U.S. Department of Justice Office on Violence Against Women

Semi-Annual Performance Report for Transitional Housing Assistance Grant Program

Brief Instructions

This reporting tool details the Semi-Annual Performance Report questions for the Transitional Housing Assistance Grant Program (Transitional Housing Program). A report must be completed for each grant received. Grant partners may complete sections relevant to their portion of the grant. Grant administrators and coordinators are responsible for compiling and submitting a single report that reflects all information collected from grant partners.

All grantees must complete the required sections. Required questions are marked with an asterisk (*). For all other sections, grantees must answer an initial question about whether they used Transitional Housing Program funds to support certain activities during the current reporting period. If the response is yes, then the grantee must complete that section. If the response is no, the rest of that section is skipped.

The activities of volunteers or interns should be reported if they were coordinated or supervised by Transitional Housing Program-funded staff or if Transitional Housing Program funds substantially supported their activities.

For further information on filling out this report, refer to the separate instructions, which contain detailed definitions and examples.

Public Reporting Burden

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete and file this form is 60 minutes per form. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Office on Violence Against Women, U.S. Department of Justice, 145 N Street NE, Washington, DC 20530.

General Information

All grantees must complete the General Information section.

1. **Date of report**

2. **Current reporting period(6-month)**

   - January to June
   - July to December

   Current reporting period (4-digit year)

3. **Grantee name**

4. **Grant number**
   The federal grant number assigned to your Transitional Housing Program grant.

   This number, also called your Award Number, can be found at the top of your JustGrants Funded Award Page. Please enter the grant number exactly as it appears, including dashes.

   Examples: 15JOVW-12-GG-12345-PROG or 2000-XX-ZZ-1234

   If you have multiple active OVW program grants, please enter the grant number associated with the Transitional Housing Program grant you are reporting on in this form.

5. **Type of performance report**
   Indicate if this is a regular performance report or the final performance report for the grant award being reported on.

   - Final
   - Regular

6. **Point of contact**
   Provide information for the person responsible for the day-to-day coordination of the grant.

   - First name
   - Last name
   - Agency/organization name
   - Address
   - City
   - State
   - Zip code
   - Telephone
   - Email

7. Is this a faith-based organization?

- Yes
- No

8. Is this a culturally-specific community-based organization?

- Yes
- No

9. Does this grant specifically address and focus on Tribal populations?

- Yes
- No

Indicate which Tribal populations are served under your grant.

10. Does your grant support the creation of products in languages other than English or provide services in languages other than English?

- Yes
  - If yes, what languages?
- No

11. What percentage of your Transitional Housing Program grant was directed to each of these areas?

Estimate the approximate percentage of funds (or resources) used to address each area with your Transitional Housing Program grant during the current reporting period. The grantee may choose how to make the determination of how to calculate this. Grantees should consider training, staff time, victims services, etc. when making this determination.

*Throughout this form, the term **sexual assault** means any nonconsensual sexual act proscribed by Federal, Tribal, or State law, including when the victim lacks the capacity to consent. The term **domestic violence/dating violence** applies to any pattern of abusive behavior that is used by one person to gain power and control over a current or former intimate partner or dating partner. **Stalking** is defined as engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others, or suffer substantial emotional distress.* See separate instructions for more complete definitions.

	Percentage of grant funds
Sexual assault	
Domestic violence/dating violence	
Stalking	
Total (must equal 100%)	

Staff

1. **Were Transitional Housing Program funds used to fund staff time (at your agency, at a partner agency, contractors, or stipends) during the current reporting period?**
   Select "yes" if Transitional Housing Program funds were used to pay for staff salary/wages. Transitional Housing Program-funded staff may be located at an agency other than the grantee agency. Also consider all stipends and contracted staff.

   - Yes
   - No

2. **Staff**
   Report the total number of full-time equivalent (FTE) staff funded by the Transitional Housing Program grant during the current reporting period.
   - *Reporting 1.00 FTEs means a staff person worked full-time and was 100% funded by the grant for the entire reporting period. Typically, one FTE is equal to 1,040 hours (40 hours per week multiplied by 26 weeks).*
   - *FTEs should be prorated to reflect when a staff person did not work-full time and/or when was not 100% funded by the Transitional Housing Program grant for the entire reporting period.*
   - *Report staff by the function(s) they performed, not by title.*
   - *Round and report FTEs to the second decimal place. For example, if you calculate an FTE to be 0.66667, then rounding to the second decimal would mean this FTE would be reported as 0.67 FTE.*

Staff Function	FTE(s)
Administrator	
Attorney *(does not include prosecutor)*	
Case Manager	
Children's advocate	
Counselor/therapist	
Information technology staff	
Legal advocate *(does not include attorney or paralegal)*	
Outreach worker	
Paralegal	
Program coordinator	
Security	
Support staff	

Staff Function	FTE(s)
Translator/interpreter	
Victim advocate	
Other (specify):	
Total	

3. Describe how staffing (including recruitment and vacancies) impacted your ability to implement your grant-funded activities during the current reporting period.

Coordinated Community Response

1. **Coordinated community response activities**
   This question is required. Select all agencies/organizations that you provided Transitional Housing Program-funded referrals to/received from, met with, or engaged in consultation with during the current reporting period. If Transitional Housing Program-funded staff participated in a task force or work group, check all attendees. If applicable, indicate the agencies or organizations with which you have a mandatory collaboration for purposes of your grant (MOU partner).

Agency/organization	Provided referrals to/received referrals from, met with, or engaged in consultation with	MOU Partner
Advocacy organization		
Abuser intervention program		
Corrections *(probation, parole, and correctional facility staff)*		
Court		
Dual sexual assault and domestic violence program		
Domestic violence organization		
Educational institutions/organizations		
Faith-based organization		
Governmental agency		
Health/mental health organization		
Law enforcement		
Legal organization		
Prosecutor's office		
Sex offender management/sex offender treatment provider		
Sexual assault organization		
Social service organization *(non-governmental)*		

Agency/organization	Provided referrals to/received referrals from, met with, or engaged in consultation with	MOU Partner
Tribal government/Tribal governmental agency *(other than elected Tribal council or other leadership)*		
Other (specify): ____		

2. **Discuss the effectiveness of CCR activities funded or supported by your Transitional Housing Program grant and provide any additional information you would like to share about your CCR activities.**

Policies

1. **Were Transitional Housing Program funds used to develop, substantially revise, or implement policies or protocols during the current reporting period?**

    - Yes
    - No

2. **Type of organizations/agencies in which policies or protocols were developed, substantially revised, or implemented**
   Indicate the organizations/agencies in which policies or protocols were developed, substantially revised, or implemented using Transitional Housing Program funds during the current reporting period. Check all that apply.

    - Courts
    - Healthcare
    - Law enforcement
    - Legal services
    - Probation, parole, or another correctional agency
    - Prosecution
    - Supervised visitation
    - Transitional housing
    - Victim services
    - Other (specify)

3. **Describe the protocols and/or policies developed, substantially revised, or implemented with Transitional Housing Program funds during the current reporting period.**

Victim Services

1. **Were Transitional Housing Program funds used to provide victim services (including legal services provided by an attorney or paralegal) during the current reporting period?**

   Select yes if Transitional Housing Program funds were used to support victim services during the current reporting period. Report all victims served and victim services provided with Transitional Housing Program funds, whether by a victim services agency or victim services within law enforcement, prosecution, or the court system in this section. If the grantee is funding a victim assistant or victim-witness coordinator within law enforcement, prosecution, or the court system, they should complete the victim services section to capture that staff's grant-funded work.

   - Yes
   - No

2. **Number of victims/survivors who were fully served, partially served, and not served**
   Report the following, to the best of your ability, as an unduplicated count for each category during the current reporting period. This means that each victim/survivor who requested or accepted Transitional Housing Program-funded services during the current reporting period should be counted only once in that reporting period. Do not report secondary victims here.

   Served: A victim/survivor should be reported as served if they requested and/or accepted grant-funded services and the program was able to provide all of those services.

   Partially Served: A victim/survivor should be reported as partially served if they accepted and/or requested grant-funded services and the program was able to provide some, but not all, of those services.

   Not Served: A victim/survivor should be reported as not served if the program could not provide any of the grant-funded services that the victim accepted and/or requested.

	Victims/survivors
Served	
Partially served	
Total Served & Partially Served	
Not Served	

3. **Number of victims/survivors who received Transitional Housing Program-funded services for multiple victimizations**
   Report an unduplicated count of victims/survivors reported in the previous question who received Transitional Housing Program-funded support for more than one victimization.

4. **Select all the additional victimization types, including specific forms of abuse, for which these victims/survivors received Transitional Housing Program-funded services:**
   Check all that apply. If you have reported at least one victim in Question 3, you must check at least one box in Question 4. This applies regardless of when the additional victimization happened, so long as the victim received grant-funded services for it during the current reporting period.

   - Sexual assault
   - Domestic/dating violence
   - Stalking
   - Female genital mutilation/cutting
   - Adult survivor of child sexual abuse
   - Sex trafficking
   - Labor trafficking
   - Economic abuse
   - Technological abuse
   - Forced marriage

5. **Describe how Transitional Housing Program funds were used to serve victims/survivors who received grant-funded services for multiple victimizations.**

6. **Number of secondary victims served**
   Secondary victims must have requested/accepted Transitional Housing Program-funded services in order to be reported in this question.

	Children	Other dependent
Secondary victims served		
Partially Served		
Total Served & Partially Served		
Not Served		

7. **Select all of the reasons primary victims/survivors who requested Transitional Housing Program-funded services were partially or not served:**

   - Conflict of interest
   - Did not meet statutory requirements
   - Hours of operation
   - Insufficient or lack of culturally specific services
   - Insufficient or lack of agency capacity to provide language access (including sign language or assistive communication devices)
   - Insufficient or lack of services for people with disabilities
   - Insufficient or lack of services for people who are D/deaf or hard of hearing
   - Lack of childcare
   - Program reached capacity
   - Program rules not acceptable to victim/survivor
   - Program unable to provide service due to limited resources
   - Services inappropriate or inadequate for victims/survivors with mental health issues
   - Services inappropriate or inadequate for victims/survivors with substance abuse issues
   - Services otherwise not appropriate for victim/survivor
   - Transportation
   - Other (specify)

8. **Describe why grant-funded services were not provided, including barriers/challenges your agency faced when providing Transitional Housing Program-funded services, and how those barriers impacted victims/survivors.**

9. **Race/ethnicity**

   Report the demographic information for the victims/survivors reported as served and partially served with Transitional Housing Program funds. Do not report demographics for secondary victims.

   Report victims/survivors in each category they identify as. At least one race/ethnicity must be reported for each victim/survivor reported as fully served and partially served. Those victims for whom the race/ethnicity is not known should be reported in the "unknown" category.

Race/ethnicity	Number of victims/survivors
American Indian or Alaska Native	
Asian	
Black or African American	
Hispanic, Latino, or Spanish origin	
Middle Eastern or North African	
Native Hawaiian or other Pacific Islander	
White	
People of a race or origin not listed *(specify):*	
Unknown	
Total	

10. Sex

Report victims/survivors in each category that applies. Do not include victims for whom sex is not known.

Due to Presidential Executive Order 14168 and accompanying guidance from the Office on Management and Budget, OVW amended demographic questions as follows. The term "gender" was changed to "sex," and the available responsive categories were limited to "male" and "female." Grantees should report the data that is relevant to those categories in those categories. Grantees should not report data for victims for whom sex is unknown. The total number of victims reported in this section must be less than or equal to the total number of victims served and partially served. As always, victims do not have to share their demographic information to obtain services. Please direct any questions to OVW.Research@usdoj.gov.

Sex	Number of victims/survivors
Female	
Male	
Total	

11. Age

Report the age of each victim/survivor reported as fully and partially served. Exactly one age must be reported for each victim/survivor reported as fully and partially served. Those victims for whom the age is not known should be reported in the "unknown" category.

Age	Number of victims/survivors
11-17	
18-24	
25-59	
60+	
Unknown	
Total	

12. Victim services

Report the Transitional Housing Program-funded services provided to the victims/survivors reported fully and partially served victims. Do not report legal assistance provided by grant-funded attorneys or paralegals in this question, as that information will be asked for in future questions. Refer to the separate instructions for service definitions.

The first column "Number of victims/survivors served" is an unduplicated count of the number of victims/survivors who received each type of grant-funded service. No individual service category should have a number of victims served greater than the total number of victims served and partially served.

The second column "Number of times service was provided" is a total of the number of times each victim in the first column received that services type during the 6-month reporting period.

Type of Service	Number of victims/survivors served	Number of times service was provided
Civil legal advocacy/court accompaniment *(non-attorney legal advocacy)*		
Counseling/support group		
Criminal justice advocacy/court accompaniment *(non-attorney legal advocacy)*		
Crisis intervention		
Culturally specific services		
Employment counseling		
Information provided on economic matters		
Job training		
Language services		
Economic or material assistance		
Transportation		
Victim/survivor advocacy		
Other (specify): _____		

13. Support Services for Children and Other Dependents

For those children and other dependents reported in Question 6 of the Victim Services section, report the number who received each of these support services during the current reporting period.

Type of Service	Number of children	Number of other dependents
Child care		
Children's activities		
Counseling/support group		
Crisis intervention		
Language services		
Economic or material assistance		
Transportation		
Victim/survivor advocacy		
Other (specify): _____		

14. Did your Transitional Housing Program grant-funded program provide follow-up services to victims/survivors that exited, completed, or were terminated from transitional housing?

- Yes
- No

15. Follow-up support services

For those victims/survivors, children, and other dependents who exited, completed, or were terminated from the residential component of the program, report the number who received each of these follow-up support services during the current reporting period.

Type of Service	Number of victims/survivors served	Number of children	Number of other dependents
Case management			
Civil legal advocacy/court accompaniment *(non-attorney legal advocacy)*			
Counseling/support group			
Criminal justice advocacy/court accompaniment *(non-attorney legal advocacy)*			
Crisis intervention			
Employment counseling			
Information provided on economic matters			
Job training			
Language services			
Economic or material assistance			
Transportation			
Victim/survivor advocacy			
Other (specify): _____			

Legal Services

16. Were Transitional Housing Program funds used to provide legal service to victims/survivors during the current reporting period?

Select yes if Transitional Housing Program-funded staff (i.e., attorneys, paralegals, BIA accredited representatives, VA authorized representatives, or lay advocates in Tribal court) provided these services or Transitional Housing Program funds were used to support these services during the current reporting period.

- Yes
- No

17. Number of victims/survivors who received assistance with legal issues

Report an unduplicated count of victims/survivors who received assistance with at least one legal issue.

18. Number of victims who receive assistance with multiple legal issues

Of the victims/survivors who received assistance with legal issues, report the number of victims/survivors who received assistance with more than one type of legal issue during the current reporting period.

19. Legal issues

Under "Number of victims/survivors receiving legal assistance," report the number of primary victims/survivors who received legal assistance from Transitional Housing-funded attorneys, paralegals, BIA accredited representatives, VA authorized representatives, or lay advocates in Tribal court during the current reporting period. Count a victim/survivor once in each legal issue category for which they received assistance with Transitional Housing Program grant funds.

Under "Number of cases closed or issues resolved," report each case that was closed and each legal issue that was resolved during the current reporting period for which services were provided by Transitional Housing Program-funded attorneys, paralegals, BIA accredited representatives, VA authorized representatives, or lay advocates in Tribal court. Do not include cases that are pending or were not yet closed during the reporting period. It is okay if "Number of cases closed or issues resolved" is less than "Number of victims/survivors receiving legal assistance."

Legal Issues	Number of victims/survivors receiving legal assistance	Number of cases closed or issues resolved
Protection orders		
Family law matters		
Consumer/finance		
Employment		
Income maintenance		
Housing		
Immigration matters		
Criminal issues		
Educational issues		
Other (specify):		

20. Discuss the effectiveness of victim services supported by your Transitional Housing Program grant and provide any additional information you would like to share.

Transitional Housing

21. Were Transitional Housing Program funds used to support housing units?

Select yes if Transitional Housing Program funds were used to support housing units (program-owned units, program-rented units and/or units paid for with vouchers or rent subsidies).

- Yes
- No

22. Type and number of housing units funded

Report the number and type of housing units supported with Transitional Housing Program funds.

Type of housing units	Program-owned units	Program-rented units	Vouchers/rent subsidies
Scattered			
Clustered			
Co-located with domestic violence emergency shelter			[redacted]
Co-located with homeless emergency shelter			
Other (specify)			
Total			

23. Number of units that are accessible to people with disabilities

Report the number and type of housing units supported with grant funds that are accessible to people with disabilities.

Type of housing units	Number of units accessible to people with disabilities
Scattered	
Clustered	
Co-located with domestic violence emergency shelter	
Co-located with homeless emergency shelter	
Other (specify)	
Total	

24. Number of victims/survivors, children, and other dependents not served or partially served solely due to lack of available housing.

Of the victims/survivors, children, and other dependents that were reported as partially served or not served in Question 2 of the Victim Services section, report those that were partially served or not served due solely to the lack of available housing.

	Number partially or not served due solely to lack of available housing
Victims/survivors	
Children	
Other dependents	
Total	

25. Housing services

Regardless of unit type (program owned, program rented, or vouchers/rent subsidies), grantees who provide Transitional Housing are asked to capture bed nights. Under "Victim/survivors", "Children", and "Other dependents" provide an unduplicated count of the number of people who received Transitional Housing-funded shelter services during the 6-month reporting period. For the "Number of bed nights," provide a total number of nights for those victims/survivors and family members during the 6-month reporting period.

Transitional Housing	**Victims/survivors**	**Children**	**Other dependents**
Number of people			
Number of bed nights			

26. Transitional housing and destination upon exit

For those victims/survivors reported in Question 2 of the Victim Services section, report the number of victims/survivors in each destination category upon them exiting from your Transitional Housing Program during the current reporting period. Only report victims/survivors who exited because they either reached the maximum time allowed in the program or the program services were no longer required or desired.

Destination upon exit	Number of victims/survivors
Domestic violence emergency shelter	
Health care facility/substance abuse treatment program (physical or mental health treatment)	
Homeless emergency shelter	
Hotel or motel	
Incarceration/jail	
Permanent housing of choice (e.g., Section 8, return to home, rent, or purchase housing)	
Temporary housing with family or friends	
Transitional housing (other than your grant-funded program)	
Unknown	
Other (specify)	
Total	

27. Victim/survivor perception of risk of violence upon exit

Report the number of victims/survivors who indicated each of the following perceptions about their risk of future violence from their abuser, at the time the victim/survivor exited the program.

	Great risk of violence	Equal risk of violence	Lower risk of violence	Does not know	Unknown (e.g., did not ask victim)	Total
Number of victims/survivors						

Length of stay/exited

For victims/survivors, children, and other dependents who exited your grant-funded transitional program during the current reporting period, report the number of months each person stayed in the housing program.

Number of months	Victims/survivors	Children	Other dependents
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
Total			

28. Reason for termination and destination upon termination

For those victims/survivors reported in Question 2 of the Victim Services section, report the number of victims/survivors who identified their destinations upon their termination from your transitional housing program during the current reporting period. Only report victims/survivors who were terminated before they reached maximum time allowed in your program and who still required or desired program services.

Destination upon termination	Chronic non-payment of rent	Non-compliance with program rules	Violation of lease agreement	Other	Total
Domestic violence emergency shelter					
Health care facility/substance abuse treatment program					
Homeless emergency shelter					
Hotel or motel					
Incarceration/jail					
Permanent housing of choice (*Section 8, return to home, rent or purchase housing*)					
Temporary housing with family or friends					
Transitional housing (*other than your grant-funded program*)					
Unknown					
Other (*specify*)					
Total					

29. Length of stay/terminated

For victims/survivors, children, and other dependents who were terminated from your grant-funded transitional program during the current reporting period, report the number of months each person stayed in your housing program.

Number of months	Victims/survivors	Children	Other dependents
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
Total			

30. Discuss the effectiveness of housing assistance funded or supported by your Transitional Housing Program grant.

Narrative

1. **Report on your Transitional Program grant goals, objectives, and activities as of the end of the current reporting period.**
   This question is required. Report on the status of the goals and objectives as they were identified in your grant proposal or as they have been added or revised. A goal or objective's status may be reported as "on hold," "not started, "pending," "ongoing," "complete," or any other descriptor as appropriate. Please do not include Personally Identifying Information (PII).

2. **What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors, increasing victims/survivors' safety, and enhancing community response (including offender accountability)? (Maximum-8,000 characters)**
   This question is required for the January-June reporting period. Consider geographic regions, underserved populations, service delivery systems, types of victimization, and challenges and barriers unique to your jurisdiction. Please do not include Personally Identifying Information (PII).

3. **What has Transitional Housing Program funding allowed you to do that you could not do prior to receiving this funding? (Maximum-8,000 characters)**
   This question is required for the January-June reporting period. Please do not include Personally Identifying Information (PII).

4. **As you finalize your OVW award, please describe any lessons learned regarding the most effective approaches in implementing your project. (Maximum-8,000 characters)**
   This question is required if this is your final report. Please do not include Personally Identifying Information (PII).

5. **Provide additional information regarding the effectiveness of your grant-funded program. (Maximum-8,000 characters)**
   If you have any other data or information that you have not already reported that demonstrates the effectiveness of your Transitional Housing Program grant, please provide it below. Please do not include Personally Identifying Information (PII).

6. **Provide additional information to explain the data submitted on this form. (Maximum-8,000 characters)**
   Please do not include Personally Identifying Information (PII). If you have any information that could be helpful in understanding the data you have submitted in this report, please answer this question. For example, if you submitted two different performance reports for the same reporting period, you may explain how the data was apportioned to each report; if you reported staff but did not report any corresponding activities, you may explain why; or if you did not use Transitional Housing Program funds to support either staff or activities during the reporting period, please explain how program funds were used.