POPULATION DEMOGRAPHICS

1.   Include all individuals who received services.
   - This should be an unduplicated count of people.
   - Do not count anonymous contacts here.

*Tip: If you do not complete a REQUIRED field no error message will appear, but all required fields must be completed before the report can be marked as complete. ***Be sure and enter a number (0 is an acceptable response) or NT in each field marked REQUIRED.***

2.   Include the anonymous contact through your crisis line, hotline, online chat or other service where the individuality of each contract cannot be established.   If your organization did not have any anonymous contacts, enter zero (0).

3.   In the October-December quarter, the number of individuals reported in Q3 should be the same as the number of individuals reported in Q1.
   - All individuals should be counted as new to establish the annual baseline.

3.   In the remaining 3 quarters of the federal fiscal year the number of individuals reported in Q1 should be greater than or equal to the number of individuals reported in Q3.

4A. The total must be equal to Q3. PMT will provide an error check.

4B. The total must be equal to Q3. PMT will provide an error check.

4C. The total must be equal to Q3. PMT will provide an error check.

*Tip: Special Instructions for Quarter 1 - Since the demographic data has to equal the number of victims served as reported in both questions Q1 and Q3, the responses for 4 A-C will include demographic data for the new individuals for whom data is available.

5A. The number of victimizations (not individuals) entered in Q5A must be equal to **OR** greater than the number entered in question Q1 **plus** the additional victimizations entered into 5B. **For Example:** if 10 is entered in Q1, then 5A should equal 10. However, if 5B equals 2 then the total entered in 5A should equal 12.

   Refer to the definitions on the CVSSD website to determine the correct victimization type.

   Hate Crime and *Other* are not **Required** fields so don't miss these; explanations are required if numbers > 0 are entered and the page cannot be saved without entering explanations. *Other* requires a description AND a number for each type of victimization.

5B. This question does not have an error check. However, the number entered in this question must be less than or equal to Q1 (it would only be equal to Q1 if every individual served presented with more than one type of victimization; in most cases, the number entered will be less than Q1).

5B. For the individuals reported in 5B as presenting with more than one type of victimization during the reporting period, please note the following: each individual victimization type should be reported in 5A. Therefore, your total in 5A will then be greater than the number of individuals reported in question Q1.
For Example: if 10 was entered in Q1, then 5A should equal 10. However, if 5B equals 2 then the total entered in 5A should equal 12.

5C. The total in each category should be less than or equal to Q1.

DIRECT SERVICES

*Tip: The data in this section pertains to *all* individuals receiving services during the reporting period, not just *new* individuals.

*Tip: If you do not complete a REQUIRED or NUMBER field no error message will appear, but all required and number fields must be completed before the report can be marked as complete. ***Be sure and enter a number (0 is an acceptable response) or NT in each field marked REQUIRED or NUMBER.*** If you do not complete all these fields, when you click *Save & Continue* the Review page will show up with an Alert in the column on the far right. Click on the **Required** link(s) and enter all requested data.

6. There is no error check for this question – report only *new* individuals who receive CVC assistance; an individual should be reported only *once* in an October-September reporting period.

7. If a box is checked you must include services in the corresponding sections in Q8.

8. This section does not have a TOTAL field at the end of each section or an error check; please note the following:
   - The number of individuals (unduplicated) reported as receiving services in each category (A, B, C, D, E) must be less than or equal to the number of individuals reported as served in Q1. The majority of the time the response here will equal the response in Q1.
   - The sum total of subcategories A1-A4, B1-B10, C1-C7, D1-D3, and E1-E11 (duplicated services counted) must be greater than or equal to the number entered in the respective section category boxes (A, B, C, D, E).

8. Do **not** include counts in both B3 and E9. Only include law enforcement interview advocacy/accompaniment in one of these sections. Select the best section to place your data and be consistent.

8C. A response in C4 can only be included if the service was provided by a licensed counselor. If a counselor was not involved, this count should be placed in another category.

8D. Make sure you are counting total number of bed nights in D1 and D2, not just the number of victims. Referrals are not an appropriate response in this Section.

8E. A response in E11 can only be included if the service was provided by an attorney. If an attorney was not involved, this count should be placed in another category.

SUBGRANTEE ANNUALLY REPORT QUESTIONS

The responses to these questions represent the **annual** reporting period October – September and are completed in the July – September PMT.

11. Report all requests that represent services that your <u>victim services program provides</u>, both VOCA-funded and non-VOCA-funded services **during the last 4 quarters in the annual reporting period.**
     * Do **not** report requests for services that are not provided by your program, that is, if you received requests for shelter and your program does not operate a shelter then do not report these requests as unmet.
     * If your victim services program is part of a larger organization, only report unmet requests for services provided by the victim's services program, not the larger organization.

13. Count all surveys distributed during the 4 quarters in the annual reporting period. The number of surveys reported as distributed in the PMT annual report should equal the number of surveys reported as distributed in E-grants for each quarter in the reporting period (Oct-Dec, Jan-Mar, Apr-Jun, and Jul-Sep).

14. Count all surveys completed during the 4 quarters in the annual reporting period. The number of surveys reported as completed in the PMT annual report should equal the number of surveys reported as completed in E-grants for each quarter in the reporting period (Oct-Dec, Jan-Mar, Apr-Jun, and Jul-Sep).

15. The response should **not** be confined to just crime victims served by VOCA dollars. The response should provide an overview of challenges of the victim services program. If your victim services program is part of a larger organization, only report challenges of the victims' services program, not the larger organization.

16. The response should **not** be confined to just crime victims served by VOCA dollars. The response should provide an overview of the service needs of the victim services program. If your victim services program is part of a larger organization, only report the service needs of the victims' services program, not the larger organization.

REPORT SUBMISSION

1. When you have entered all **<u>Required</u>** data (number, 0, NT, as appropriate) and clicked *Save & Continue,* you will see the Review page with a CONFIRMATION box. Check the box "*Mark data entry as complete. The record will be locked for further data entry"* and click **SAVE**.

2. Contact your Fund Coordinator if you need to make any changes to a report that has been marked as complete.

3. The State is required to certify and approve Grantee reports prior to submission to OVC. Should CVSSD find errors in a report, the Fund Coordinator will <u>UNLOCK</u> the report and send it back to the Grantee for corrections.
    - **All reports are due by the 30th in the month ending the quarter.**
    - **All modifications must be complete by the 15th in the month following the report due date.**

4. The Grantee should make the requested corrections and then follow the instructions in question 1 above to mark the report as complete.

5. OVC PMT will also complete a quarterly review process and will flag any potential errors and notify the State of these potential errors. If necessary, CVSSD will <u>UNLOCK</u> the report and communicate with the Grantee for corrections and resubmission.