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

Semi-Annual Performance Report for Training and Services to End Abuse Later in Life Grant Program

Brief Instructions

This reporting tool details the Semi-Annual Performance Report questions for the Training and Services to End Abuse Later in Life Grant Program (ALL 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 Program 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 ALL 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 ALL Program-funded staff or if ALL 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.

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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 ALL 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 ALL 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

SAMPLE

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 ALL Program grant was directed to each of these areas?
Estimate the approximate percentage of funds (or resources) used to address each area with your ALL 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 additional victimizations and more complete definitions

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

SAMPLE

Staff

1. **Were ALL 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 ALL Program funds were used to pay for staff salary/wages. ALL 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 ALL 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 ALL Program grant for the entire 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)*	
Counselor/therapist	
Information technology staff	
Legal advocate *(does not include attorney or paralegal)*	
Outreach worker	
Paralegal	
Program coordinator	
Support staff	
Trainer	
Translator/interpreter	
Victim advocate	
Other (specify):	

SAMPLE

Staff Function	FTE(s)
Total	

3. Please describe how staffing (including recruitment and vacancies) impacted your ability to implement your grant-funded activities.

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Training

1. **Were ALL program funds used to support training activities during the current reporting period?**
   Select yes if ALL Program-funded staff provided training or if ALL Program funds directly supported the training.

   Training means providing information on sexual assault, domestic violence, dating violence, stalking, and/or any additional victimizations funded under the OVW grant that provides professionals (or volunteers acting in the role of professionals) with a tool, skill, or resource that better allows them to support victims/survivors.

   Do not report trainings provided to ALL grant-funded staff in these questions. OVW considers this to be professional development.

   - Yes
   - No

2. **Were ALL Program funds used to support live training events during the current reporting period?**

   - Yes
   - No

3. **Live training events**
   Report the total number of live training events that were provided by ALL Program-funded staff or directly supported by ALL Program funds during the current reporting period. Include both virtual and in-person live events. Do not include training provided to ALL Program-funded staff.

4. **Total number of people trained at live training events**
   Report the total number of people trained at both virtual and in-person live training events that were supported with ALL Program funds during the current reporting period. ALL Program-funded staff who attended training events should not be counted as people trained.

5. **Most frequently trained**
   Report the top three types of professionals trained at the ALL Program-funded live training events. Select the type of professional from the dropdowns.

   Dropdown options:
   - Adult protective services
   - Advocacy organization staff
   - Attorneys/law students (does not include prosecutors)
   - Abuser intervention program staff
   - Child care staff
   - Child protective services
   - Corrections personnel (probation, parole, and correctional facilities staff)

SAMPLE

- Court personnel (judges, clerks)
- Disability organization staff (non-governmental)
- Educators (teachers, administrators, etc.)
- Elder organization staff (non-governmental)
- Faith-based organization staff
- Government agency staff (vocational rehabilitation, food stamps, TANF)
- Health professionals (doctors, nurses, does not include SANEs or SAFEs)
- Immigrant organization staff (non-governmental)
- Law enforcement officers
- Legal services staff (does not include attorneys)
- Mental health professionals
- Prosecutors
- Sex offender treatment providers
- Sexual assault nurse examiners/sexual assault forensic examiners
- Social service organization staff (non-governmental)
- Substance abuse organization staff
- Supervised visitation and exchange center staff
- Translators/interpreters
- Tribal government/Tribal government agency staff
- Victim advocates (non-governmental)
- Victim assistants (governmental, includes victim-witness specialists/ coordinators)
- Volunteers
- Other (specify)

6. **Describe the content of the ALL Program-funded live training events.**

7. **Were ALL Program funds used to develop, create, and/or launch pre-recorded trainings during the current reporting period?**

   - Yes
   - No

8. **Number of pre-recorded trainings**
   Report the number of pre-recorded trainings developed, created, and/or launched with ALL Program funds during current reporting period.

9. **Describe the target audience and content of the pre-recorded trainings supported with ALL Program funds during the current reporting period.**

10. **Discuss the effectiveness of training activities funded or supported by your ALL Program grant and provide any information you would like to share about your training activities beyond what you have provided in the data above.**
    Examples might include an improved system response to victims/survivors with disabilities following a multidisciplinary training provided to advocates, law enforcement, and prosecution agencies on issues specific to victims/survivors with disabilities.

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Coordinated Community Response

1. **Coordinated community response activities**
   This question is required. Select all agencies/organizations that you provided ALL Program-funded referrals to/received from, met with, or engaged in consultation with during the current reporting period. If ALL-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)*		
Tribal government/Tribal governmental agency *(other than elected Tribal council or other leadership)*		
Other (specify): _____		

SAMPLE

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

SAMPLE

Policies

1. **Were ALL 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 ALL Program funds during the current reporting period.

    - 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 ALL Program funds during the current reporting period.**

SAMPLE

Products

1. **Were ALL Program funds used to develop or substantially revise products during the current reporting period?**
   Select yes if ALL Program-funded staff developed or revised products or if ALL Program funds directly supported the development or revision of products.

   - Yes
   - No

2. **Describe the products developed or substantially revised with ALL Program funds during the current reporting period.**
   Describe what type of product it was, the title/topic of the product, as well as its intended audience. Also provide information on if the product was translated into a language other than English (including Braille).

3. **Were the products mentioned in the narrative above reviewed and approved by OVW?**

   - Yes
   - No

SAMPLE

Victim Services

1. **Were ALL Program funds used to provide victim services (including legal services provided by an attorney or paralegal) during the current reporting period?**
   Select yes if ALL Program funds were used to support victim services during the current reporting period. Report all victims served and victim services provided with ALL Program, funds, whether by a victim services agency or victim services within law enforcement, prosecution, or the court system in this section. Is 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 ALL Program-funded services during the current reporting period should be counted only once in that reporting period. If the victim/survivor experienced more than one victimization, that person should be counted only once under the presenting victimization. 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.

	Sexual assault	**Domestic violence/ dating violence**	**Stalking**	**Abuse in later life**	**Total**
Served					
Partially served					
Total Served & Partially Served					
Not served					

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

SAMPLE

4. **Select all the additional victimization types, including specific forms of abuse, for which these victims/survivors received ALL 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.

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

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

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

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

SAMPLE

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

8. **Race/ethnicity**
   Report the demographic information for the victims/survivors reported as served and partially served with ALL 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	

9. **Sex**
   Report victims/survivors in each category that applies.

   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	

SAMPLE

10. 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
50-59	
60-75	
76-84	
85+	
Unknown	
Total	

11. Victim services

Report the ALL 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		
Information provided on economic matters		

SAMPLE

Type of Service	Number of victims/survivors served	Number of times service was provided
Forensic exam		
Hospital/clinic/other medical response		
Language services		
Transportation		
Victim/survivor advocacy		
Other (specify): _____		

12. Shelter services

Report the number of ALL Program-funded emergency shelter and/or transitional housing services provided to victims/survivors and accompanying family members during the current reporting period. Under the "Number of victim/survivors" and "Number of family members," provide an unduplicated count of the number of victims and family members who received ALL-funded shelter services. Under the "Number of bed nights," provide a total number of nights for those victims/survivors and family members during the 6-month reporting period.

	Number of victims/survivors	Number of family members	Number of bed nights
Emergency shelter			
Transitional housing			

SAMPLE

13. Hotline support, information, and referral

Report the total number of contacts on all phone lines, text lines, or web-based communication paid for with ALL Program funds or answered by ALL Program-funded staff, during the current reporting period. If grant funds support a portion or percentage of the budget, prorate the total contacts to reflect only the percentage of the budget supported by the ALL Program grant. Victims/survivors who contact the phone or text lines should not be reported as victims/survivors served or partially served unless they also received at least one of the services reported in Victim Services questions.

	Total number of contacts
Support, information and referral (phone, text, or web-based)	

14. Victim witness notification/unsolicited outreach activities to victims

Report the number of grant-funded victim witness notification activities and unsolicited outreach activities. Victims/survivors who are the recipients of these notification/outreach activities should not be reported as victims/survivors served or partially served unless they also received at least one of the services reported in Victim Services questions.

15. Victim services staff assistance with protection orders

Report the total number of temporary and/or final protection orders granted that ALL Program-funded victim services staff helped with obtaining. These orders may also be referred to as restraining orders, anti-harassment orders, no contact orders, or stay-away orders.

	Temporary	**Final**
Protection orders granted		

Legal Services

16. Were ALL Program funds used to provide legal services to victims/survivors during the current reporting period?

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

- Yes
- No

SAMPLE

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 received 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 ALL Program-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 ALL 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 ALL 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):		

SAMPLE

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

SAMPLE

Narrative

1. **Report on your ALL 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 ALL 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 ALL 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 ALL Program funds to support either staff or activities during the reporting period, please explain how program funds were used.

SAMPLE