardless of the number of services they received or victimization types with which they presented.

For the first reporting period of your subaward, ALL individuals should be counted as new.

8

New individuals served for the first time during the reporting period.

4. If your organization cannot track new individuals, please check the box below indicating such.

X

We cannot track new individuals.

Communicate your reasons for not tracking to the Specialist

5. Demographics (Self Reported)

For New Individuals Identified in Question 3)

A. RACE/ETHNICITY (self-reported) See Appendix A for definitions of each race/ethnicity category.	American Indian/Alaska Native	Number
	Asian	Number
	Black/African American	Number
	Hispanic or Latino	Number
	Native Hawaiian and Other Pacific Islander	Number
	White Non-Latino/Caucasian	Number
	Some Other Race	Number
	Multiple Races	Number
	Not Reported	Number
	Not Tracked	Number
TOTAL	Auto-calculated (Must equal number reported in Question 3)	
B. GENDER IDENTITY (self-reported)	Male	Number
	Female	Number
	Other	Number
	(brief description, if applicable)	Description:
	Not Reported	Number
	Not Tracked	Number
TOTAL	Auto-calculated (Must equal number reported in Question 3)	
C. AGE (self-reported) Report the age of the victim at the time of the victimization.	0–12	Number
	13–17	Number
	18–24	Number
	25–59	Number
	60 and Older	Number
	Not Reported	Number
	Not Tracked	Number
TOTAL	Auto-calculated (Must equal number reported in Question 3)	

NT: Not Tracked

NR: Not Reported

“0” or “Non Applicable”

NOTE (as of 2/2019)

The total number of victimizations must be greater than or equal to the sum of

Question 1

(total number of individuals served)

+

Question 2

(total number of anonymous contacts)

6. Type of Victimization

Types of Victimizations (for ALL individuals identified in Questions 1 and 2)

Individuals who received services by victimization type	Victimization Type	A. Number of individuals who received services based on the presenting victimization during the reporting period
INSTRUCTIONS: Enter the count of individuals who received services based on each presenting victimization type during the reporting period. An individual MAY be counted in more than one victimization type. An individual MAY NOT be counted more than once within the same victimization type. See Appendix B for definitions of each victimization type.	Adult Physical Assault (includes Aggravated and Simple Assault)	Number
	Adult Sexual Assault	Number
	Adults Sexually Abused/Assaulted as Children	15
	Arson	Number
	Bullying (Verbal, Cyber, or Physical)	Number
	Burglary	Number
	Child Physical Abuse or Neglect	Number
	Child Pornography	Number
	Child Sexual Abuse/Assault	Number
	Domestic and/or Family Violence	Number
	DUI/DWI Incidents	Number
	Elder Abuse or Neglect	Number
	Hate Crime: Racial/Religious/Gender/Sexual Orientation/Other (<i>explanation required</i>)	Number
		Please explain:
	Human Trafficking: Labor	Number
	Human Trafficking: Sex	Number
	Identity Theft/Fraud/Financial Crime	Number
	Kidnapping (noncustodial)	Number
	Kidnapping (custodial)	Number
	Mass Violence (Domestic/International)	Number
	Other Vehicular Victimization (e.g., Hit and Run)	Number
	Robbery	Number
	Stalking/Harassment	Number
	Survivors of Homicide Victims	Number
	Teen Dating Victimization	Number
Terrorism (Domestic/International)	Number	
Other	Number	
If other, please explain:		

6. Type of Victimization (cont'd)

B. Of the individuals who received services, how many presented with more than one type of victimization during the reporting period?		Number
C. Special classifications of individuals (self-reported) INSTRUCTIONS: Enter the number of individuals who self-identify in one or more of these categories.	Deaf/Hard of Hearing	Number
	Homeless	Number
	Immigrants/Refugees/Asylum Seekers	Number
	LGBTQ	Number
	Veterans	Number
	Victims with Disabilities: Cognitive/Physical /Mental	Number
	Victims with Limited English Proficiency	Number
	Other	Number
	If other, please explain:	

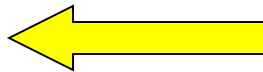
This section is for those individual listed who "SELF-REPORTED" (i.e. intake, phone conversation, etc.); Should NOT include 3rd party reports.

7/8. Assisted with Victim Compensation/ Types of Services

7. Number of individuals assisted with a victim compensation application during the reporting period:

INSTRUCTIONS: Count the number of individuals who received assistance with completing a victim compensation application during the reporting period, even if they did not submit the application. Simply providing an individual with an application does NOT qualify as assistance.

Number



This may include individuals who received services in previous quarters but only submitted application with CVCC in reporting period

- a) Requirement of the VOCA grant
- b) Passing out a brochure will suffice, if you:
 - Explain the CVCC brochure to the client
 - Explain the client's rights and responsibilities.
 - Provide a referral to the agency that can assist with the CVCC application

8. Types of Services

- A. Information & Referral
- B. Personal Advocacy/Accompaniment
- C. Emotional Support or Safety Services
- D. Shelter/Housing Services
- E. Criminal/Civil Justice System Assistance

9. Total number of individuals who received services by service type AND number of times each service was provided during the reporting period

9. Total **number of individuals who received services** by service type AND **number of times each service was provided** during the reporting period

INSTRUCTIONS: For each category (items A, B, C, D, and E) selected in Question 8, enter the **number of clients** who received services from your agency during the reporting period. For each subcategory within a category (e.g., items A1, A2, A3, and A4), enter the **number of times that service was provided** during the reporting period. Zero is a valid response.

Because some clients may receive multiple services, the total **number of times that services were provided** within a category may be greater than the **number of clients** who received those services.

A. INFORMATION & REFERRAL

Enter the **number of individuals** who received services in this category:

33

Enter the **number of times** services were provided in each subcategory:

A1. Information about the criminal justice process

10

A2. Information about victim rights, how to obtain notifications, etc.

0

A3. Referral to other victim service programs

20

A4. Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address-confidentiality programs, etc.)

3

Total # of individuals
Who receive services
Must be greater than or
Equal to the # of times
Services were provided.

Recent Changes to PMT as of 2/2019

Validations: Validations added into the PMT to ensure data accuracy include a show/hide feature for questions that are required or not required.

As of February 2019

- **Types of Victimizations Question 5A:** The total number of victimizations must be greater than or equal to the sum of Question 1 (total number of individuals served) + Question 2 (total number of anonymous contacts). In addition, an explanation for 'Other' is not required when your response to 'Other' is zero or NA. You will receive an error message if you try to enter an explanation for zero or NA in other.
- **Direct Services Question 8:** The total number of individuals who received services (Question 8 A1–E11) must be less than or equal to the number of times services were provided (Question 8 Subcategories A1–E11).
- Check the boxes that apply to the grant funded activities supported during the reporting period in Question 7, once checked this should reveal boxes under each category. If this does not happen, try the following steps.
 - Enter a value higher than zero "0" for # of individuals served and services. If the boxes still do not open, click somewhere else on the page so that your cursor is no longer flashing in the box under A.
 - If that still does not work, click the "Enter" key on your keyboard. An error message will pop up, click "ok" and this should open the applicable subcategory Question 8 A–E.

As of April 1, 2019

- Total for Question 1 (Total # Served) plus Question 2 (Anonymous Calls) will match Question 6 (Types of Victimization)

Client Data Tracking Sheets

Victim Assistance Data Tracking QUARTER 1	Enter a value of 1 if the client received services in this category.	Enter a value of 1 for each service the client received.				Enter a value of 1 if the client received services in this category.
Client ID	A. Information & Referral	A1. Information about the criminal justice process	A2. Information about victim rights, how to obtain notifications, etc.	A3. Referral to other victim service programs	A4. Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.)	B. Personal Advocacy Accompaniment
1	1	1	1			
2	1		1			
3	1					
4						
5						
6						
7						
8						
9						
10						
Add New Row						
SUM (auto-calculated)		1	2	2	0	0

Summarizes Demographics and VOCA Services

Does Not Include Personally Identifying Information

<https://ojpsso.ojp.gov/main.cfm>

III. SUBGRANTEE ANNUALLY REPORTED OUTCOMES - Deadline

- Six questions answered once a year at the end of the reporting year
- Answers will include information from all four quarters

Submitted online by October 15 with 4th Quarter data & Grantee Report (Narrative)

GRANTEE REPORT (Narrative)

- 22 questions answered once a year at the end of the reporting year
- Answers will include information from all four quarters
- No. 1 and 2 will not be answered (only applies to the Dept. of the AG); go straight to #8

Narrative with (3) case studies to be
submitted via email to CPJAD
by October 15

Federal Reporting Due Dates

Reporting Period	Data Required	PMT Due Date
October 1 – December 31	1 st Quarter	January 15 *Includes CPJAD Performance Outcome Report
January 1 – March 31	2 nd Quarter	April 15
April 1 – June 30	3 rd Quarter	July 15 *Includes CPJAD Performance Outcome Report
July 1 – September 30	4 th Quarter	October 15 *includes Subgrant Annual Questions (PMT) & Grantee Report (Narrative)

Performance Outcome Report

- Collect data to ensure project proficiency
- Assist to standardize services across the state
- Address gaps and needs
- Reinforce sustainability of standard services
- Acknowledge the Project's Success!

Submit to CPJAD via email

every 6 months (Jan 15th and Jul 15th)

Performance Outcome Report (Sample)

Summary of Goals, Objectives, and Performance Measures (Agency)
January 15

Contract: 16-VA-26

Project Scope: To provide support services to men, women, and children victims of domestic violence

Goal #1: Provide immediate crisis intervention and follow up services to victims of domestic violence

Activities & Objectives

Performance Measures/Outputs

Outcomes

Objective 1: By the third quarter, 90% of clients will be provided crisis intervention and follow up services within the first 24 hours of the reported event.

Activity: Intake
Crisis Intervention (Week 1) &
Follow Up Sessions as Needed
(Week 2-3)

OR

Month 1-3 of Trauma focused
Treatment for victims and their
families

- # of unduplicated clients provided an intake will be recorded in quarterly reports and will be totaled annually plan (target: __)
- # of clients engaged with case manager (target: 90%)
- # of clients that attended a follow up

- 90% of clients will experience a decrease in symptoms as measured by assessment tools

Fill in actual #'s based on your VOCA project's performance

Questions



Resources

Websites:

- **Office of Justice Programs – PMT Platform**

<https://ojpsso.ojp.gov/>

<https://ovcpmt.ojp.gov/index.cfm?event=Help#>

- **Office for Victims of Crime**

www.ovc.gov/

- **Office for Civil Rights**

www.ojp.gov/about/offices/ocr.htm

- **Crime Prevention & Justice Assistance**

<http://ag.hawaii.gov/cpja/gp/voca>

Resources

- **OJP Financial Guide**

<https://ojp.gov/financialguide/doj/index.htm>

- **VOCA Guidelines (1997- 2016)**

<https://www.ovc.gov/voca/vaguide.htm>

- **VOCA Rules (2016)**

<https://www.federalregister.gov/documents/2016/07/08/2016-16085/victims-of-crime-act-victim-assistance-program>

Resources

- **VOCA Side By Side Comparison of Guidelines and Rules**

<https://www.ovc.gov/pubs/comparison-VOCA-victim-assistance-guidelines-and-final-rule.pdf>

- **VOCA Manual**

<https://ag.hawaii.gov/cpja/files/2017/11/2017-VOCA-Grant-Manual.pdf>

Wrap-Up

Please fill out evaluations before you go.



Appendices

- VOCA Allowable/Unallowable Project Expenditures
- OVC PMT Validations (2019)
Changes to the OVC Performance Measurements
- Resources

Allowable Project Expenditures

- Immediate Health and Safety Services
- Mental Health Assistance
- Assistance with Participation in Criminal Justice Proceedings
- Forensic Examinations
- Costs Necessary and Essential to Providing Direct Services (i.e., prorated costs of rent, telephone services, emergency transportation, etc.)

Allowable Project Expenditures

- Legal Assistance
- Transportation of Victims to Receive Services or Participate in Criminal Justice Proceedings
- Transitional Housing/Relocation Expenses
- Public Awareness and Education Presentations on Crime Victim Rights and Services

Allowable Project Expenditures

- Personal Advocacy and Emotional Support
- Peer Support
- Traditional, Cultural, and/or Alternative Healing
- Rehabilitative Services to Incarcerated Individuals Who Are Victims of Crime

Allowable Project Expenditures

- Special Services (i.e., assisting with applications for public benefits, compensation benefits, recovering property, etc.)
- Personnel & Fringe Benefits
- Restorative Justice
- Skills Training for Staff (to develop skills for direct service providers)
- Equipment & Furniture

Allowable Project Expenditures

- Leased Vehicles
- Advanced Technologies
- Contracts for Professional Services
(\$650/day or \$81.25/hour MAXIMUM)
- Operating Costs (i.e. printing, supplies,
equipment use fees, etc.)
- Supervision of Direct Service Providers
- Repair or Replacement of Essential
Items

Allowable Project Expenditures

- Training, Travel, Per Diem Rate (lodging & food), Ground Transportation, Baggage Fees and Related Costs
- Sole Source – Over \$150,000 Prior Approval is Needed
- Conference Related Activity Costs (must adhere to training/conference planning cost thresholds and conditions)
- Indirect Costs

Unallowable Costs

- Lobbying and Administrative Advocacy
- Research and Studies
- Active Investigation and Prosecution of Criminal Activities
- Fundraising Activities



Unallowable Costs

- Capital Expenses
- Compensation for Victims of Crime
- Most Medical Costs
- Salaries and Expenses of Management

