



## VOCA Subgrant Award Report

### Instructions

The Subgrant Award Report (SAR) is a requirement for subgrantees that receive Victims of Crime Act (VOCA) funding from the Office for Victims of Crime (OVC) to deliver victim assistance services. The SAR collects basic information on subgrantees and the program activities that will be implemented with VOCA plus match funds. OCVS will submit this data in the OVC PMT on behalf of the subgrantee.

1. OCVS has 90 days to submit the SAR after the subaward's start date. Subgrantees should submit this form to OCVS by **May 31 for the semi-annual report (Crime Type Allocations section/#6 only) and November 30 for the final report.**
2. Completion of the SAR gives subgrantees access to submit quarterly OVC PMT reports.
3. Subgrantees must complete a SAR for each subgrant award of VOCA funding.
4. The report requires two levels of data:
  - a. Profile of the subgrantee recipient receiving VOCA funds.
  - b. Information on the activities that the VOCA-funded subgrantee program will implement.
5. Changes or revisions to the award that occur before the end of the project period must be made in the SAR within 30 days of the change taking effect.
6. A SAR created with start dates that fall within the annual reporting period (federal fiscal year) will be associated with performance data submitted for that federal fiscal year.

This information is used by US DOJ to understand the overall percentage of VOCA funding used to support victim services in the United States and U.S. Territories.

Unless otherwise noted, all questions refer to all of your agency's VOCA subawards, if you receive multiple subawards.

Some questions may refer to different fiscal years (i.e. the current fiscal year vs. the upcoming fiscal year). Please read the instructions carefully.

*Some values may be prepopulated. You may change them if they are incorrect.*

#### 1. Subgrantee Organization/Tribal Name

**Semi-annual: Not required**

(This is the agency providing the direct services to victims of crime, not a pass-through or conduit agency.)

- A. Organization Name: [prepopulated]
- B. Organization/Tribal Address: [prepopulated]
- C. City: [prepopulated]
- D. State: [prepopulated]
- E. ZIP: [prepopulated]

#### 2. Subgrantee Organization/Tribal Point of Contact

**Semi-annual: Not required**

(the main person who will be entering the OVC PMT data each quarter)

- A. Name: [prepopulated]
- B. Email Address: [prepopulated]
- C. Phone Number: \_\_\_\_\_



### 3. Subgrantee Organization Type

**Semi-annual: Not required**

INSTRUCTIONS: Check the box that best describes the type of government, agency, or organization identified in question 1. Please select only one response.

- A. Government Agencies Only
  - Corrections
  - Courts
  - Juvenile justice
  - Law Enforcement
  - Prosecutor
  - Other government agency \_\_\_\_\_
- B. Nonprofit Organization Only
  - Child abuse service organization (e.g., child advocacy center)
  - Coalition (e.g., state domestic violence or sexual assault coalition)
  - Domestic and family violence organization
  - Faith-based organization
  - Organization provides domestic and family violence and sexual assault services
  - Organization by and/or for underserved victims of crime (e.g., drunk driving, homicide, elder abuse)
  - Sexual assault services organization (e.g., rape crisis center)
  - Multiservice agency
  - Other type of nonprofit organization serving victims of crime \_\_\_\_\_
- C. Federally Recognized Tribal Governments, Agencies, and Organizations Only
  - Child abuse service organization (e.g., child advocacy center)
  - Court
  - Domestic and family violence organization
  - Faith-based organization
  - Juvenile justice
  - Law enforcement
  - Organization provides domestic and family violence and sexual assault services
  - Prosecutor
  - Sexual assault services organization (e.g., rape crisis center)
  - Other justice-based agency
  - Other agency that is NOT justice-based (e.g., human services, health, education)
  - Organization by and/or for a specific traditionally underserved community
  - Organization by and/or for underserved victims of crime (e.g., drunk driving, homicide, elder abuse)
  - Other: \_\_\_\_\_
- D. Campus Organizations Only
  - Campus-based victims services
  - Law enforcement
  - Physical or mental health service program
  - Other: \_\_\_\_\_



4. OVC Crime Victim Assistance Funds Awarded

Final: Refers to fiscal year that just ended.

Semi-annual: Not required

- A. State-Assigned Subgrant Number: [prepopulated]
B. Federal Award Amount: [prepopulated]
\* federal funds only, no match
This is the VOCA portion of your award only. It does not include ARPA. At the final report, this will reflect your adjusted award amount, or the amount actually expended.
C. Project Start Date: [prepopulated]
\* the date the VOCA-funded project begins
D. Project End Date: [prepopulated]
\* the date the VOCA funded project ends

5. Purpose of the VOCA Subaward (check all that apply) [prepopulated]

Final: Refers to fiscal year that just ended.

Semi-annual: Not required

- Continue a VOCA-funded victim project funded in a previous year
Expand or enhance an existing project not funded by VOCA in the previous year
Start up a new victim services project
Start up a new Native American victim services project
Expand or enhance an existing Native American project

6. VOCA Funding Allocations – Priority (A-C) and Underserved (D)

OCVS will calculate these allocations based on the method you select in the next section of this form.

This is the only section required on the semi-annual report.

7. Subgrantee Agency Service Area(s)

Semi-annual: Not required

INSTRUCTIONS: List the counties that cover the service area affected by the VOCA-funded program or project (plus federal match).

Your service area is considered the counties where your agency actively does outreach or has an outreach office.

Subgrantee Agency Service Area(s) – Wisconsin (check all that apply)

- Adams, Burnett, Dane
Ashland, Calumet, Dodge
Barron, Chippewa, Door
Bayfield, Clark, Douglas
Brown, Columbia, Dunn
Buffalo, Crawford, Eau Claire



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- |                                      |                                    |                                      |
|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Florence    | <input type="checkbox"/> Marathon  | <input type="checkbox"/> Rusk        |
| <input type="checkbox"/> Fond Du Lac | <input type="checkbox"/> Marinette | <input type="checkbox"/> St. Croix   |
| <input type="checkbox"/> Forest      | <input type="checkbox"/> Marquette | <input type="checkbox"/> Sauk        |
| <input type="checkbox"/> Grant       | <input type="checkbox"/> Menominee | <input type="checkbox"/> Sawyer      |
| <input type="checkbox"/> Green       | <input type="checkbox"/> Milwaukee | <input type="checkbox"/> Shawano     |
| <input type="checkbox"/> Green Lake  | <input type="checkbox"/> Monroe    | <input type="checkbox"/> Sheboygan   |
| <input type="checkbox"/> Iowa        | <input type="checkbox"/> Oconto    | <input type="checkbox"/> Taylor      |
| <input type="checkbox"/> Iron        | <input type="checkbox"/> Oneida    | <input type="checkbox"/> Trempealeau |
| <input type="checkbox"/> Jackson     | <input type="checkbox"/> Outagamie | <input type="checkbox"/> Vernon      |
| <input type="checkbox"/> Jefferson   | <input type="checkbox"/> Ozaukee   | <input type="checkbox"/> Vilas       |
| <input type="checkbox"/> Juneau      | <input type="checkbox"/> Pepin     | <input type="checkbox"/> Walworth    |
| <input type="checkbox"/> Kenosha     | <input type="checkbox"/> Pierce    | <input type="checkbox"/> Washburn    |
| <input type="checkbox"/> Kewaunee    | <input type="checkbox"/> Polk      | <input type="checkbox"/> Washington  |
| <input type="checkbox"/> La Crosse   | <input type="checkbox"/> Portage   | <input type="checkbox"/> Waukesha    |
| <input type="checkbox"/> Lafayette   | <input type="checkbox"/> Price     | <input type="checkbox"/> Waupaca     |
| <input type="checkbox"/> Langlade    | <input type="checkbox"/> Racine    | <input type="checkbox"/> Waushara    |
| <input type="checkbox"/> Lincoln     | <input type="checkbox"/> Richland  | <input type="checkbox"/> Winnebago   |
| <input type="checkbox"/> Manitowoc   | <input type="checkbox"/> Rock      | <input type="checkbox"/> Wood        |

Counties served out of state (optional): \_\_\_\_\_

**8. Subaward Match** (financial support from other sources)

**Final: Refers to fiscal year that just ended.**

**Semi-annual: Not required**

INSTRUCTIONS: All VOCA awards must be matched (20%) either with in-kind or cash match, except for VOCA subgrants made in the Virgin Islands, Puerto Rico, American Samoa, Guam, Northern Marianas and Palau, and tribal organizations. This is computed by dividing the amount of the award from item 4B by .80 and subtracting the amount of the award from the figure obtained. For example, a \$30,000 award divided by .80 equals \$37,500, less \$30,000 award equals \$7,500 match.

Tribal Organization match may be 0%.

Enter 0 for in-kind and cash match if you received a match waiver. During the mandatory match waiver, all values should be 0.

- A. Value of in-kind match: [prepopulated]
- B. Cash match: [prepopulated]
- C. Total match: [prepopulated]  
\* automatically calculated
- Match waiver was received [prepopulated]



## 9. Use of VOCA and Match Funds

**Final: Refers to fiscal year that just ended.**

**Semi-annual: Not required**

INSTRUCTIONS: For this subgrant, check the category of service and subcategory that best identifies the types of services or activities that will be provided by the VOCA-funded project, as described below. Note: Report only those program activities that will be implemented with VOCA funds. Do not report services offered by another agency. Check all that apply.

For definitions of services, click [here](#).

Options are pre-populated based on what services you have reported so far this fiscal year in PMT. If this does not accurately reflect the services your agency actually provided so far this fiscal year, or the services your agency intends to provide/is equipped to provide, you may change the selections.

### A. Information and Referral

- Information about the criminal justice process
- Information about victim rights, how to obtain notifications, etc.
- Referral to other victim service programs
- Referral to other services, supports and resources (includes legal, medical, faith-based organizations, address-confidentiality programs, etc.)

### B. Personal Advocacy/Accompaniment

- Victim advocacy/accompaniment to emergency medical care
- Interpreter services
- Victim advocacy/accompaniment to medical forensic exam
- Law enforcement interview advocacy/accompaniment
- Individual advocacy (e.g., assistance in applying for public benefits, return of personal property or effects)
- Performance of medical or nonmedical forensic exam or interview, or medical evidence collection
- Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)
- Intervention with employer, creditor, landlord, or academic institution
- Childcare or dependent care assistance (included coordination of services)
- Transportation assistance (includes coordination of services)

### C. Emotional Support and Safety Services

- Crisis intervention (in-person, includes safety planning, etc.)
- Hotline/crisis line counseling
- On-scene crisis response (e.g., community crisis response)
- Individual counseling
- Support groups (facilitated or peer)
- Other therapy (traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)
- Emergency financial assistance (includes emergency loans and petty cash, payment for items such as food and/or clothing, changing locks, taxis, prophylactic and nonprophylactic medications, durable medical equipment, etc.)



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- D. Shelter/Housing Services
  - Emergency shelter or safe house
  - Transitional housing
  - Relocation assistance (includes assistance with obtaining housing)
- E. Criminal/Civil Justice System Assistance
  - Notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.)
  - Criminal advocacy/accompaniment
  - Other legal advice and/or counsel
  - Victim impact statement assistance
  - Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)
  - Civil legal assistance in obtaining protection or restraining order
  - Civil legal assistance with family law issues (e.g. custody, visitation, or support)
  - Other emergency justice-related assistance
  - Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)
  - Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness)
  - Law enforcement interview advocacy/accompaniment
- F. Assistance in Filing Compensation Claims
  - Assists potential recipients in seeking crime victim compensation benefits

10. Types of Victimizations

**Final: Refers to fiscal year that just ended.**

**Semi-annual: Not required**

Check the types of victimization that the VOCA-funded project will serve. This should correspond with crime type allocations listed under 6) Priority and Underserved Requirements. It will also be reflected in quarterly OVC PMT reports. "Other" refers to a type that is not associated with any of the types provided in this list. Provide an explanation for any victimization type listed as "other."

For definitions of victimizations, click [here](#).

Options are pre-populated based on what victimizations you have reported so far this fiscal year in PMT. If this does not accurately reflect the victimizations your agency actually served so far this fiscal year, or the victimizations your agency intends to serve/is equipped to serve, you may change the selections.

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Physical Assault (includes Aggravated and Simple Assault) | <input type="checkbox"/> Bullying (Verbal, Cyber, or Physical) |
| <input type="checkbox"/> Adult Sexual Assault  | <input type="checkbox"/> Burglary                              |
| <input type="checkbox"/> Adults Sexually Abused/Assaulted as Children                    | <input type="checkbox"/> Child Physical Abuse or Neglect       |
| <input type="checkbox"/> Arson   | <input type="checkbox"/> Child Pornography                     |
|  | <input type="checkbox"/> Child Sexual Abuse/Assault            |



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- |   |   |
|---|---|
| <input type="checkbox"/> Domestic and/or Family Violence                                    | <input type="checkbox"/> Kidnapping (custodial)                               |
| <input type="checkbox"/> DUI/DWI Incidents  | <input type="checkbox"/> Mass Violence  |
| <input type="checkbox"/> Elder Abuse or Neglect   | <input type="checkbox"/> (Domestic/International)                             |
| <input type="checkbox"/> Hate Crime:<br>Racial/Religious/Gender/Sexual<br>Orientation/Other | <input type="checkbox"/> Other Vehicular Victimization (e.g.,<br>Hit and Run) |
| <input type="checkbox"/> Human Trafficking: Labor   | <input type="checkbox"/> Robbery  |
| <input type="checkbox"/> Human Trafficking: Sex   | <input type="checkbox"/> Stalking/Harassment                                  |
| <input type="checkbox"/> Identity Theft/Fraud/Financial<br>Crime                            | <input type="checkbox"/> Survivors of Homicide Victims                        |
| <input type="checkbox"/> Kidnapping (noncustodial)  | <input type="checkbox"/> Teen Dating Victimization                            |
|   | <input type="checkbox"/> Terrorism (Domestic/International)                   |
|   | <input type="checkbox"/> Other Victimization                                  |

### 11. Budget and Staffing

This question is used to open your new grant in OVC PMT, so it applies to the new fiscal year.

**Final: Refers to upcoming fiscal year/fiscal year that just started.**

**Semi-annual: Not required**

**INSTRUCTIONS:** Indicate below the requested information based on the subgrantee's current fiscal year (fiscal year that started October 1). Report the total budget available to the victim services agency by source of funding. Do not report the entire agency budget, unless the entire budget is devoted to victim services programs. For example, if VOCA funds are awarded to support a victim advocate unit in a prosecutor's office, only report the budget for the victim advocate unit. **NOTE:** Do not include in-kind match; do not report sums of less than \$1.

Items A, B, and C: Use your best estimate of your board-approved budget for all of your victim services programs only (including programs not funded by VOCA).

Examples:

- A domestic violence shelter should report their whole budget because it all goes to victim services.
- A hospital with a CAC should report the budget for the CAC only.
- An umbrella organization that has multiple programs should report the budget for victim services programs only.

If your agency receives funding from sources with different fiscal years, use your best estimate for funding on the fiscal year your agency uses (which may be different than VOCA).

Items D, E, and F: Report these items for this VOCA subgrant only. If your agency receives multiple subgrants, refer to the top of this page for the grant number to be sure you are reporting correctly.

Enter 0 instead of leaving the field blank if there is no applicable answer.

Please enter WHOLE numbers only. If you have a decimal, please round to the closest whole dollar amount.

The values of 11B plus the new fiscal year VOCA subaward amount MUST add up to equal 11A. The value of 11A must be greater than or equal to the new fiscal year VOCA subaward amount.



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- A. **Total budget for all victimization programs/services for this subgrantee:** \_\_\_\_\_  
The amount reported is for the current fiscal year. Include the new fiscal year (that started October 1) VOCA subaward amount.
- B. **Annual funding amounts allocated to all victimization programs and/or services for the current fiscal year:**  
Identify by source the amount of funds allocated to the victimization programs/services budget of the subgrantee agency. DO NOT COUNT FUNDS IN MORE THAN ONE CAEGORY. OTHER FEDERAL included all federal funding except the new year (that started October 1) VOCA subaward amount.
- 1) **Other State/Territory** (ex: DCF state funding, SAVS, CAC Passthrough): \_\_\_\_\_
  - 2) **Other Local** (ex: United Way, county funding): \_\_\_\_\_
  - 3) **Other Federal** (ex: VAWA SASP, VAWA STOP, ARPA, CJA): \_\_\_\_\_
  - 4) **Other Non-Federal** (any other victim services funds): \_\_\_\_\_
- C. **Total number of paid staff for all subgrantee victimization programs and/or services:** \_\_\_\_\_  
Count each staff member once. Both full and part time staff should be counted as one staff member. DO NOT prorate based on FTE.  
*Count direct services staff only. Refer to the OCVS Personnel Budget Summary to assist with completing this question.*
- D. **Number of staff hours funded through this VOCA award (plus match) for subgrantee's victimization programs and/or services:** \_\_\_\_\_  
Total COUNT of hours to work by all staff supporting the work of this VOCA subaward plus match.  
*Refer to your VOCA budget in Egrants to assist with completing this question.*
- E. **Number of volunteers supporting the work of this VOCA subgrant:** \_\_\_\_\_  
COUNT each individual volunteer once. DO NOT prorate based on FTE.  
*During the mandatory match waiver this should be zero.*
- F. **Number of volunteer hours supporting the work of this VOCA subgrant:** \_\_\_\_\_  
Total count of hours to work by all volunteers supporting the work of this VOCA subaward plus match. Should correspond to VOCA budget.  
*During the mandatory match waiver this should be zero.*

12. Overall Comments (optional)