

## Simplified Tips to Review PMT Quarterly Reports

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All REQUIRED and NUMBER fields must be entered

- Not Reported – means the victim didn't report it
- Not Tracked – means the subgrantee is not yet able to submit data in this category due to the need to update its data collection system, but that efforts are underway to track data as requested --- 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. Do not count anonymous contacts here.

#2 Anonymous contacts are entered here.

#3 Quarter 1 (Oct-Dec) = same as #1; Quarters 2, 3, 4 = likely less than #1

#4A Total same as #3

#4B Total same as #3

Other requires explanation

#4C Total same as #3

#5A 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 #5B.

*Hate crime* requires explanation

*Other* requires number(s) and description(s)

#5B An individual may be counted more than once if they have more than one victimization type. Count multiple victimization types for the reporting period in 5B. If data is reported in 5B, then the response in 5A will be greater than Q1.

#5C Each classification must be less than or equal to #1

*Other* requires explanation

### Direct Services

6 Count only *new* and count an individual only *once* in an October-September reporting period

7 Check each box for which any service was provided in the reporting period

8A The number of individuals receiving this service (1<sup>st</sup> line in the category) cannot be > #1

The sum of A1-A4 must be greater than or equal to the # in the first line

8B The number of individuals receiving this service (1<sup>st</sup> 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

8C The number of individuals receiving this service (1<sup>st</sup> 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

8D The number of individuals receiving this service (1<sup>st</sup> 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 1<sup>st</sup> line receiving shelter services

8E The number of individuals receiving this service (1<sup>st</sup> 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