Welcome to the VICTIMS OF CRIME ACT (VOCA) REPORTING AND OTHER INFORMATION TRAINING

October 20, 2021

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

VOCA Introduction

Calleen Ching – Presenter
Memory Tanuvasa – Presenter/Slides
Tania Wildbill– Presenter
Bow Mun Chin – Chat Box

QUESTIONS? Please post your questions in the chat box. Questions will be answered at the end of the presentation.
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

OIG AUDIT FINDINGS

Office of the Inspector General (OIG)
PMT – Performance Measurement Tool
• 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
MATCH WAIVER POLICY

• VOCA Fix 7/22/21, OVC Bulletin 9/20/21
During national pandemic States must offer match waivers, amount TBD by State
- Applies to 1) all open VOCA projects and 2) unmet match at time of waiver
- Offering 100% match waiver for unmet match; will credit match already paid
- Will execute Supplemental Contract to reduce match requirement
- Will be effective until end of contract
- May not continue into other award years and are temporary

VOCA GRANT REPORTING

I. VOCA Reporting
• Source Document Financial Review
• Subgrant Award Report (SAR)
• Subgrantee Data Report- Performance Measurement Tool (PMT)
• Annual Grantee Reports aka “Narrative”
• Performance Outcome Report (POR)
• Project Priority Allocation Spreadsheet (if applicable)

II. Reporting Deadlines

III. Resources

IV. Appendix: Allowable and Unallowable Costs
I. VOCA REPORTING
SOURCE DOCUMENTATION
FINANCIAL REVIEW

1. January RFF (Due February 15th)

• 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.
• Complete Form provided

SOURCE DOCUMENTATION
RFF SOURCE DOCUMENTATION FORM

Thanks for submitting your project’s source documentation for the reimbursement request for January 2021, RFF # ____.

We are requesting the following:

1) Each document submitted should be labeled and numbered. This will help us keep track of the documents your project is submitting.

2) Timesheets must be signed and dated by the employee and the supervisor, and reflect actual hours worked and work performed under the VOCA grant. Use of percentages to request reimbursement for VOCA staff is not allowed without timesheets of actual hours worked and work performed by each staff member.

3) If submitting an invoice and only a portion is being charged to VOCA, indicate on the document the VOCA amount and on the corresponding forms attached, indicate the total monthly amount and the VOCA pro rata share. For example if reimbursement is requested for leasing the copy machine, please write the VOCA amount on the invoice, and on the corresponding forms enter the total monthly amount x the VOCA pro rata share, that equals the amount of the reimbursement requested. For example, $100 monthly invoice x 25% VOCA pro rata share = $25 request for reimbursement.

4) If the VOCA pro rata share per the approved budget in your contract is not being claimed in your reimbursement request, please provide a short written explanation. Your specialist may follow-up with you on this.

Thanks again for your assistance!
What is the SAR and PMT?

**Subgrant Award Report (SAR):**
This report collects information about:
- the subgrantee organization
- the length of the subawards
- activities to be implemented by the subgrantee
- allocation of grant funds
  - There is an **Initial** and **FINAL** SAR that needs to be reported.

**Performance Measurement Tool (PMT):**
This report:
- collects information **quarterly** on victims served with VOCA plus match funding;
- including victim demographics, types of victimization, and services provided.
The POC entered into the system should be the person listed on your TITLE PAGE. The POC will receive all OVC PMT notifications, reminders and updates. Additional users can be added by the POC only.
REPORTING SAR & PMT
“ADDITIONAL USERS”

Click on “User Management”
To add additional users

REPORTING SAR & PMT
“Access to OVC PMT”

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

https://oipssso.ojp.gov/
SUBGRANT AWARD REPORT (SAR)  
“VOCA PRIORITY AREAS”

• Child Abuse (CA)  
• Sexual Abuse (SA)  
• Domestic Violence (DV)  
• Underserved
  • If you are unsure of what category your clients fall under, please refer to your TITLE PAGE of your contract.

SUBGRANT AWARD REPORT (SAR)  
“Completing Question 4 - Instructions”

➢ There are two types of award numbers:  
1) The federal award number assigned to CPJAD via the Department of Justice, Office for Victims of Crime (OVC). (Ex. 2019-V2-GX0017)  
2) The state-assigned subaward number which is assigned by CPJAD (Ex. 19-V2-17)

➢ The “Subaward” represents only the federal funds (NO MATCH).  
➢ Once your subaward is entered, the system will auto-populate to the “$$” from this award” section.  
➢ The subaward breakdown is based on each VOCA priority area: Child Abuse, Domestic Violence & Family Violence, Sexual Assault, and the Underserved. How the funds are divided into the priority areas is entirely based on your scope of services and listed on your Title Page.  
➢ Example on the next slide for an Initial SAR.
INITIAL (SAR)
“Completing Question 4 - Example”

4. OVC Crime Victim Assistance Funds Awarded

A. State-assigned Subaward Number
   19-V2-17

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.

<table>
<thead>
<tr>
<th>Award Number</th>
<th>$$$ from this award</th>
<th>A. Child abuse</th>
<th>B. Domestic and Family Violence</th>
<th>C. Sexual Assault</th>
<th>D. Underserved</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-V2-DX-0017</td>
<td>$50,000</td>
<td>$12,500</td>
<td>$12,500</td>
<td>$12,500</td>
<td>$12,500</td>
</tr>
</tbody>
</table>

INITIAL (SAR)
“Completing Question 6. CA, DV, SA”

See Annex for child sexual victimization definition. Child sexual abuse or assault should be reported EITHER in category EA, CHILD ABUSE, or in category BC, SEXUAL ASSAULT, depending on how the state or territory tracks and reports this data. SELECT ONLY one.

<table>
<thead>
<tr>
<th>A. Child abuse:</th>
<th>$12,500 [Required]</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1 Child physical abuse:</td>
<td>$6,250 [Required]</td>
</tr>
<tr>
<td>A2 Child sexual abuse</td>
<td>$6,250</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Domestic and Family Violence:</th>
<th>$12,500 [Required]</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C. Sexual assault:</th>
<th>$12,500 [Required]</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1 Child sexual assault</td>
<td>$6,250</td>
</tr>
<tr>
<td>C2 Adult sexual assault</td>
<td>$6,250</td>
</tr>
</tbody>
</table>

Enter the amounts based on the priority areas listed on your title page.
INITIAL (SAR)
“Completing Question 6D. 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).

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SUBGRANT AWARD REPORT (SAR)  
UNDERSERVED (con’t)

<table>
<thead>
<tr>
<th>G. PROJECT PERIOD: From</th>
<th>Jul 1, 2019</th>
<th>To</th>
<th>Aug 30, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>H. VOCA PRIORITY AREA(S):</td>
<td>Underrepresented Populations (specific population)</td>
<td>Elderly Victims</td>
<td>Survivors of Homicide/NEG Homicide</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Homeless Victims</td>
<td>Victims with MH/SA Issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Indigenous Victims</td>
<td>Victims of Sex Trafficking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LGBTQQ Victims</td>
<td>Victims of Violent Property Crime</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Native American Victims</td>
<td>Youth Aging Out of Foster Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Victims With Disabilities</td>
<td>Youth Offender Victims</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Financial Distress</td>
<td>Domestic Violence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexual Assault</td>
<td>Child Abuse</td>
</tr>
</tbody>
</table>

1. Check the priority areas on your Title Page

I. ADDITIONAL CONSIDERATION(S):

- Underrepresented Population – additional points
- Priority Services – additional points
- Child Abuse Sub-Aide
- Geographic Sub-Aide

J. TOTAL PROJECT AMOUNT:

- Federal Funds Requested: $100,000
- 20% Match: $25,000
- Total Project Funds: $25,000
INITIAL (SAR)
“Completing Question 6D. UNDERSERVED”(con’t)

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)

FOR PROJECTS WITH MULTIPLE CATEGORIES, YOUR SPECIALIST WILL HELP YOU WITH THE ALLOCATIONS.

For tracking purposes:
• The County Pros (Gov’t) will enter information for D1 –D11 (if applicable). *
• RFP projects will only enter information into D7 – D9.

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

- 12,500

D1. Underserved (DUl/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)
- 6250

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)
- 6250

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 on your federal fiscal year.

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)
INITIAL & FINAL (SAR)
“Completing Question 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 Mariana 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
   $50,000 / 4 = $12,500

C. Total match
   $ Amount (auto-calculated)

INITIAL & FINAL (SAR)
“Completing Question 10. TYPES OF VICTIMIZATION

10. Types of Victimization

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."

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

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

Refer to your Title Page
INITIAL & FINAL (SAR)
“Completing Question 11. Budget and Staffing”

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

<table>
<thead>
<tr>
<th>Description</th>
<th>$50,000 Explanation (as needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Total budget for all victimization programs/services for this subgrantee</td>
<td>$50,000 The amount reported is for the current fiscal year. Include the subaward amount reported in Question 4.</td>
</tr>
<tr>
<td>B. Annual funding amounts allocated to all victimization programs and/or services for the current fiscal year</td>
<td>C1. Subaward Amount: Auto-populated</td>
</tr>
<tr>
<td>C. Total number of paid staff for all subgrantee victimization program and/or services</td>
<td>3 FT + 1 PT + 1 QC = 5</td>
</tr>
<tr>
<td>D. Number of staff hours funded through this VOCA award (plus match) for subgrantee’s victimization programs and/or services</td>
<td>Hrs per month * # of mos. * # of staff</td>
</tr>
</tbody>
</table>

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

### Required Information

- **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
  - COUNT each volunteer staff once. DO NOT prorate based on FTE.

- **F. Number of volunteer hours supporting the work of this VOCA award (plus match) for subgrantee’s victimization programs**
  - Number of HOURS
  - Total count of hours to work by all volunteers supporting the work of this VOCA subaward plus match.

Required unless Volunteer Waiver is approved.
**SUBGRANTEE AWARD REPORT FINAL (SAR)**

- Subaward Federal Amount need to match your FINAL RFF & PEO.
- Priority Areas are actual amounts. Need to match amount spent.
- Match may also change
- SAR needs to be accurate as OVC reviews this for VOCA 10% Allocation requirement.
- EXAMPLE on next slide.

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<table>
<thead>
<tr>
<th>4. OVC Crime Victim Assistance Funds Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. State-assigned Subaward Number</td>
</tr>
<tr>
<td>19-V2-17</td>
</tr>
<tr>
<td>B. Subaward Amount (Enter Federal Funds ONLY, NO MATCH)</td>
</tr>
<tr>
<td>$37,500</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Award Number</th>
<th>$$$ from this award</th>
<th>A. Child abuse</th>
<th>B. Domestic and Family Violence</th>
<th>C. Sexual Assault</th>
<th>D. Underserved</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-V2-0X-0017</td>
<td>$37,500</td>
<td>$12,500</td>
<td>12,500</td>
<td>$6,250</td>
<td>$6,250</td>
</tr>
</tbody>
</table>
LET’S TAKE A BREAK!

5 MINUTES

Pop Quiz
What is wrong with this SAR?

4. OVC Crime Victim Assistance Funds Awarded
   A. State-assigned Subaward Number
      19-V2-00-0012
   B. Subaward Amount (Enter Federal Funds ONLY, NO MATCH)
      $40,000

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.

A. Child abuse  $40,000
B. Domestic and Family Violence  $10,000
C. Sexual Assault  $20,000
D. Underserved  $10,000
E. Other  $5,000

This Photo by Unknown Author is licensed under CC BY
SUBGRANTEE DATA REPORT – Performance Measurement Tool (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.

(PMT) POPULATION DEMOGRAPHICS (Q. #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).

   **75**

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).

   **20**
33

(PMT)

POPULATION DEMOGRAPHICS Q.

#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 steward, ALL individuals should be counted as new.

![50]

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

34

(PMT)

Q5. DEMOGRAPHICS (SELF REPORTED)

(FOR NEW INDIVIDUALS IDENTIFIED IN QUESTION 3)

<table>
<thead>
<tr>
<th>A. RACE/ETHNICITY (self-reported)</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Black/African American</td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>White Non Latino/Caucasian</td>
<td></td>
</tr>
<tr>
<td>Some Other Race</td>
<td></td>
</tr>
<tr>
<td>Multiple Races</td>
<td></td>
</tr>
<tr>
<td>Not Reported</td>
<td></td>
</tr>
<tr>
<td>Not Tracked</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL: [Auto-calculated number reported in Question 3]

<table>
<thead>
<tr>
<th>B. GENDER IDENTITY (self-reported)</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Other (please specify if applicable)</td>
<td>Description</td>
</tr>
<tr>
<td>Not Reported</td>
<td></td>
</tr>
<tr>
<td>Not Tracked</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL: [Auto-calculated number reported in Question 3]

<table>
<thead>
<tr>
<th>C. AGE (self-reported)</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12</td>
<td></td>
</tr>
<tr>
<td>13-17</td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td></td>
</tr>
<tr>
<td>25-29</td>
<td></td>
</tr>
<tr>
<td>30 and Older</td>
<td></td>
</tr>
<tr>
<td>Not Reported</td>
<td></td>
</tr>
<tr>
<td>Not Tracked</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL: [Auto-calculated number reported in Question 3]

NOTE (as of 2/2019)

- NT: Not Tracked
- NR: Not Reported
- “0” or “Non Applicable”

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).
### (PMT)

**6. TYPE OF VICTIMIZATION**

**TYPES OF VICTIMIZATIONS (FOR ALL INDIVIDUALS IDENTIFIED IN QUESTIONS 1 AND 2)**

<table>
<thead>
<tr>
<th>Victimization Type</th>
<th>A. Number of individuals who received services based on the victimization type during the reporting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Physical Assault (includes Simple and Criminal Assault)</td>
<td>Number</td>
</tr>
<tr>
<td>Adult Sexual Assault</td>
<td>Number</td>
</tr>
<tr>
<td>Adult Sexual Harassment/Assault on Children</td>
<td>Number</td>
</tr>
<tr>
<td>Adult Harassment</td>
<td>Number</td>
</tr>
<tr>
<td>Adult Harassment Due to Caucasian, Latin, Asian or Other</td>
<td>Number</td>
</tr>
<tr>
<td>Adult Harassment Due to Gender</td>
<td>Number</td>
</tr>
<tr>
<td>Adult Harassment Due to Sexual Orientation</td>
<td>Number</td>
</tr>
<tr>
<td>Adult Harassment Due to Relationships/Gender/Other</td>
<td>Number</td>
</tr>
<tr>
<td>Bullying/Discrimination: Gay, Lesbian, Transgender</td>
<td>Number</td>
</tr>
<tr>
<td>Bullying/Discrimination: Hispanic, Race</td>
<td>Number</td>
</tr>
<tr>
<td>Bullying/Discrimination: Aboriginal/Other</td>
<td>Number</td>
</tr>
<tr>
<td>Bullying/Discrimination: Homophobia</td>
<td>Number</td>
</tr>
<tr>
<td>Bullying/Discrimination: Islamophobia</td>
<td>Number</td>
</tr>
<tr>
<td>Bullying/Discrimination: Antisemitism</td>
<td>Number</td>
</tr>
<tr>
<td>Bullying/Discrimination: Religious Orientation</td>
<td>Number</td>
</tr>
</tbody>
</table>

This section is for those individual listed who "SELF-REPORTED" (i.e., intake, phone conversation, etc.); **Should NOT include 3rd party reports.**
Q.7/8. ASSISTED WITH VICTIM COMPENSATION/ TYPES OF SERVICES

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

Q8. 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
### OVC PMT Data Review

**“Common Error”**

<table>
<thead>
<tr>
<th>Subgrantee with Issue</th>
<th>Fiscal Year</th>
<th>Quarter</th>
<th>Question with Issue</th>
<th>Explanation of Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Name</td>
<td>2020</td>
<td>2</td>
<td>B. Total number of individuals who received services by service type</td>
<td>Subgrantee entered a cumulative total number of individuals served across the five direct service categories (8A + 8B + 8C + 8D + 8E) that was less than the total number of individuals served and anonymous contacts received (Q1 + Q2).</td>
</tr>
</tbody>
</table>

Your Agency will receive an excel spreadsheet with the above information.

### (PMT) Common Error (con’t)

#### POPULATION DEMOGRAPHICS

**Question**

1. TOTAL number of individuals who received services during the reporting period.
2. TOTAL number of anonymous contacts received during the reporting period.
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.
4. Total number of individuals who received services by service type AND number of times each service was provided during the reporting period:
   - A. Information & Referral
   - B. Support
   - C. Legal Services
   - D. Medical Services
   - E. Other Services
   - F. Supportive Services
   - G. Housing Services
   - H. Employment Services
   - I. Education Services
   - J. Other Services

**Response**

- 49
- 0
- 11
- 49
- 11
- 11
- 0
- 0
- 0
- 0
Does Not Include Personally Identifying Information

Summarizes Demographics and VOCA Services

https://ojpssso.ojp.gov/main.cfm

**II. REPORTING DEADLINES**

"REPORTING DUE" DATES

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Data Required</th>
<th>PMT Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1 – December 31</td>
<td>1st Quarter</td>
<td>January 15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Includes CPJAD Performance Outcome Report</td>
</tr>
<tr>
<td>January 1 – March 31</td>
<td>2nd Quarter</td>
<td>April 15</td>
</tr>
<tr>
<td>April 1 – June 30</td>
<td>3rd Quarter</td>
<td>July 15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Includes CPJAD Performance Outcome Report</td>
</tr>
<tr>
<td>July 1 – September 30</td>
<td>4th Quarter</td>
<td>October 15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Includes Subgrant Annual Questions (PMT) &amp; Grantee Report (Narrative)</td>
</tr>
</tbody>
</table>
SUBGRANTEE ANNUALLY REPORTED OUTCOMES - DEADLINE

• There are **six** questions answered once a year on (July – September) report.
  
  *(sample on next slide)*

• Please answer as appropriate and should include information from prior quarters.

Submitted online by October 15 with Grantee Report (Narrative)

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**III. SUBGRANTEE ANNUALLY REPORTED OUTCOMES**

You are asked to answer these questions once a year, at the end of the 12-month period, as of September 30. You may use up to 5,000 characters for each response that requires text.

10. Number of requests for services that were unmet because of organizational capacity issues:
   - Number
   - Please explain:
     - Text response

11. Does your organization formally survey clients for feedback on services received?
   - A. Yes
   - B. No (proceed to Question 14)

12. Number of surveys distributed (includes, but is not limited to, those distributed by hand, mail, or other methods):
   - Number

13. Number of surveys completed:
   - Number

14. Please discuss some of the challenges your victim assistance program faced during the course of the Federal fiscal year:
   - Text response

15. Please describe some of the services that victims needed but you could not provide. What were the challenges that prevented you from providing those services?
   - Text response
GRANTEE REPORT (NARRATIVE)

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

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

REPORTING DEADLINES “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!
- Sample on next slide

Submit to CPJAD via email **every 6 months (Jan 15th and Jul 15th)**
Performance Outcome Report

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

January 15

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

<table>
<thead>
<tr>
<th>Activities &amp; Objectives</th>
<th>Performance Measures/Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td># of unduplicated clients provided an intake will be recorded in quarterly reports and will be totaled annually plan (target ___)</td>
<td>90% of clients will experience a decrease in symptoms as measured by assessment tools</td>
</tr>
<tr>
<td>Activity: Intake Assessment and Crisis Intervention (Week 1) &amp; Follow Up Sessions as Needed (Week 2-3)</td>
<td># of clients engaged with case manager (target. 50%)</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td># of clients that attended a follow up</td>
<td></td>
</tr>
<tr>
<td>Month 1-3 of Trauma focused Treatment for victims and their families</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Voca Monitoring Policies

- **Verification of Services:**
  - Collection of supporting documentation to verify PMT data and other performance reports

- **Client Screening Tool(s):**
  - Review of Client screening tool(s) used to verify VOCA eligibility
III. Resources

Websites:
- Office of Justice Programs – PMT Platform
  https://ojpssso.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 Rules

- VOCApedia
  https://ovc.ojp.gov/program/victims-crime-act-voca-administrators/vocapedia
RESOURCES

- **VOCA Manual**

- **OVC Performance Measure Dictionary and Terminology Resource**

- **Victim Assistance Prorating Strategies for Subgrantees**

- **VOCA Reporting Forms**
  http://ag.hawaii.gov/cpja/gp/voca/

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“VOCA TRAINING”

- **Office for Victims of Crime Training and Technical Assistance Center**: OVC TTAC is the gateway for FREE training and technical assistance for victim service providers and allied professionals who serve crime victims.

- **OVC TTAC’s aim is building the capacity of victim assistance organizations across the country by drawing on the expertise of a network of consultants and seasoned victim service professionals with first-hand experience in designing and delivering customized responses to satisfy a variety of training and technical assistance needs. From this comprehensive database of experts, OVC TTAC can provide developmental support, mentoring, and facilitation to assist you in your program design and implementation, strategic planning, program management, evaluation, quality improvement, collaboration, and community coordination.**

- **website**: https://www.ovcttac.gov/ OVC TTAC Call Center: 1–866–OVC–TTAC (1–866–682–8822), Monday through Friday, 8:30 a.m.–5:00 p.m. EST [OVC TTAC is operated by ICF Incorporated under the Office of Justice Programs/Office for Victims of Crime contract GS-00F-010CA DJO-OVC-16-G-0250]
VOCA REPORTING CHECKLIST
October 20, 2021
http://ag.hawaii.gov/cpja/gp/voca/

- VOCA Reporting PowerPoint Slides
- Grant Administration Checklist
- Subgrant Award Report (SAR)
- VOCA SAR Cheat Sheet
- Subgrantee Data Report - Performance Measurements Toolkit (PMT)
- VOCA Fillable Grantee Report (Narrative)
- Performance Outcomes Report (POR)

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Grant Administration Checklist

<table>
<thead>
<tr>
<th>Description</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVC 14 days after contract execution; Submit hardcopy to CPJAD</td>
<td></td>
</tr>
<tr>
<td>OVC 1Q - January 15; 2Q - April 15; 3Q - July 15; 4Q - October 15 (with Grantee Report/ Narrative)</td>
<td></td>
</tr>
<tr>
<td>OVC Due October 15; Email to CPJAD with (3) case studies, project evaluations, surveys, and/or project highlights (i.e. articles, special recognitions, etc.)</td>
<td></td>
</tr>
<tr>
<td>CPJAD Due every 6 months on January 15 and July 15; submit as email attachment to CPJAD</td>
<td></td>
</tr>
<tr>
<td>CPJAD Due October 31 with supporting documentation to justify figures (i.e. internal tracking sheets, PMT data tracking forms, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

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REQUIRED:
- Used to determine the 10% priority crime requirement.
- Used to collect information to determine whether a program achieved its goals and objectives. Submitted online at https://ojpsso.ojp.gov/
- Subgrantees will provide information about agency and project activities that will be implemented with VOCA plus match funds.
- Used to collect quantitative data from the goals and objectives, timeline of activities, and output/outcomes that are specific to the VOCA-funded project.
- VOCA-funded Victim Assistance Programs that operate in their State.
- VOCA-funded Victim Assistance Programs that operate in their State.

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Evaluation

Please complete the evaluation form before you leave us today.

Link to the evaluation is in the chat box.

Mahalo!
IV. APPENDICES

• VOCA Allowable Project Expenditures
• VOCA Unallowable Project Expenditures
• Grant Administration Checklist

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—specifically for activities for victims of crime and resources available to them.

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 $250,000 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

Mahalo for your participation today!