The **Subgrant Award Report (SAR)** is a requirement for state agency recipients (i.e., grantees) that receive Victims of Crime Act (VOCA) funding from the Office for Victims of Crime (OVC) to deliver victim assistance services. Grantees use the SAR to collect basic information on subgrantee recipients and the program activities that will be implemented with VOCA plus match funds. Submit this data in the OVC PMT.

- 1. Grantees have 90 days to submit the SAR after the subaward's start date.
- 2. Grantees need to complete a SAR for each subgrant award of VOCA funding.
- 3. Grantees should submit information via the OVC PMT starting October 5, 2015.
- 4. The report requires two levels of data:
 - A. Profile of the subgrantee recipient receiving VOCA funds.
 - B. Information on the activities that the VOCA-funded subgrantee program will implement.
- 5. A SAR created with start dates that fall within the annual reporting period (federal fiscal year) will be associated with performance data submitted for that federal fiscal year.

10/01/2015

The grantee should complete a SAR each time it makes a subaward for each federal award active during the period.

FEDERAL AWARD NUMBER

INSTRUCTIONS: Provide the federal grant award number(s) from which this subaward is made. Note: If funds are awarded from more than one federal VOCA grant award to this subgrantee recipient, grantees must complete and submit a SAR for each award.

award.

IN	iumber(s)	(select from list)	
1.	Subgr	antee Organization/Tribal Name	
	A.	Organization Name	
		Name	
	B.	Organization/Tribal Address	1
		Address	
	C.	City	
		City	
	D.	State	,
		State	
	E.	Zip Code	
		Zip Code	
2.	Subar	antee Organization/Tribal Point of Co	ntact
۷.	_	Subgrantee POC Name	ndot
	,	POC First Name, Last Name	
	В.	POC Phone Number (XXX-XXX-XXXX)	-
		POC Phone Number (XXX-XXX-XXXX)	
	C.	POC E-mail Address	_
		POC E-mail	
3.	INSTRI (A, B, C	C, and D) identified in item #1.	the type of government, agency, or organization
	A.	Government Agencies Only: Which de (select one response)? □ Courts □ Juvenile justice □ Law enforcement □ Prosecutor □ Other government agency	signation <u>best</u> describes this government agenc

10/01/2015

		Nonprofit Organization Only: Which designation best describes this nonprofit organization (select one response)? Child abuse service organization (e.g., child advocacy center) Coalition (e.g., state domestic violence or sexual assault coalition) Domestic and family violence organization Faith-based organization Organization provides domestic and family violence and sexual assault services Organization by and/or for underserved victims of crime (e.g., drunk driving, homicide, elder abuse) Sexual assault services organization (e.g., rape crisis center) Multiservice agency Other type of nonprofit organization serving victims of crime		
		Federally Recognized Tribal Governments, Agencies, and Organizations Only: Which designation best describes this tribal agency or organization (select one response)? Child abuse service organization (e.g., child advocacy center) Court Domestic and family violence organization Faith-based organization Juvenile justice Law enforcement Organization provides domestic and family violence and sexual assault services Prosecutor Sexual assault services organization (e.g., rape crisis center) Other justice-based agency Other agency that is NOT justice-based (e.g., human services, health, education) Organization by and/or for a specific traditionally underserved community Organization by and/or for underserved victims of crime (e.g., drunk driving, homicide, elder abuse)		
		Campus Organizations Only: Which designation best describes this campus organization (select one response)? Campus-based victims services Law enforcement Physical or mental health service program Other: Description		
	C C Amo	rime Victim Assistance Funds Awarded		
	Α.	Project start date		
		(mm/dd/yyyy)		
B. Project end date (mm/dd/yyyy)				
C. State-assigned award number (optional) Number				

10/01/2015

5.	Purpose	of the	VOCA	Subaward	(Check all that apply
----	---------	--------	------	----------	-----------------------

- A. Continue a VOCA-funded victim project funded in a previous year
- B. Expand or enhance an existing project not funded by VOCA in the previous year
- C. Start up a new victim services project
- D. Start up a new Native American victim services project
- E. Expand or enhance an existing Native American project

	UCTIONS: This is determined by the state for each SAR. Please identify ANY or ALL of the grant that will be used to meet required categories.
A.	Child abuse (includes services for child physical abuse/neglect and child sexual assault/abuse)
	\$ Amount
B.	Domestic and family violence
	\$ Amount
C.	Adult sexual assault
	\$ Amount
D.	Underserved (includes DUI/DWI crashes, survivors of homicide victims, assault, adults molested as children, elder abuse, robbery, other violent crimes)
	\$ Amount
	Please briefly explain how your state or territory defines "underserved." This is determined by the state for all SARs. It will auto-populate all SARs created for the same time
	period.
	Explanation (pre-populated for each SAR)
INSTR	
INSTR Selec	Explanation (pre-populated for each SAR) cantee Agency Service Area(s) UCTIONS: Select the counties that cover the service area for this organization.
INSTR Selec	Explanation (pre-populated for each SAR) rantee Agency Service Area(s) UCTIONS: Select the counties that cover the service area for this organization. t counties (by state)
Selection Subav	Explanation (pre-populated for each SAR) rantee Agency Service Area(s) UCTIONS: Select the counties that cover the service area for this organization. t counties (by state) vard Match (financial support from other sources)
Selection Subav	Explanation (pre-populated for each SAR) rantee Agency Service Area(s) UCTIONS: Select the counties that cover the service area for this organization. t counties (by state) vard Match (financial support from other sources) Value of in-kind match
Selection Subave A.	Explanation (pre-populated for each SAR) rantee Agency Service Area(s) UCTIONS: Select the counties that cover the service area for this organization. t counties (by state) vard Match (financial support from other sources) Value of in-kind match \$ Amount
Select Subav	Explanation (pre-populated for each SAR) antee Agency Service Area(s) UCTIONS: Select the counties that cover the service area for this organization. t counties (by state) vard Match (financial support from other sources) Value of in-kind match \$ Amount Cash match
Select Subav	Explanation (pre-populated for each SAR) Frantee Agency Service Area(s) UCTIONS: Select the counties that cover the service area for this organization. It counties (by state) Vard Match (financial support from other sources) Value of in-kind match \$ Amount Cash match \$ Amount

10/01/2015 4

INSTRUCTIONS: Check box to indicate a match waiver was received.

9. USE of VOCA and MATCH FUNDS:

INSTRUCTIONS: For this subaward, check the category of service and subcategory that best identifies the types of services or activities that will be provided by the VOCA-funded project, as described below. Note: Report only those program activities that will be implemented with VOCA funds. Do not report services offered by another agency.

A. INFORMATION & REFERRAL

- □ Information about the criminal justice process
- □ Information about victim rights, how to obtain notifications, etc.
- □ Referral to other victim service programs
- □ Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.)

B. PERSONAL ADVOCACY/ACCOMPANIMENT

- □ Victim advocacy/accompaniment to emergency medical care
- □ Victim advocacy/accompaniment to medical forensic exam
- □ Law enforcement interview advocacy/accompaniment
- □ Individual advocacy (assistance in applying for public benefits, return of personal property or effects)
- □ Performance of medical forensic exam or interview, or medical evidence collection
- □ Immigration assistance (e.g., special visas, continued presence application, other immigration relief)
- □ Intervention with employer, creditor, landlord, or academic institution
- □ Child and/or dependent care assistance (provided by agency)
- ☐ Transportation assistance (provided by agency)
- □ Interpreter services
- □ Assistance with victim compensation application

C. EMOTIONAL SUPPORT OR SAFETY SERVICES

- □ Crisis intervention (in-person, includes safety planning, etc.)
- ☐ Hotline/crisis line counseling
- □ Individual counseling
- □ On-scene crisis response (e.g., community crisis response)
- ☐ Therapy (traditional, cultural, or alternative healing; art, writing, or play therapy; etc.)
- □ Support groups (facilitated or peer)
- □ Emergency financial assistance (includes emergency loans, taxis, prophylactic and nonprophylactic meds, durable/medical equipment, etc.)

D. SHELTER/HOUSING SERVICES

- □ Emergency shelter or safe house
- □ Transitional housing
- □ Relocation assistance

E. CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE

- □ Notification of criminal justice events (case status, arrest, court proceedings, case disposition, release, etc.)
- □ Victim impact statement assistance
- □ Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)
- □ Civil legal attorney assistance in obtaining protection or restraining order
- □ Civil legal attorney assistance with family law issues (e.g., custody, visitation, or support)
- □ Other emergency justice- related assistance
- □ Immigration attorney assistance (e.g., special visas, continued presence application, and other immigration relief)
- □ Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness)

10/01/2015 5

	Law ent	forcement	intervie	w ad	vocacy/	accom/	paniment
--	---------	-----------	----------	------	---------	--------	----------

□ Criminal advocacy/accompaniment

□ Other legal advice and/or counsel

10. 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. Indicate the fiscal year of the subgrantee organization	☐ Oct. – Sept. ☐ July – June ☐ Other; please define	
B. Total budget for all victimization programs/services for this subgrantee	\$ Amount	The amount reported is for the current fiscal year
C. Annual funding amounts allocated to all victimization programs and/or services for the current fiscal year	\$TATE/TERRITORY: \$ Amount LOCAL: \$ Amount OTHER FEDERAL: \$ Amount OTHER NON-FEDERAL: \$ Amount	Identify by source the amount of funds allocated to the victimization programs/services budget of the subgrantee agency
D. Total number of paid staff for all subgrantee victimization program and/or services	Number	Total number of paid full-time equivalent staff (FTE) for the current fiscal year
E. Number of FTE staff funded through this VOCA award (plus match) for subgrantee's victimization programs and/or services	Number	Total number of VOCA-funded staff by FTE for the current fiscal year
F. Number of volunteer hours supporting the work of this VOCA award (plus match) for subgrantee's victimization programs and/or services	Number	Total count of hours to be worked by all volunteers supporting the work of this VOCA subaward plus match

10/01/2015 6