

Simplified Tips to Review PMT Quarterly Reports

All REQUIRED and NUMBER fields must be entered

- Not Reported – means the victim didn't report it
- Not Tracked – means the subgrantee doesn't track this data now and is working on being able to track it --- inferring that the service is offered

- Zero – means zero

For types of victimizations, services, etc. that are not offered by the subgrantee, enter zero.

Demographics

- #1 Total number of individuals served
- #4 Quarter 1 (Oct-Dec) = same as #1; Quarters 2, 3, 4 = likely less than #1
- #5A Total same as #4
- #5B Total same as #4
Other requires explanation
- #5C Total same as #4
- #6A Each victimization type can be no more than #1
The total must be at least the number in #1 (plus any multiple victimization types in #6B)
Hate crime requires explanation
Other requires number(s) and description(s)
- #6B Count multiple victimization types only if services provided for the victimization type
If each victim reported in #1 presented with 2 victimization types, then #6B = #1
- #6C Each classification must be less than or equal to #1
Other requires explanation

Direct Services

- 7 Count only **new** and count an individual only *once* in an October-September reporting period
- 8 Check each box for which any service was provided in the reporting period
- 9A The number of individuals receiving this service (1st line in the category) cannot be > #1
The sum of A1-A4 must be greater than or equal to the # in the first line
- 9B The number of individuals receiving this service (1st line in the category) cannot be > #1
The sum of B1-B10 must be greater than or equal to the # in the first line
B3: If services are reported in B3, services cannot be reported in E9
- 9C The number of individuals receiving this service (1st line in the category) cannot be > #1
The sum of C1-C7 must be greater than or equal to the # in the first line
C1: Include follow-up advocacy services
C4: Report *professional* counseling services; follow-up support should be reported in C1
C7: Only include financial assistance *paid* with VOCA or VOCA match funds
- 9D The number of individuals receiving this service (1st line in the category) cannot be > #1
The sum of D1-D3 must be greater than or equal to the # in the first line
D1: Do not report *referrals* to shelter or housing; include these in A3 or A4, as appropriate
D1: Report services as bed nights for all individuals reported on 1st line receiving shelter services
- 9E The number of individuals receiving this service (1st field in the category) cannot be > #1
The sum of E1-E11 must be greater than or equal to the # in the first field
E9: If services are reported in E9, services cannot be reported in B3
E11: Only report services provided by an attorney