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**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**

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**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.

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## 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

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## 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

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## 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

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## 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



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## **I. VOCA REPORTING SOURCE DOCUMENTATION FINANCIAL REVIEW**

1. January RFF (Due February 15<sup>th</sup>)

- Submit your Request for Funds (RFF) by the 15<sup>th</sup> 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

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## **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!

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## 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.

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## TITLE PAGE - SAMPLE

CRIME PREVENTION AND JUSTICE ASSISTANCE DIVISION  
 DEPARTMENT OF THE ATTORNEY GENERAL  
 235 South Beretania Street, Suite 401, Honolulu, Hawaii 96813  
 FY 2019 VICTIMS OF CRIME ACT FORMULA GRANT APPLICATION  
**PART I. TITLE PAGE**

A. PROJECT TITLE: \_\_\_\_\_

B. APPLICANT AGENCY: \_\_\_\_\_

C. SYSTEM FOR AWARD MANAGEMENT (SAM):  Yes  No DUNS No. \_\_\_\_\_

D. APPLICATION RANKING WITHIN AGENCY: \_\_\_\_\_ (as determined by agency lead)

E. ADDRESS: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4 digit: \_\_\_\_\_

F. LOCATION OF PROJECT: \_\_\_\_\_

G. PROJECT PERIOD: From  Select Month  Select Year To  Select Month  Select Year

H. VOCA PRIORITY AREAS:  Underserved Populations (specify population)  
 Elderly Victims  Rural or Geographically Isolated  
 Homeless Victims  Survivors of Homicide/Stray Domestic  
 Immigrant LEP Victims  Victims with MIE/IA Issues  
 LGBTQ+ Victims  Victims of Sex Trafficking  
 Native Hawaiian Victims  Victims of Violent Property Crime  
 Source Victim Victims  Youth Aging Out of Foster Care  
 Victims with Disabilities  Youth Offender Victims  
 Sexual Assault  Domestic Violence  
 Child Abuse

I. ADDITIONAL CONSIDERATIONS:  Underserved Population - additional points

J. TOTAL PROJECT AMOUNT: Federal Funds Requested \$ \_\_\_\_\_  
 20% Match \$ \_\_\_\_\_  
 Total Project Funds \$ \_\_\_\_\_

K. OTHER FUNDING SOURCES: Is the proposed project seeking other sources of funding? Yes  No  \*If yes, then provide name of administering agency, name of fund source, and the amount of funds being sought: Agency: \_\_\_\_\_ Source: \_\_\_\_\_ Amount \$ \_\_\_\_\_

L. PROJECT DIRECTOR: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

M. FINANCIAL OFFICER: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

FOR CPJAD USE: \_\_\_\_\_  
 Date received: \_\_\_\_\_ Project Number: \_\_\_\_\_

AGCPJAD-11A (Rev 02/2019)

### Highlighted Areas:

G. Project Period


H. VOCA Priority Areas

J. Total Project Amount

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## REPORTING SAR & PMT "CREATE AN ONLINE ACCOUNT"



U.S. DEPARTMENT OF JUSTICE  
**Office of Justice Programs**  
*Innovation • Partnerships • Safer Neighborhoods*

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**Performance Measurement Platform**

Randi Barretto [Logout](#)

Home Update My Account Change Password

**OVC PMT**

Here you can update or change your account and password information.  
Click **OVC PMT** to continue and enter data.

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## REPORTING SAR & PMT "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 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.

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## REPORTING SAR & PMT "ADDITIONAL USERS"

The screenshot shows the OVC PMT interface. At the top, it says 'OFFICE OF JUSTICE PROGRAMS' and 'OFFICE FOR VICTIMS OF CRIME'. There are navigation tabs: 'OVC PMT Home', 'Administration', 'Profile', 'SAR', 'Enter Data', 'Reports', 'Need Help?', and 'Logout'. Below these, there are two main sections: 'Federal Award List' and 'User Management'. A red arrow points to the 'User Management' link. A yellow text box at the bottom right says 'Click on "User Management" To add additional users'.

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## REPORTING SAR & PMT "Access to OVC PMT"

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

U.S. DEPARTMENT OF JUSTICE  
**Office of Justice Programs**  
*Innovation • Partnerships • Safer Neighborhoods*

**Performance Measurement Platform**

**User Name**  **Password**   [Forgot Password](#)

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

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## 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** .

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## 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.

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## INITIAL (SAR)

### “Completing Question 4 - Example”

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**4. OVC Crime Victim Assistance Funds Awarded**

A. State-assigned Subaward Number

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

**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
2019-V2-GX-0017	\$50,000	\$12,500	\$12,500	\$12,500	\$12,500
Award Number	\$\$\$ from this award	Child abuse	Domestic and Family Violence	Sexual Assault	Underserved

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## INITIAL (SAR)

### “Completing Question 6. CA, DV, SA”

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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:  (Required)

A1. Child physical abuse/neglect:

A2. Child sexual abuse:

B. Domestic and Family Violence:  (Required)

C. Sexual assault:  (Required)

C1. Child sexual assault:

C2. Adult sexual assault:

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

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## 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)

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

H. VOCA PRIORITY AREA(S):

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

I. ADDITIONAL CONSIDERATION(S):

<input checked="" type="checkbox"/> Underserved Population – additional points
<input type="checkbox"/> Priority Services – additional points
<input type="checkbox"/> Child Abuse Set Aside
<input type="checkbox"/> 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>

1. Check the priority areas on your Title Page

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## 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.

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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)

D2. Underserved (assault)

D3. Underserved (adults molested as children)

D4. Underserved (elder abuse)

D5. Underserved (robbery)

D6. Underserved (survivors of homicide victims)

D7. Other Underserved (other violent crimes) **6250**

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

D9. Other Underserved (non-violent crimes) **6250**

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

D11. Please briefly explain how your state or territory defines "other crime types enter amount listed above."  
This is determined by the state for all SARs. It will auto-populate a 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)

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### 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 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

B. Cash match  
       $\$50,000 / 4 = \mathbf{\$12,500}$

C. Total match

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### 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.”*

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**

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## INITIAL & FINAL (SAR) "Completing Question 11. Budget and Staffing"

\* 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		Explanation (as needed)
A. Total budget for all victimization programs/services for this subgrantee	\$50,000 \$ Amount	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. <b>OTHER STATE/TERRITORY:</b> \$ Amount C3. <b>OTHER LOCAL:</b> \$ Amount C4. <b>OTHER FEDERAL:</b> \$ Amount C5. <b>OTHER NON-FEDERAL:</b>	Identify by source the amount of funds allocated to the victimization programs/services. budget of the subgrantee agency. <b>DO NOT COUNT FUNDS IN MORE THAN ONE CATEGORY</b> 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.

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## INITIAL & FINAL (SAR) "Completing Question 11. Budget and Staffing (con't)"

E. Number of <b>volunteer staff</b> 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 <b>volunteer hours</b> 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

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## 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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## FINAL (SAR) “Completing Question 4 - Example”

**4. OVC Crime Victim Assistance Funds Awarded**

A. State-assigned Subaward Number

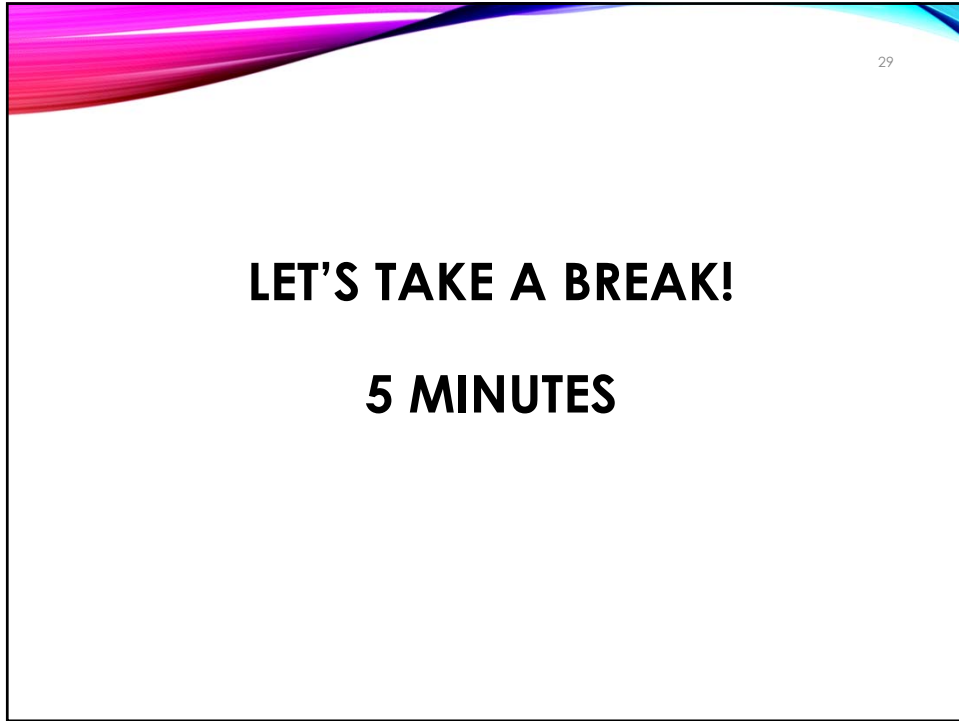
B. Subaward Amount (Enter Federal Funds ONLY, NO MATCH)

**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
2019-V2-GX-0017	\$37,500	\$12,500	12,500	\$6,250	\$6,250
Award Number	\$\$\$ from this award	Child abuse	Domestic and Family Violence	Sexual Assault	Underserved

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### Pop Quiz What is wrong with this SAR?

**4. OVC Crime Victim Assistance Funds Awarded**

A. State-assigned Subaward Number

Number of Complaints  
**2019-V2-GX-0017**

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

\$**40,000**

POP QUIZ!

**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
<b>19-V2-17</b>	<b>\$40,000</b>	<b>\$10,000</b>	<b>20,000</b>	<b>\$10,000</b>	<b>\$5,000</b>
Award Number	\$\$\$ from this award	Child abuse	Domestic and Family Violence	Sexual Assault	Underserved

This Photo by Unknown Author is licensed under CC BY

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## 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.

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## (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).*

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).*

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## (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 subaward, ALL individuals should be counted as new.*

*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.

**We cannot track new individuals.**  
*Communicate your reasons for not tracking to the Specialist*

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## (PMT) Q5. DEMOGRAPHICS (SELF REPORTED) (FOR NEW INDIVIDUALS IDENTIFIED IN QUESTION 3)

<b>A. RACE/ETHNICITY</b> (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
<b>TOTAL</b>	Auto-calculated <i>(Must equal number reported in Question 3)</i>	Number
<b>B. GENDER IDENTITY</b> (self-reported)	Male	Number
	Female	Number
	Other <i>(brief description, if applicable)</i>	Description:
	Not Reported	Number
	Not Tracked	Number
<b>TOTAL</b>	Auto-calculated <i>(Must equal number reported in Question 3)</i>	Number
<b>C. AGE</b> (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
<b>TOTAL</b>	Auto-calculated <i>(Must equal number reported in Question 3)</i>	Number

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).

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(PMT)  
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.
<b>INSTRUCTIONS:</b> 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	Number _____
	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 (explanation required)	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:		

(PMT)  
Q6. 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 _____
<b>C. Special classifications of individuals (self-reported)</b>  <b>INSTRUCTIONS:</b> 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 3<sup>rd</sup> party reports.**

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**(PMT)**  
**Q.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

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

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**(PMT)**  
**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

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## (PMT) OVC PMT Data Review “Common Error”

Subgrantee with Issue	Fiscal Year	Quarter	Question with Issue	Explanation of Issue	SUBGRANTEE EXPLANATION
Agency Name	2020	2	8. Total number of individuals who received services by service type	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).	

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

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## (PMT) Common Error (con't)

**POPULATION DEMOGRAPHICS**

Question	Response
<b>POPULATION DEMOGRAPHICS</b>	
1 <b>TOTAL</b> number of individuals who received services during the reporting period.	49
2 <b>TOTAL</b> number of anonymous contacts received during the reporting period.	0
3 Of the number of individuals entered in question 1, how many were <b>NEW</b> individuals who received services from your agency <b>for the first time</b> during the reporting period.	11

8 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	49
Enter the number of individuals who received services in this category	
Enter the number of times services were provided in each subcategory.	
A1. Information about the criminal justice process	11
A2. Information about victim rights, how to obtain notifications, etc.	11
A3. Referral to other victim service programs	38
A4. Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.)	0

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## (PMT) CLIENT DATA TRACKING SHEET - Sample

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	1			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Add New Row							
SUM (auto-calculated)	3	1	2	2	0	0	

Summarizes Demographics and VOCA Services

Does Not Include Personally Identifying Information

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

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## II. REPORTING DEADLINES “REPORTING DUE” DATES

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

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## 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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SUBGRANTEE DATA REPORT

### 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

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## GRANTEE REPORT (NARRATIVE)

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- 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

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## 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 15<sup>th</sup> and Jul 15<sup>th</sup>)***

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PERFORMANCE OUTCOME REPORT (SAMPLE)		
Summary of Goals, Objectives, and Performance Measures (Agency) January 15		Contract: 16-VA-26
<b>Project Scope:</b> To provide support services to men, women, and children victims of domestic violence		
<b>Goal #1:</b> Provide immediate crisis intervention and follow up services to victims of domestic violence		
Activities & Objectives	Performance Measures/Outputs	Outcomes
<i>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.</i>		
Activity: Intake Assessment and 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	<ul style="list-style-type: none"> <li># of unduplicated clients provided an intake will be recorded in quarterly reports and will be totaled annually plan (target: __)</li> <li># of clients engaged with case manager (target: 90%)</li> <li># of clients that attended a follow up</li> </ul>	<ul style="list-style-type: none"> <li>90% of clients will experience a decrease in symptoms as measured by assessment tools</li> </ul>
<div style="background-color: yellow; padding: 5px; display: inline-block;"> <b>Fill in actual #'s based on your VOCA project's performance</b> </div>		

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<h2>VOCA MONITORING POLICIES</h2>
<ul style="list-style-type: none"> <li>• <b>Verification of Services:</b> <ul style="list-style-type: none"> <li>• Collection of supporting documentation to verify PMT data and other performance reports</li> </ul> </li> <li>• <b>Client Screening Tool(s):</b> <ul style="list-style-type: none"> <li>• Review of Client screening tool(s) used to verify VOCA eligibility</li> </ul> </li> </ul>

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## III. 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/](http://www.ovc.gov/)
- **Office for Civil Rights**  
[www.ojp.gov/about/offices/ocr.htm](http://www.ojp.gov/about/offices/ocr.htm)
- **Crime Prevention & Justice Assistance**  
<http://ag.hawaii.gov/cpja/gp/voca>

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## Resources

- **OJP Financial Guide**  
<https://ojp.gov/financialguide/doj/index.htm>
- **VOCA Rules**  
<https://www.federalregister.gov/documents/2016/07/08/2016-16085/victims-of-crime-act-victim-assistance-program>
- **VOCApedia**  
<https://ovc.ojp.gov/program/victims-crime-act-voca-administrators/vocapedia>

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## RESOURCES

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### - VOCA Manual

[https://ag.hawaii.gov/cpia/files/2019/12/VOCA-GRANT-MANUAL-December-2019-Revised-2019\\_12\\_19-FINAL.pdf](https://ag.hawaii.gov/cpia/files/2019/12/VOCA-GRANT-MANUAL-December-2019-Revised-2019_12_19-FINAL.pdf)

### - OVC Performance Measure Dictionary and Terminology Resource

[https://ovcpmt.ojp.gov/documents/OVC\\_Performance\\_Measure\\_Dictionary\\_and\\_Terminology\\_Resource\\_Winter\\_2020\\_508c.pdf](https://ovcpmt.ojp.gov/documents/OVC_Performance_Measure_Dictionary_and_Terminology_Resource_Winter_2020_508c.pdf)

### - Victim Assistance Prorating Strategies for Subgrantees

[https://ovcpmt.ojp.gov/documents/Victim\\_Assistance\\_Prorating\\_Strategies\\_for\\_Subgrantees\\_Winter2020\\_508c.pdf](https://ovcpmt.ojp.gov/documents/Victim_Assistance_Prorating_Strategies_for_Subgrantees_Winter2020_508c.pdf)

### - VOCA Reporting Forms

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

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## RESOURCES "VOCA TRAINING"

• *Office for Victims of Crime Training and Technical Assistance Center: OVC TTAC is the gateway to 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*

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## 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

Document	Form No.	VOCA Reporting Requirements	Due Date
6 Certification of Grant-Funded Employment	AG/CPJAD #38	Form used to report any employees funded solely by VOCA funds	Must be available to review at time of monitoring visit
7 Indirect Costs Computation Worksheet	AG/CPJAD #40	Agencies with an approved 10% de minimus or a federally approved rate must complete this form if requesting an indirect cost.	Indirect Costs forms must be submitted with budget prior to execution
8 Employee Time and Activity Form	Sample		
1 Subgrant Award Report (SAR)	OVC	<b>REQUIRED</b> - Subgrantees will provide information about agency and project activities that will be implemented with VOCA plus match funds.	14 days after contract execution; Submit hardcopy to CPJAD
2 Subgrantee Data Report - Performance Measurement Tool (PMT)	OVC	<b>REQUIRED</b> - Used to collect information to determine whether a program achieved its goals and objectives. Submitted online at <a href="https://ojsso.cjg.gov">https://ojsso.cjg.gov</a>	1Q - January 15; 2Q - April 15; 3Q - July 15; 4Q - October 15 (with Grantee Report/ Narrative)
3 Grantee Report aka "Narrative"	OVC	<b>REQUIRED</b> : Used to collect qualitative data from grantees regarding VOCA-funded Victim Assistance Programs that operate in their State.	Due October 15; Email to CPJAD with (3) case studies, project evaluations, surveys, and/or project highlights (i.e. articles, special recognitions, etc.)
4 Performance Outcome Measures Report	CPJAD	<b>REQUIRED</b> : Used to collect quantitative data from the goals and objectives, timeline of activities, and output/outcomes that are specific to the VOCA-funded project.	Due every 6 months on January 15 and July 15; submit as email attachment to CPJAD
5 VOCA Project Priority Area Allocation Spreadsheet (if applicable)	CPJAD	<b>REQUIRED</b> : Applicable for County VW and any RFP project serving more than (1) crime category. Used to determine the 10% priority crime requirement.	Due October 31 with supporting documentation to justify figures (i.e. internal tracking sheets, PMT data tracking forms, etc.).
6 Source Documentation Financial Review	Sample		1. January RFF, Due February 15 and 2. July RFF, Due August 15

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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!*

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# QUESTIONS



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## IV. APPENDICES

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

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## **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.)

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## **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.**

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## **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

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## **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

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## **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

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## **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

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## **UNALLOWABLE COSTS**

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

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## **UNALLOWABLE** COSTS

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

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***Mahalo for your participation today!***

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