Wisconsin Department of Justice Office of Crime Victim Services

**Sexual Assault Victim Services (SAVS) Grant**

**Six-Month Report**

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| --- | --- |
| **1. Grantee Name and Mailing Address**  Agency:  Mailing Address:  City, State, Zip: | |
| **2. SAVS Project Director Name and Information**  SAVS Project Director Name:  Telephone Number:  Fax Number:  Email Address: | |
| **3. SAVS Grant Number** | 1. **Report Period** |
| 1. **Certification**   I certify the information in this report is complete and accurate and is contained in the permanent records of the agency.  Project Director’s Signature Date  Fiscal Officer’s Signature Date  **NOTE: The Project Director and the Fiscal Officer shall not be the same person.** | |

**PART I. FINANCIAL STATUS REPORT**

**Round amounts to the nearest dollar.**

|  |  |  |
| --- | --- | --- |
| **6. Budget Category** | **SAVS Grant Budget** | **Actual SAVS Grant Spent** |
| A. PERSONNEL |  |  |
| B. STAFF DEVELOPMENT |  |  |
| C. TRAVEL |  |  |
| D. EQUIPMENT |  |  |
| E. SUPPLIES/OPERATING EXPENSES |  |  |
| F. CONTRACTUAL/CONSULTANT |  |  |
| G. OTHER EXPENSES |  |  |
| TOTAL |  |  |
| **Remaining Grant Balance** | |  |

**7. Budget Category Breakdown**

Provide a description of how the funds in each budget category were spent during the first six months of the grant period. The itemized costs within each category must equal the total for that category listed on page 1. **Only** **include** **costs charged to the SAVS grant.** If there are no expenses in a budget category, place a zero (0) in the total line. Expenses not included in the current application will not be paid for without prior approval from OCVS.

**Round amounts to the nearest dollar.**

|  |  |  |
| --- | --- | --- |
| 1. **PERSONNEL**   \*\*\*\*\*\*\*\*\*If there was a personnel change during this report period, include the dates of employment for the former as well as new employee in the table below. Provide OCVS the new employee’s qualifications (if not already provided).\*\*\*\*\*\*\*\*\*\*\*\*\* | | |
| **Position Title** | **Employee Name** | **SAVS Grant Amount Spent** |
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|  |  |  |
|  |  |  |
|  |  |  |
| **Personnel Total** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **B. STAFF DEVELOPMENT** | | | |
| **Name of Event and Date(s)** | **Employee Name and Position Title** | **Type of Expense(s)** (Registration fee, lodging, meals, mileage, etc.) | **SAVS Grant Amount Spent** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Staff Development Total** | | |  |

|  |  |  |
| --- | --- | --- |
| **C. Travel**  Travel expenses (including meals) associated with staff development should be listed in the *Staff Development* budget category. If the agency used SAVS funds to pay for clients’ transportation to receive SAVS services, write the word “Clients” in the first column. | | |
| **Employee Name and Position Title** | **Travel Expense(s)**  (mileage, rental car, bus fare, meals, etc.) | **SAVS Grant Amount Spent** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Travel Total** | |  |

|  |  |
| --- | --- |
| **D. Equipment** | |
| **Equipment and Use** | **SAVS Grant Amount Spent** |
|  |  |
|  |  |
| **Equipment Total** |  |

|  |  |
| --- | --- |
| **E. Supplies/Operating Expenses** Specify the expenses covered such as postage, general office supplies, educational and resource materials related to sexual assault, snack food for awareness events, telephone expense, internet expense, rent, membership dues, printing costs, liability insurance, etc. Supplies shall be expended or consumed during the course of the project. | |
| **Supplies/Operating Expense** | **SAVS Grant Amount Spent** |
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|  |  |
| **Supplies/Operating Expenses Total** |  |

|  |  |  |
| --- | --- | --- |
| **F. CONTRACTUAL/CONSULTANT**  Include the purpose of the contract (audit, media buys, etc.) in this category. If there was a change in consultants during this report period, agencies shall advise OCVS of the name and qualifications of the consultants/subcontractors, who are paid in whole or in part by a SAVS grant. | | |
| **Subcontracting Agency or Individual** | **Purpose** | **SAVS Grant Amount Spent** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Contractual/Consultant Total** | |  |

|  |  |
| --- | --- |
| **G. OTHER EXPENSES** | |
| **Expense** | **SAVS Grant Amount Spent** |
|  |  |
|  |  |
|  |  |
| **Other Expenses Total** |  |

**PART II. PROGRAM STATUS REPORT**

Use the current work plan approved by OCVS and complete the last column to show progress or hindrances in meeting project goals from January 1 through June 30. OCVS does not expect that all goals are met at this time; it is a mid-year check to evaluate if the agency is on track to meet project goals or if revision is needed. Attach additional sheets as necessary so that each goal can be adequately addressed. A work plan template is provided below.

Please provide individual work plans for each county in your SAVS funded service area.

**Agencies should only report activities for sexual assault victim services.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal:** | | | | |
| **Activities/Tasks to Achieve Goal** | **Individual(s) Responsible** | **Timeframe**  **Q1, Q2, Q3, Q4** | **Measurement Criteria** | **Outputs/Outcomes**  **(Results)** |
|  |  |  |  |  |

**Part III.** **Program Narrative**

Respond to the following four questions. Feel free to include additional pages.

1. Provide a detailed description of at least one success that was made possible by 2014 SAVS Grant funding.
2. Provide a detailed description of one or more challenges your program has encountered within the SAVS project during the past 6 months.
3. Outline a plan to address these challenges over the next 6 months.
4. Describe anything else you would like to share concerning the SAVS project.