VOCA Grant Management Training

Office of Crime Victim Services – Wisconsin Department of Justice

October 10, 2017
Eau Claire, Wisconsin
Welcome!

OCVS Team:
- Cindy Grady, Director of Grant Programs & Operations
- Amanda Powers, Lead VOCA Grant Specialist
- Mary Colletti, VOCA Grant Specialist
- Karina Virrueta, VOCA Grant Specialist
- Tanya Herranz, VAWA Financial Grants Specialist
- Shira Phelps, VAWA Program & Policy Analyst
- Leah Varnadoe, VAWA Grant Support Specialist
- Courtney Gordon, SAVS Grants Specialist
VOCA Grant Specialist Division
## OCVS Grant Programs

<table>
<thead>
<tr>
<th>Grant Type</th>
<th>SAVS</th>
<th>VAWA</th>
<th>VOCA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intent</strong></td>
<td>To expand, enhance, and support services for sexual assault victims.</td>
<td>To improve criminal justice response to violence against women and increase the availability of services for victims.</td>
<td>To support the provision of direct victim services to victims of crime.</td>
</tr>
<tr>
<td><strong>Match</strong></td>
<td>None</td>
<td>Depends</td>
<td>Required</td>
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</tbody>
</table>
VOCA Rule and VOCA Guidelines

Order of Precedence:

1. 2 CFR 200 (Uniform Guidance)
2. 2015 US DOJ Financial Guide
3. 2 CFR 94 (VOCA Final Rule)
4. State VOCA Program Guidelines
New VOCA Grant Year, New VOCA Rule

- Everyone funded out of FFY2016
  - Means new VOCA rule applies to everyone.

- A few agencies split funded and they have been contacted.
  - VOCA Rule only applies to FFY2016 funds and after
VOCA Rule and VOCA Guidelines

- Read the State VOCA Program Guidelines
  - Can be found on the VOCA webpage

Forms and Instructions:
- Financial Status Report/Fund Request Monthly Reimbursements (MS Excel)
- Financial Status Report/Fund Request Quarterly Reimbursements (MS Excel)
- Training Report (MS Word)
- VOCA Program Guidelines (PDF) - effective for awards made from 2014 and 2015 VOCA Funds
- VOCA Program Guidelines (PDF) - effective for awards made from 2016 and later VOCA Funds
- VOCA Fact Sheet (PDF)
- Property Acquisition Report
VOCA Rule and VOCA Guidelines

- Allowable Services and Activities
  - Services to incarcerated persons related to their *victimization* no longer prohibited
  - Cross-Systems Coordination (CCR/SART work, etc.)
  - Expanded Legal Services (Emergency and Non-Emergency)
  - Forensic Interviews

- Only allowable if within the scope of current VOCA Grant
VOCA Rule and VOCA Guidelines

- Allowable Expenses
  - Emergency Relocation Expenses
  - Indirect Cost Rate

- Only allowable if within the scope of current VOCA subgrant
  - Any questions on allowability, contact us, we’re the VOCA experts!
VOCA Award Contract

- Read your VOCA contract
  - You can tell what grant year you receive funding from

![VOCA Award Contract Image]
Program Reporting

- Narrative Reports
  - Due Quarterly
  - Completed in Egrants
Program Reports in Egrants

You will not be able to enter a new program report until DOJ staff has approved your previous report.

<table>
<thead>
<tr>
<th>PDF Reporting Period</th>
<th>Due Date</th>
<th>Report Type</th>
<th>Status</th>
<th>Submission Date</th>
<th>Approval Status</th>
<th>Entered By</th>
<th>Action</th>
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<tbody>
<tr>
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<td>7/12/2016</td>
<td>Quarterly</td>
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<td>1/30/2017</td>
<td>Final</td>
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</table>
Program Reporting

- **Narrative Reports**
  - Due Quarterly
  - Completed in Egrants

- **Annual Reports**

- **Additional information in VOCA Award Contract or**
Program Reporting

<table>
<thead>
<tr>
<th>Subgrantee:</th>
<th>Agency Name</th>
<th>Date</th>
<th>October 2017</th>
<th>Grant No.</th>
<th>Subgrant Number</th>
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<tbody>
<tr>
<td>Project Title:</td>
<td>Subgrant Title</td>
<td>Grant No.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following reporting requirements apply to your grant award.

☑️ QUARTERLY NARRATIVES must be submitted on a scheduled basis and completed in Egrants. Narrative reports on are due to OCVS on:

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/30/2018</td>
</tr>
<tr>
<td>4/30/2018</td>
</tr>
<tr>
<td>7/30/2018</td>
</tr>
<tr>
<td>FINAL (see below)</td>
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</table>

**NOTE:**
- Reports due in January include October, November and December program activity.
- Reports due in April include January, February and March program activity.
- Reports due in July include April, May and June program activity.
Program Reporting

- Narrative Reports
  - Content: (UPDATED THIS YEAR)
  - Goals & Objectives update
    - Meaningful update
    - Challenges (external and internal) that lead to not achieving goals and objectives?
  - Changes to the VOCA project?
    - Need for modification?
  - OVC PMT data
    - What have you learned from the data?
    - How will that impact your service delivery?
Financial Status Report (FSR)

- Reported Quarterly or Monthly
- Can be now submitted electronically in Egrants
- Track all actual expenditures for VOCA project—both federal funds and Match
- Use Actual allowable expenditures for reimbursement during the reporting period
FSR’s can be now submitted electronically in Egrants

Egrants Help desk:

Egrants@doj.state.wi.us or call (608) 267-9068 or toll free at (888) 894-6607
Grant ID: 12358
Application Status: Open - Awarded

Project Title: VOCA Project
Fund: VOCA: Victims of Crime Act 2017-2018
Announcement: Continuation Grant

PROJECT SUMMARY

To enter/update/view Quarterly Fiscal Reports or Periodic Program Reports for this grant (Monitoring menu item).

To view the current financial information for this grant such as payments and funding sources (Fiscal Details menu item).

Select the document link to access the details (i.e. Budget, Main Summary, Contract report...).

<table>
<thead>
<tr>
<th>Phase</th>
<th>Documents</th>
<th>Start - End Dates</th>
<th>Status</th>
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<td>Application</td>
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View Issues/Comments

Please send technical comments and questions to Grants@doj.state.wi.us
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Unauthorized Access Prohibited.
### Fiscal Reports

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<tr>
<th>PDF</th>
<th>Period Ending</th>
<th>Due Date</th>
<th>Report Type</th>
<th>Status</th>
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<th>Approval Status</th>
<th>Entered By</th>
<th>Action</th>
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<td>1/30/2018</td>
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<td>Quarterly</td>
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<tr>
<td></td>
<td>7/1/2018 - 9/30/2018</td>
<td>10/12/2018</td>
<td>Final</td>
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</table>

### Program Reports

<table>
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<tr>
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<th>Report Type</th>
<th>Status</th>
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<th>Action</th>
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<tbody>
<tr>
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</table>
FSR Submission Directly into Egrants

- Federal Amount
- Cash Match Amount
- In-Kind Match amount
- Personnel
- Benefits
- Staff Development
- Travel
- Equipment
- Supplies Operating Expenses
- Consultant/Contractual
- Indirect Cost
- Other
### Quarterly Subgrantee Report

This report is submitted for the calendar quarter ending: 12/31/2017.

**Report Period Ending Date:** 12/31/2017
**Report Type:** Quarterly
**Final Report:** No

**Financial Information**
- **Federal:** $216,777.00
- **Cash Match (New Approp.):** $49,944.00
- **In-Kind Match:** $4,250.00

**Total:** $270,971.00

**Estimates of Amount of Funds Required Next Quarter:**
- Federal: $0.00
- State: $0.00

### Budget Categories

#### Financial Information

<table>
<thead>
<tr>
<th>Category</th>
<th>Budget</th>
<th>Expenditures To Date</th>
<th>Current Period</th>
<th>New Expenditures To Date</th>
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</thead>
<tbody>
<tr>
<td>Federal</td>
<td>216,777.00</td>
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<td>0.00</td>
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<tr>
<td>Cash Match (New Approp.)</td>
<td>49,944.00</td>
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<tr>
<td>In-Kind Match</td>
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**Total:** $270,971.00

#### Estimated Budget for Next Quarter
- Federal: $0.00
- State: $0.00

### Employee Benefits

<table>
<thead>
<tr>
<th>Position</th>
<th>Budget</th>
<th>Cash Match (New Approp.)</th>
<th>In-Kind Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilingual Advocate</td>
<td>2,600.00</td>
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<td>0.00</td>
</tr>
<tr>
<td>Volunteer Coordinator</td>
<td>1,083.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Youth Services Advocate</td>
<td>975.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Case Manager</td>
<td>1,950.00</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>Victim Advocate</td>
<td>2,096.00</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>Youth Services Coordinator</td>
<td>1,676.00</td>
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<tr>
<td>Victim Advocate</td>
<td>2,216.00</td>
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<td>0.00</td>
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<tr>
<td>Sexual Assault Outreach Advocate</td>
<td>1,463.00</td>
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<tr>
<td>Shelter Coordinator</td>
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<tr>
<td>Victim Advocate</td>
<td>731.00</td>
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<tr>
<td>Sexual Assault Services Coordinator</td>
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<td>0.00</td>
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<tr>
<td>Victim Advocate</td>
<td>2,216.00</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td><strong>Employee Benefits Total:</strong></td>
<td>22,838.00</td>
<td>0.00</td>
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</table>

### Other Costs

<table>
<thead>
<tr>
<th>Category</th>
<th>Budget</th>
<th>Cash Match (New Approp.)</th>
<th>In-Kind Match</th>
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<tr>
<td>Staff Development</td>
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</tr>
<tr>
<td>Travel (Including Training)</td>
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<tr>
<td>Equipment</td>
<td>0.00</td>
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<td>0.00</td>
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<tr>
<td>Supplies &amp; Operating Expenses</td>
<td>19,500.00</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>Consultants/Contractual</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Indirect</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>Other</td>
<td>700.00</td>
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<td>0.00</td>
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</table>

**Total:** $8,538.00

**Summary:**
- **Total Financial Information:** $270,971.00
- **Estimated Budget for Next Quarter:** $0.00
- **Employee Benefits Total:** $22,838.00
- **Other Costs Total:** $8,538.00

**Update Status:** Pending
The Project Director and the Financial Officer still need to sign the FSR to certify that the information reported is true and correct.

- “By Signing the Fiscal Report, I will certify that all expenses are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 18, Section 1001)“

Now, the Project Director and the Financial Officer will sign the FSR electronically in Egrants.
Egrants Fiscal Reports Certification section allows for electronic submission of fiscal reports.

**QUARTERLY SUBGRANTEE REPORT**

This report submitted for the calendar quarter ending: 6/30/2016

Report Period Ending Date: 6/30/2016

Report Type: * Quarterly  ○ Interim

Final Report: * No  ○ Yes

Report Status: Draft

Submitted Date: Status Updated By:

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<thead>
<tr>
<th>Financial Information</th>
<th>Budget</th>
<th>Expenditures To Date</th>
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<th>New Expenditures To Date</th>
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<tbody>
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<td>State</td>
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<tr>
<td><strong>Total</strong></td>
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<td>35,837.00</td>
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<td>35,837.00</td>
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</table>

Estimates of Amount of Funds Required Next Quarter:

Federal $ 0.00

State $ 0.00

<table>
<thead>
<tr>
<th>Budget Categories</th>
<th>Budget</th>
<th>Expenditures To Date</th>
<th>Current Period</th>
<th>New Expenditures To Date</th>
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<td>Personnel</td>
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<tr>
<td>Employee Benefits</td>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>Travel (Including Training)</td>
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<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Equipment</td>
<td>0.00</td>
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<td>0.00</td>
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<tr>
<td>Supplies &amp; Operating Expenses</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Consultants/Contractual</td>
<td>154,427.00</td>
<td>35,837.00</td>
<td>0.00</td>
<td>35,837.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>154,427.00</td>
<td>35,837.00</td>
<td>0.00</td>
<td>35,837.00</td>
</tr>
</tbody>
</table>

Project Income:

Project Income Earned: 0.00

Project Income Expended: 0.00

Remarks:

Add Attachment

<table>
<thead>
<tr>
<th>Attachment Name</th>
<th>Attachment Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(click attachment name to view it)</td>
<td>(click description to maintain it)</td>
<td></td>
</tr>
</tbody>
</table>

Certifications

Certify Report

Project Director: Mr. Thomas Flint

Financial Officer: Ms. Edith Williams

Save as Draft  Submit  Revise  Delete  Cancel
FSR Electronic Certification in Egrants

After completion of your expenditures for the current period use the Certify Report buttons to electronically sign your report. The Project Director and Financial Officer must each certify the report before it can be submitted.
The certify process involves the entry of certifier’s login ID and password and approval of the report. If the Project Director or Financial Officer are not currently EGrants users they must each register to become a user / certifier.

A link to the registration page is provided on the certification dialog screen.
Once either of the certifiers has signed the report no further data entry can be made except for remarks. Both certifications must be complete before the report can be submitted.

If any errors in the report are found prior to report submission the Revise button will allow the user to erase the signatures and correct the error(s). After corrections have been made the report must be re-certified by the Project Director and Financial Officer. Once both certifications are complete the report can be submitted.
What we are looking for in the Financial Status Report (FSR) in Egrants

- Appropriate Supplies and Operating Expenses tied to the approved budget/modification

- Are the expenses allowable?

- Consultant/Contractual rates followed?
  - Up to $650/day and not to exceed $81.25/hr

- Follow State rates for mileage/travel/meals
State of Wisconsin Travel Rates

- **Meals** ($38/day in state, includes tax and tip)
  - Breakfast $8
  - Lunch $10
  - Dinner $20

- **Lodging**
  - $82/night ($90 in Milwaukee, Racine, or Kenosha county)

- **Mileage**
  - $0.51/mile (grant and match combined)

- **Out of State - Prior Approval**
  - Different approved rates for out-of-state travel
  - See DOJ Pocket Travel Guide for rates
MISCELLANEOUS ALLOWABLE EXPENSES

Laundry: If the employee is away for more than three days, reasonable amounts will be allowed for laundry, cleaning, and pressing service. Only one charge per calendar week is reimbursable. Employees are expected to pack sufficient clothing for the duration of their expected travel. Receipts are required for reimbursement.

Telephone: For business telephone calls, STS must be used whenever possible. Personal calls from a foreign country are reimbursable up to $10.00 per day. No reimbursement will be provided while on a domestic trip.

Gratuities and Porterage: Gratuities to hotel employees are reimbursable up to $2 on dates of arrival and departure, and up to $2 per night of stay at a hotel/motel.

Porterage costs at airports or bus terminals will be reimbursed. The claim should not exceed $1 per piece of luggage.

Registration Fees: Registration fees over $25 must be supported by an original paid receipt, copy of the check, copy of credit card statement, or traveler’s customer copy of the credit card receipt.

Bottled Water Reimbursement (International Travel Only): Bottled water costs will be reimbursed when an employee is international (outside the contiguous U.S.) travel status. Reimbursement is limited to a total of $7.50 for each day.

EXPENSES FOR REASONABLE ACCOMMODATIONS

Individuals traveling on official state business may require a reasonable accommodation, as required by the Federal Americans with Disabilities Act and/or Section 504 of the Rehabilitation Act of 1973. Reasonable accommodations could take various forms such as payment of porterage costs or allowing a personal attendant to accompany the individual while in travel status.

For more detail regarding travel policies and procedures, contact your agency travel coordinator or fiscal officer.

МАXIMUM REIMBURSEMENT RATES

LODGING IN-STATE: $82 for all counties excluding Milwaukee, Waukesha and Racine Counties. Rates for Milwaukee, Waukesha and Racine counties=$90 (Note: All rates are excluding sales and or room taxes.)

LODGING HIGH-COST OUT-OF-STATE CITIES: Refer to OSER Bulletin on High-Cost City Lodging Rates or contact your agency travel coordinator and/or fiscal officer.

MEALS:

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<tr>
<th>In-State</th>
<th>Breakfast</th>
<th>$ 8.00</th>
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<tbody>
<tr>
<td></td>
<td>Lunch</td>
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<tr>
<td></td>
<td>Dinner</td>
<td>$ 20.00</td>
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<tr>
<td></td>
<td>Bag Lunch</td>
<td>$ 4.00</td>
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<table>
<thead>
<tr>
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<tr>
<td></td>
<td>Dinner</td>
<td>$ 25.00</td>
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MILEAGE:

Personal Vehicle: $0.51/mile when a fleet vehicle is not available and employee obtains a non-availability slip OR at a rate determined by DOA when an employee prefers to use a personal vehicle.

Handicapped: $0.685 when State van is not available OR Equipped Van: $0.61 when State van is available and employee uses personal van.

Motorcycle: $0.285 per mile

Private Airplane: $0.51 per mile

EXAMPLES OF EXPENSES NOT REIMBURSABLE:

- Alcoholic Beverages
- Spouse or family members’ travel costs
- Cancellation charges (unless fully justified)
- Lost/stolen cash or personal property
- Personal items, e.g., toiletries, luggage, clothing, etc.
- Traffic citations, parking tickets and other fines
- Excessive mileage charges incurred for personal reasons e.g., sightseeing, side trips, etc.
- Parking costs at the assigned workplace
- Repairs, towing service, etc., for personal vehicle
- Additional charges for late checkout
- Taxi fares to and from restaurants
- Meals included in the cost of registration fees or airfare
- Flight insurance
- Pay for view movies in motel room; personal entertainment
- Child care costs and kennel costs

*This list is not all-inclusive.*
What else needs to be attached in Egrants with the Financial Status Report (FSR)?
Attachments needed with FSR in Egrants

- Staff Development
<table>
<thead>
<tr>
<th>Sponsor, Title, Date(s), Location</th>
<th>Breakdown of Costs – please show calculations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Registration Federal Match</td>
</tr>
<tr>
<td></td>
<td>Travel</td>
</tr>
<tr>
<td></td>
<td>Lodging</td>
</tr>
<tr>
<td></td>
<td>Meals</td>
</tr>
<tr>
<td></td>
<td>☐ Check if this is complete cost for this event</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sponsor, Title, Date(s), Location</th>
<th>Breakdown of Costs – please show calculations</th>
</tr>
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<td>Lodging</td>
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<td></td>
<td>Meals</td>
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<td></td>
<td>☐ Check if this is complete cost for this event</td>
</tr>
</tbody>
</table>

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<th>Sponsor, Title, Date(s), Location</th>
<th>Breakdown of Costs – please show calculations</th>
</tr>
</thead>
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<td>Registration Federal Match</td>
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<tr>
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<td>Lodging</td>
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<td></td>
<td>Meals</td>
</tr>
<tr>
<td></td>
<td>☐ Check if this is complete cost for this event</td>
</tr>
</tbody>
</table>

Training Report By

Signature of Authorized Agency Official __________________________ Date __________
Attachments needed with FSR in Egrants

- **Equipment and Property**
  - Property over $1,000
  - Equipment over $5,000
  - Can now be set up directly into Egrants under the Monitoring Section, then Inventory Reports
Attachments needed with FSR in Egrants

- **Staff Development**

- **Equipment and Property**
  - Property over $1,000
  - Equipment over $5,000

- **Need Pre-approval for all**
Attachments needed with FSR in Egrants

- In-kind Match documentation
- Any other requested documents
MATCH REQUIREMENT
“to increase the amount of resources available to the project.”

What is it?

- the non-federal share of costs that an agency contributes to accomplish a project (aka matching share or cost sharing)
- 20% of total project costs
  - Example:
    - Federal Award Amount: $72,500
    - Match: $18,125
      - For ease, Match = (Federal Award Amount [$72,500 ÷ .80]) × .20
    - Total Project Cost (TPC): $90,625
MATCH REQUIREMENT
“to increase the amount of resources available to the project.”

Other qualities:

- Allowable, allocable, necessary, and reasonable costs
- Subject to the same requirements, restrictions, and conditions as the federal VOCA funds
- Adequately documented & verifiable in your records
- Two forms:
  - Cash
  - In-kind
MATCH REQUIREMENT
“to increase the amount of resources available to the project.”

- **Cash Match:**
  - Cash donations
  - Local government grants or appropriations
  - State grants or appropriations
  - Foundation grants
  - Corporate contributions

- **In-Kind Match:**
  - Donated Goods
  - Donated Services

Value of donated services and/or goods:

- Labor, space, training, supplies, equipment, travel

**Documentation needs to be included with each FSR in Egrants** *(per US DOJ 2015 Financial Guide)*
MATCH REQUIREMENT
“to increase the amount of resources available to the project.”

In-Kind Documentation:

1. Clear calculation of value
   - For donated services, rates must be consistent with those paid for similar work in the organization or in the labor market
     - Examples:
       - Volunteers: Number of hours (100) $\times$ value ($12/\text{hour}$) = ($1,200)
       - Rent: Reiteration of calculation that is in the budget

2. Certified with a signature
**Match Requirement**

In Kind Documentation:

1. Clear calculation of value
   - For donated services, rates must be consistent with those paid for similar work in the organization or in the labor market

2. Certified with signature
MATCH REQUIREMENT

In Kind Documentation:
1. Clear calculation of value
2. Certified with signature

---

**Time Sheet**

<table>
<thead>
<tr>
<th>Employee</th>
<th>Time Period</th>
</tr>
</thead>
</table>

I certify that the hours listed below are accurately stated.

<table>
<thead>
<tr>
<th></th>
<th>Sun</th>
<th>Sat</th>
<th>Sun</th>
<th>Sat</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voca</td>
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<td>VAWA SAP</td>
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<td>VAWA STOP</td>
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<td>DCF</td>
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<td>TOTAL</td>
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</tbody>
</table>

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**Employee Signature** ___________________________  **Date** ____________

**Supervisor Signature** ___________________________  **Date** ____________
**Calculation:** 100 total hours \( \times \$12/\text{hour} = \$1,200 \) (Total on FSR)
**Calculation:** 100 total hours \( \times \) $12/hour = $1,200

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hrs.</th>
<th>Service Provided</th>
<th>Worked with Clients?</th>
<th>Volunteer Initials</th>
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\( \times \) 4th Quarter
MATCH REQUIREMENT
“to increase the amount of resources available to the project.”

Acceptable Match Checklist

- Are allowable according to VOCA guidelines
- Are not paid by the Federal Government under another Federal award
- Are consistent with policies and procedures that apply to both federally-financed and other activities of the organization
- Be incurred during the grant reporting period
- Are documented and verifiable in your records
  - If in-kind, submitted with each FSR in Egrants AND
    - Has clear calculation of valuation
    - Has been certified
Modification Requests

- Do I need to submit a modification request?

Example of Changes that require Modification Request

- Project Director, Signatory, Financial Officer Change
- Staff Change or New Staff
- Change in staff pay rate or benefits
- Change in project scope

In general

- Any line item that exceeds $500 over budget (federal or match)
- Revision of approved subgrant budget
Modification Process

- Discuss changes with VOCA Grant Specialist
  - It is not necessary to wait to receive “approval” from VOCA Specialist to submit modification request.
- Create Modification Request in Egrants (Example following slides)
- Inform VOCA Grant Specialist that Modification has been submitted
- OCVS reviews modification request and may contact you with questions
- Grant Adjustment Notice (GAN) signed and approved
- Modification Approved in Egrants – program notified
  - *Not effective until this happens!
Modifications in Egrants

PROJECT SUMMARY

- **Monitoring**: To enter/update/view Quarterly Fiscal Reports or Periodic Program Reports for this grant (Monitoring menu item).
- **Fiscal Details**: To view the current financial information for this grant such as payments and funding sources (Fiscal Details menu item).

Select the document link to access the details (i.e. Budget, Main Summary, Contract Report...).

<table>
<thead>
<tr>
<th>Documents</th>
<th>Start - End Dates</th>
<th>Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modifications 4</td>
<td>10/1/2015 - 9/30/2016</td>
<td>Open - Awarded</td>
<td><img src="image" alt="Create New Modification" /></td>
</tr>
<tr>
<td>Modifications 3</td>
<td>10/1/2015 - 9/30/2016</td>
<td>Open - Awarded</td>
<td></td>
</tr>
<tr>
<td>Modifications 2</td>
<td>10/1/2015 - 9/30/2016</td>
<td>Open - Awarded</td>
<td></td>
</tr>
<tr>
<td>Modifications 1</td>
<td>10/1/2015 - 9/30/2016</td>
<td>Open - Awarded</td>
<td></td>
</tr>
<tr>
<td>Application</td>
<td>10/1/2015 - 9/30/2016</td>
<td>Open - Awarded</td>
<td></td>
</tr>
</tbody>
</table>

View Issues/Comments
Modifications in Egrants

Main Summary will show reason for modification
Budget Detail will show the high level changes you have made
Print Modification - GAN, with NEW detailed budget including Federal & Match

<table>
<thead>
<tr>
<th>Section Name</th>
<th>Status</th>
<th>Point Value</th>
<th>Last Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Summary Information</td>
<td>Complete</td>
<td>0</td>
<td>10/24/2016 3:32:25 PM</td>
</tr>
<tr>
<td>Performance Measures</td>
<td>Complete</td>
<td>0</td>
<td>8/4/2016 2:45:24 PM</td>
</tr>
<tr>
<td>Budget Detail</td>
<td>Complete</td>
<td>0</td>
<td>10/24/2016 3:32:25 PM</td>
</tr>
</tbody>
</table>
Modifications in Egrants

Grant ID: 11681
Modifications Status: Open - Returned

Project Title: Pathfinders' Hand-In-Hand Program
Fund Announcement: VAWA SASP: Direct Services Competitive 2015

MODIFICATION SUMMARY

You MUST click Submit after correcting all returned sections.

<table>
<thead>
<tr>
<th>Section Name</th>
<th>Status</th>
<th>Point Value</th>
<th>Last Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Summary Information</td>
<td>Complete</td>
<td>0</td>
<td>7/19/2016 11:43:52 AM</td>
</tr>
<tr>
<td>Performance Measures</td>
<td>Complete</td>
<td>0</td>
<td>3/3/2016 4:25:47 PM</td>
</tr>
<tr>
<td>Budget Detail</td>
<td>Complete</td>
<td>0</td>
<td>3/3/2016 4:27:52 PM</td>
</tr>
</tbody>
</table>
Modification Process

PROJECT SUMMARY

Monitoring
To enter/update/view Quarterly Fiscal Reports or Periodic Program Reports for this grant (Monitoring menu item).

Fiscal Details
To view the current financial information for this grant such as payments and funding sources (Fiscal Details menu item).

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<td>Open - Awarded</td>
<td></td>
</tr>
</tbody>
</table>

Select the document link to access the details (i.e. Budget, Main Summary, Contract report...).
Budget modifications take effect on the date that the Grant Adjustment Notice (GAN) is signed and approved by OCVS. Budget modifications can only apply to those allowable expenses within the same financial reporting period and cannot be used to retroactively charge off previously unreported expenses in order to fully expend the VOCA subgrant award.

Requests for budget modifications must be submitted to your grant manager via Egrants at least 30 days prior to the end of your project period/grant cycle. VOCA budget modifications are due August 31 by 11:59pm in Egrants.

DUE AUGUST 31 at 11:59PM
### OCVS Grant Programs

**Managing Multiple Grants**

<table>
<thead>
<tr>
<th>Grant Type</th>
<th>SAVS</th>
<th>VAWA</th>
<th>VOCA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grant Type</strong></td>
<td>State</td>
<td>Federal</td>
<td>Federal</td>
</tr>
<tr>
<td><strong>Intent</strong></td>
<td>To expand, enhance, and support services for sexual assault victims.</td>
<td>To improve criminal justice response to violence against women and increase the availability of services for victims.</td>
<td>To support the provision of direct victim services to victims of crime.</td>
</tr>
<tr>
<td><strong>Match</strong></td>
<td>None</td>
<td>Depends</td>
<td>Required</td>
</tr>
</tbody>
</table>
OCVS Grant Programs

Managing Multiple Grants

Compliance:
- Check the Award Documents for each Grant
- Know each grant’s scope of work; goals & objectives
  - Share with VOCA-funded staff
- Track Special Conditions for each grant

Common Budget Issues
- Adjusting Percentages of Staff funded by multiple grants
- Using Match Appropriately (cash vs. in-kind)
  - Match must also be VOCA-allowable activities or services

Personnel who are funded by multiple grants
- Use Additional Budget Summary
- Make sure all grants are adjusted
### VICTIMS OF CRIME ACT GRANT (VOCA) - PERSONNEL ADDITIONAL BUDGET SUMMARY

**Instructions:** For each position in your proposed budget, please provide the position title, employee name, annual salary, and hours per week scheduled to work per week. Then fill in the percentages to show how the position's funding is to be split among the Office of Crime Victim Services (OCVS) grants. Dollar amounts will auto-populate. Please use one line for each position.

**Glossary of Terms:** Victims of Crime Act (VOCA), Sexual Assault Victim Services (SAVS), Violence Against Women Act (VAWA), Services, Training, Officers, and Prosecutors (STOP), Sexual Assault Service Program (SASP). For more information regarding these programs please visit www.ojs.state.va.us.

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Grant ID (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Position Funding Breakdown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position Title</th>
<th>Employee Name</th>
<th>Annual Salary</th>
<th>Hours Per Week</th>
<th>SAVS</th>
<th>VOCA</th>
<th>VAWA SASP</th>
<th>VAWA STOP</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td>Percentage</td>
<td>Dollar</td>
<td>Percentage</td>
<td>Dollar</td>
<td>Percentage</td>
</tr>
<tr>
<td>Example: Sexual Assault Advocate</td>
<td>Sarah Smith</td>
<td>30000</td>
<td>40</td>
<td>25%</td>
<td>8700</td>
<td>25%</td>
<td>28000</td>
<td>10%</td>
</tr>
<tr>
<td>Crisis Advocate</td>
<td>Laura Nelson</td>
<td>30000</td>
<td>40</td>
<td>50%</td>
<td>11000</td>
<td>10%</td>
<td>11000</td>
<td>25%</td>
</tr>
<tr>
<td>Volunteer Coordinator</td>
<td>Kelly Simpson</td>
<td>40000</td>
<td>30</td>
<td>50%</td>
<td>20000</td>
<td>10%</td>
<td>20000</td>
<td>0</td>
</tr>
<tr>
<td>Sexual Assault Crisis Manager</td>
<td>Natalie Ruacho</td>
<td>40000</td>
<td>40</td>
<td>25%</td>
<td>10000</td>
<td>25%</td>
<td>10000</td>
<td>25%</td>
</tr>
</tbody>
</table>

**TOTAL BUDGET:**

<table>
<thead>
<tr>
<th>SAVS</th>
<th>VOCA</th>
<th>VAWA SASP</th>
<th>VAWA STOP</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>30000</td>
<td>40000</td>
<td>20000</td>
<td>10000</td>
<td>0</td>
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</tbody>
</table>
OCVS Grant Programs
Managing Multiple Grants – Maintaining Compliance

- Program Reports and Financial Status Reports (FSRs)
  - Check award documents for due dates for each grant program
    - They all vary!
  - Communicate with OCVS Grant Managers
Office for Victims of Crime
Performance Measurement Tool (PMT)
https://ovcpmt.ojp.gov/

- WHAT
- WHY
- HOW
What is OVC PMT?
What is OVC PMT?

- The Performance Measurement Tool (PMT) is an online data collection system that collects performance measurement data.

- The PMT that we are using was created by CSR Inc. on behalf of the Office for Victims of Crime (OVC) for VOCA grant Victim Assistance subgrantees.

- The PMT is designed to collect data that is relevant, and specific to VOCA grant victim assistance subgrantees.

- The PMT is a work in progress and will continue to be updated, or adjusted at times to make sure that VOCA grant subgrantees are collecting data that is valid and reliable.
Why do we report in OVC PMT?
Why do we report in OVC PMT?

- The data from the OVC PMT will be used by OVC to understand the specific needs of VOCA grant subgrantees.

- The data that OVC requires to be collected is not asked to be collected to pass judgment on VOCA grant recipients, but instead is asked simply for purposes to help OVC understand the different issues that VOCA grant subgrantees experience in the field.

- OVC PMT data may be used in the future to open up more VOCA allowable areas of funding.
However, before the data can be reported, the data needs to be collected

- OVC PMT Data Collection Tools
How to Collect Data for OVC PMT

OVCPMT Data Collection Tools

- Victim Assistance Subgrantee Data Tracking Template
## Population Demographics

**Note whether the client is new or has been served previously.**

**Continuing Client?**
- **NEW** if a value of 1 below.
- **CONTINUING** if a value of 4 below.

### A. Race/Ethnicity
- Enter data for NEW clients only.
- Enter a value of 1 in the race/ethnicity category that best describes each client.
- If the client does not self-report, mark as **Not Reported**. If the agency does not collect this data, mark as **Not Tracked**.

<table>
<thead>
<tr>
<th>Client ID</th>
<th>New Client?</th>
<th>Continuing Client?</th>
<th>American Indian/Alaska Native</th>
<th>Asian</th>
<th>Black/African American</th>
<th>Hispanic/Latino</th>
<th>Native Hawaiian/Other Pacific Islander</th>
<th>White Non-Latino/Caucasian</th>
<th>Some Other Race</th>
<th>Multiple Races</th>
<th>Not Reported</th>
<th>Not Tracked</th>
<th>TOTAL RACE (auto-calculated)</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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**SUM (auto-calculated)**
- 0

### 1. TOTAL number of individuals who received services during the reporting period
- 0

### 4. Number of NEW individuals who received services from your agency for the first time during the reporting period
- 0
How to Collect Data for OVC PMT

OVC PMT Data Collection Tools

- Victim Assistance Subgrantee Data Tracking Template
- Simple Excel Spreadsheet
How to Collect Data for OVC PMT

<table>
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<td>First Name</td>
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<td>Services Provided</td>
<td>Assisted w/ Victim Compensation Y/N</td>
<td>Race/Ethnicity</td>
<td>Gender Indentity</td>
<td>Age</td>
<td>Internal Program Assignment</td>
<td>Referred Y/N</td>
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---

Note: The table is blank and ready to be filled with data according to the guidelines provided.
How to Collect Data for OVC PMT

OVC PMT Data Collection Tools

- Victim Assistance Subgrantee Data Tracking Template
- Simple Excel Spreadsheet
- Osnium — (End Domestic Abuse)
  http://www.endabusewi.org/osniumws/
The Osnium WS database is used throughout Wisconsin to track statistical data, which allows advocates to set goals, plan progress, and report on outcomes in prevention work.

End Abuse is dedicated to serving and supporting member programs using the Osnium WS database with help in training, reporting, customizing, minor troubleshooting, and data entry. For installation or technical issues, please contact Osnium Support directly.

To access Wisconsin documentation for Osnium, please login and navigate to the "Publications" sub-tab in Coalition Manager.

Select User and Administrator webinars which may be useful for training and learning purposes can be found here.

If you are a program or advocate that would like to receive updates and discussion from End Abuse and member programs, please subscribe to our listserv. If you are a member of the listserv, you can use the password provided via email to access the listserv communications on our bulletin board.

If you are a new program or agency purchasing Osnium in Wisconsin, feel free to contact Technology@endabusewi.org with any questions.
How to Collect Data for OVC PMT

OVC PMT Data Collection Tools

- Victim Assistance Subgrantee Data Tracking Template
- Simple Excel Spreadsheet
- Osnium — (End Domestic Abuse) http://www.endabusewi.org/osniumws/
- Apricot
- Other data collection tool
How do you report in OVC PMT?
Office for Victims of Crime
Performance Measurement Tool (PMT)
https://ovcpmt.ojp.gov/

Performance Measurement Platform

Mary Colletti  Logout

Home  Update My Account  Change Password

OVC PMT

*** Staying Logged-In ***
Keep this window open for navigation to all of your assigned OJP applications!
Office for Victims of Crime
Performance Measurement Tool (PMT)
https://ovcpmt.ojp.gov/

If any updates are needed, please contact GIMS.

### GENERAL INFORMATION

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<td>CJPVendorNumber</td>
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<td>City</td>
<td>Madison</td>
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### CONTACT INFORMATION

- 2016-VA-GX-0065
- 2015-VA-GX-0052
- 2014-VA-GX-0035
- 2013-VA-GX-0066
SUBGRANT AWARD REPORT (SAR)
The SAR form is completed by the Subgrantee and submitted with the Subgrantee’s grant application.
The Subgrant Award Report (SAR) is a requirement for state agency recipients (i.e., grantees) that receive Victims of Crime Act (VOCA) funding from the Office for Victims of Crime (OVC) to deliver victim assistance services. Grantees use the SAR to collect basic information on subgrantee recipients and the program activities that will be implemented with VOCA plus match funds. Submit this data in the OVC PMT.

1. Grantees have 90 days to submit the SAR after the subaward’s start date.
2. Grantees must complete a SAR for each subgrant award of VOCA funding.
3. Grantees should submit information via the OVC PMT starting October 5, 2015.
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.
The SAR form is completed by the Subgrantee and submitted with the Subgrantee’s grant application.

As of now, OCVS has entered the information from the Subgrantee SAR forms into the OVC PMT.

In the future, subgrantees will enter their own SAR information directly into the OVC PMT.
The SAR form is completed by the Subgrantee and submitted with the Subgrantee’s grant application.

OCVS enters the information from the Subgrantee’s SAR form into the OVC PMT.

In the future, subgrantees will enter their own SAR information directly into the OVC PMT.

*** IMPORTANT - Please keep Your VOCA grant specialist informed of any Point of Contact (POC) changes.
SUBGRANT AWARD REPORT (SAR)

Office of Justice Programs

OFFICE FOR VICTIMS OF CRIME

Performance Measurement Tool (PMT) Victim Assistance

Justice for Victims • Justice for All

Please be aware that your session will time out 30 minutes after you stop saving data. To avoid losing or having to reenter data, click the 'save' button before leaving the system unattended or when you're finished entering data.

Allow Data Entry: ☐ Allow ☐ Deny

ADD NEW SUBGRANTEE

Agency Name: Required
Address Line One: Required
Address Line Two: 
City: Required
State: WI
Zip Code: Required

POC Name: Required
(format: First Name Last Name)
POC Email: Required
(format: joe@smith.com)
POC Phone: Required
(format: 202391234)

Note that this information is for system access. The contact information of the Subgrantee user should be entered here.

For technical assistance, contact the OVC PMT Help Desk at ovc.pmt@usdoj.gov or call toll-free 1-844-884-2503. The Office for Victims of Crime is a component of the Office of Justice Programs, U.S. Department of Justice.
Entering Data into OVC PMT

How to report data in OVC PMT
How to report data in OVC PMT

- First, start by going into the “Need Help?” section and print off the Victim Assistance User Guide for Subgrantees.
Office for Victims of Crime
Performance Measurement Tool (PMT)
https://ovcpmt.ojp.gov/

Performance Measures
Victim Assistance – Subgrant Award Report (SAR) [June 2017]
Victim Assistance – Subgrantee Performance Measures Report [June 2017]
Victim Assistance – Grantee Report
Victim Assistance – Subgrantee Data Tracking Template (Excel)
PMT User Materials
Victim Assistance User Guide for Grantees
Victim Assistance User Guide for Subgrantees
Victim Assistance – FAQs
PMT Fact Sheet

Trainings (conference presentations and recorded webinars)
June 2017 – Victim Assistance - PM Training
October 2016 – Victim Assistance – Performance Measures Training
October 2016 – Victim Assistance – PMT Training
August 2016 – VOCA National Conference – PMT Update (Assistance)
January 2016 – Victim Assistance – Performance Measures and PMT Training
November 2015 – Victim Assistance – PMT Demo
October 2015 – Victim Assistance – Performance Measures Training
September 2015 – Victim Assistance – Performance Measures Training

For technical assistance, contact the OVC PMT Help Desk at ovcpmt@usdoj.gov or call toll-free 1-844-864-2503.
The Office for Victims of Crime is a component of the Office of Justice Programs, U.S. Department of Justice.
1. **POPULATION DEMOGRAPHICS**

   This section should be completed each reporting period.

   Source of data: Activities conducted at the subgrantee level

   1. **TOTAL** number of individuals who received services during the reporting period.

      **INSTRUCTIONS:** Count all individuals served by your organization with the use of VOCA plus match funds during the reporting period. This number should be an unduplicated count of people served during a single reporting period, regardless of the number of services they received or victimization types with which they presented. **DO NOT count anonymous contacts here. They should be reported in question 2. If your organization only had anonymous contacts, enter zero (0).**

        Number

   2. **TOTAL** number of anonymous contacts received during the reporting period.

      **INSTRUCTIONS:** COUNT all anonymous contacts received by your organization through a hotline, online chat, or other service where the individuality of each contact cannot be established. If your organization did not have any anonymous contacts enter zero (0).

        Number

   3. Of the number of individuals entered in question 1, how many were **NEW** individuals who received services from your agency for the first time during the reporting period.

      **INSTRUCTIONS:** Report the number of **NEW** individuals served with the use of VOCA plus match funds for the first time during the reporting period. This number should be an unduplicated count of identified NEW clients served during a single reporting period, regardless of the number of services they received or victimization types with which they presented. **For the first reporting period of your subaward, ALL individuals should be counted as new.**

        Number

   4. If your organization cannot track new individuals, please check the box below indicating such.

        [ ] We cannot track new individuals.
Entering Data into OVC PMT

How do we report data in OVC PMT?

- First, start by going into the “Need Help?” section and print off the Victim Assistance User Guide for Subgrantees.

- Next, print off a copy of the FAQs.
# OFFICE FOR VICTIMS OF CRIME
## VICTIM ASSISTANCE FORMULA GRANT PROGRAM
### FREQUENTLY ASKED QUESTIONS

## GENERAL

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>How do I get access or log in to the PMT?</td>
<td>The OVC PMT is accessible at: <a href="https://www.ovcpmt.ojp.gov">https://www.ovcpmt.ojp.gov</a>. All individual users of the PMT must have their own unique log-in to access the system. The primary grant POC listed in GMS or added to PMT will receive an invitation via e-mail from PMT with instructions on how to create a new user account. The POC may then add additional users. To add new users, go to the Administration–User Management page in the PMT. All new users added will receive an e-mail to create their own unique log-in.</td>
</tr>
<tr>
<td>2.</td>
<td>I forgot my password for the PMT. What do I do?</td>
<td>If you forgot your password, enter your user name (or e-mail address), leave the Password field blank, and select Forgot Password. Enter and submit the answer to your challenge question. If correct, the PMT will send you an e-mail with a link to create a new password. Passwords must be at least 12 characters and contain both upper- and lowercase letters, one number, and one special character (e.g., !, @, $).</td>
</tr>
</tbody>
</table>
| 3. | What is the reporting schedule in the PMT? How will I know when reports are due in the PMT? | Subgrant Award Reports (SARs) are due within 90 days of making the subaward. A reporting period represents the time when activities occur and data was collected. Each reporting period is one quarter of the federal fiscal year. Performance Data Reports must be submitted in the OVC PMT within 45 days of the close of each reporting period.  
   - Quarter 1: October 1–December 31 (due February 15)  
   - Quarter 2: January 1–March 31 (due May 15)  
   - Quarter 3: April 1–June 30 (due August 15)  
   - Quarter 4: July 1–September 30 (due November 15)  
   
   The State Administering Agency (SAA) may need to establish earlier due dates for subgrantees to ensure all data is entered and reviewed by the 45th day. Subgrantees must contact their SAA for further information about reporting deadlines.  

   The person indicated as the point of contact for the SAA and any additional contacts entered in the PMT (for that SAA) will receive an e-mail 45, 30, and 15 days before the final submission deadline. Grantees that do not submit data in the PMT will receive a past due notice from the OVC PMT system.  

   **OVС understands that the SAA may not be able to report ALL the data requested right away, and there is no penalty for that. OVC will work with states on an individual basis to establish an appropriate timeline for overcoming any unique issues in becoming compliant with our reporting requirements. Once you make changes to your data collection system over time, you can submit the enhanced data sets to OVC through the PMT when they are available.** |
How do we report data for OVC PMT?

- First, start by going into the Need Help section and print off the Victim Assistance User Guide for Subgrantees.
- Next, print off a copy of the FAQs.
- Lastly, go to the DOJ website and print off a copy of the recently updated Wisconsin Definitions.
Victims of Crime Act (VOCA)

VOCA victim assistance grants are provided to private and public agencies to support direct services to victims of violent crime. Services provided under this program include safety planning, community service referrals, counseling, crisis intervention and legal advocacy.

VOCA Document Library
Application Documents:
- Subgrantee Award Report (Fillable PDF)
- Goals and Objectives Chart (MS Word)
- VOCA Eligibility Checklist Certification Form
Additional Personnel Budget Summary (MS Excel)
- VOCA Program Income Certification Form
- Certification to Apply 10% De Minimus Indirect Cost Rate Form

Forms and Instructions:
- Financial Status Report/Fund Request Monthly Reimbursements (MS Excel)
- Financial Status Report/Fund Request Quarterly Reimbursements (MS Excel)
- Training Report (MS Word)
- VOCA Program Guidelines (PDF) - effective for awards made from 2014 and 2015 VOCA Funds
- VOCA Program Guidelines (PDF) - effective for awards made from 2016 and later VOCA Funds
- VOCA Fact Sheet (PDF)
- Property Acquisition Report

E Grants Instructions:
- How to add Personnel and Employee Benefits using Contacts
- E Grants Modification Instructions
- Program Report Submission Instructions

Federal Performance Measures Information
- OVC PMT Wisconsin Definitions and instructions
- OVC PMT Subgrantee Performance Report
- OVC PMT User Guide
- OVC PMT Subgrantee Data Tracking Template (MS Excel)

Resources For Current Recipients:
- Subgrantee Orientation PowerPoint Slides
- Subgrantee Monitoring Policies and Procedures Checklist
- VOCA Allowable Activities Cheat Sheet

- Questions can be directed to Amanda Powers at (608) 267-2251 or Mary Colletti at (608) 261-8100.
How to Enter Data into the OVC PMT

If any updates are needed, please contact GMS.

**GENERAL INFORMATION**

- **Legal Name**: WI DEPT OF JUSTICE
- **DUNSNumber**: 809448061
- **OJPVendorNumber**: 366006427
- **Address**: 17 West Main Street, P.O. Box 7951, Madison, WI 53707-7951
- **City**: Madison
- **State**: WI
- **ZipCode**: 

**CONTACT INFORMATION**

- 2016-VY-GX-0065
- 2015-VY-GX-0052
- 2014-VY-GX-0035
- 2013-VY-GX-0066

Continue

For technical assistance, contact the OVC PMT Help Desk at ovcpmt@usdoj.gov or call toll-free 1-844-884-2503. The Office for Victims of Crime is a component of the Office of Justice Programs, U.S. Department of Justice.
Please be aware that your session will time out 30 minutes after you stop saving data. To avoid losing or having to reenter data, click the 'save' button before leaving the system unattended or when you're finished entering data.

Select Reporting Period: 07/01/2017 - 08/30/2017

Select Subgrantee: - Select One -

Continue
Office for Victims of Crime
Performance Measurement Tool (PMT)
https://ovcpmt.ojp.gov/

Please be aware that your session will time out 30 minutes after you stop saving data. To avoid losing or having to reenter data, click the ‘save’ button before leaving the system unattended or when you’re finished entering data.

This section should be completed each reporting period.
Source of data: Activities conducted at the subgrantee level.

1. TOTAL number of individuals who received services during the reporting period. [Blank] Number
2. TOTAL number of anonymous contacts received during the reporting period. [Blank] Number
3. Of the number of individuals entered in question 1, how many were NEW individuals who received services from your agency for the first time during the reporting period. [Blank] Number

- We cannot track new individuals

4. Demographics (for NEW individuals identified in Question 3)

Count each NEW individual in only one race/ethnicity type as self-reported. Individuals who self-report in more than one race and/or ethnicity category should be counted in the “Multiple Races” category. The total number of individuals in each demographic category should equal the number of NEW individuals reported in Question 3. This data is used for statistical purposes to comply with Federal regulations.

All “0” entries must represent a true value of zero.

If no data is collected for a category, enter “NT” in that category to mark it as Not Tracked. This means that the subgrantee is not yet able to submit data in this category due to the need to update its data collection system, but that efforts are underway to track data as requested. Then, in the “Not Tracked” category provided, report the number of individuals whose demographic data was not tracked.

If no data is collected for an individual, count that individual in the Not Reported category. This means that the subgrantee collects this data, but it was not provided by the person completing the intake form.
1. TOTAL number of **individuals** who received services *during the reporting period*.

Count all individuals served by your organization with the use of VOCA plus match funds during the reporting period. This number should be an **UNDUPLICATED count of people served during a single reporting period**, regardless of the number of services they received or victimization types with which they presented.

*Do Not Count Anonymous Contacts Here.*
Office for Victims of Crime
Performance Measurement Tool (PMT)
https://ovcpmt.ojp.gov/

This section should be completed each reporting period.
Source of data: Activities conducted at the subgrantee level.

1. **TOTAL**, number of individuals who received services during the reporting period. 

2. **TOTAL**, number of anonymous contacts received during the reporting period.

3. Of the number of individuals entered in question 1, how many were NEW individuals who received services from your agency for the first time during the reporting period?

   - Number

   - We cannot track new individuals

4. Demographics (for NEW individuals identified in Question 3)

   Count each NEW individual in only one race/ethnicity type as self-reported. Individuals who self-report in more than one race and/or ethnicity category should be counted in the “Multiple Races” category. The total number of individuals in each demographic category should equal the number of NEW individuals reported in Question 3. This data is used for statistical purposes to comply with Federal regulations.

   All “0” entries must represent a true value of zero.

   If no data is collected for a category, enter “NT” in that category to mark it as Not Tracked. This means that the subgrantee is not yet able to submit data in this category due to the need to update its data collection system, but that efforts are underway to track data as requested. Then, in the “Not Tracked” category reported, record the number of individuals whose demographic data was not tracked.

   If no data is collected for an individual, count that individual in the Not Reported category. This means that the subgrantee collects this data, but it was not provided by the person completing the intake form.
Question Number Two

Population Demographics (cont.)

2. TOTAL number of anonymous contacts received during the reporting period.

Count all anonymous contacts received by your organization through a hotline, online chat, or other service where the individuality of each contact cannot be established. If your organization did not have any anonymous contacts enter zero (0).
**Office for Victims of Crime**

**Performance Measurement Tool (PMT)**

[https://ovcpmt.ojp.gov/](https://ovcpmt.ojp.gov/)

---

### Reporting Period: [Redacted]

Please be aware that your session will time out 30 minutes after you stop saving data. To avoid losing or having to reenter data, click the ‘save’ button before leaving the system unattended or when you’re finished entering data.

---

### POPULATION DEMOGRAPHICS

This section should be completed each reporting period. Source of data: Activities conducted at the subgrantee level.

1. TOTAL number of individuals who received services during the reporting period.

2. TOTAL number of anonymous contacts received during the reporting period.

3. Of the number of individuals entered in question 1, how many were NEW individuals who received services from your agency for the first time during the reporting period.

   - We cannot track new individuals

4. Demographics (for NEW individuals identified in Question 3)

   Count each NEW individual in only one race/ethnicity type as self-reported. Individuals who self-report in more than one race and/or ethnicity category should be counted in the “Multiple Races” category. The total number of individuals in each demographic category should equal the number of NEW individuals reported in Question 3. This data is used for statistical purposes to comply with Federal regulations.

   All “0” entries must represent a true value of zero.

   If no data is collected for a category, enter “NT” in that category to mark it as Not Tracked. This means that the subgrantee is not yet able to submit data in this category due to the need to update its data collection system, but that efforts are underway to track data as requested. Then, in the “Not Tracked” category provided, report the number of individuals whose demographic data was not tracked.

   If no data is collected for an individual, count that individual in the Not Reported category. This means that the subgrantee collects this data, but it was not provided by the person completing the intake form.
3. Of the number of individuals entered in question 1, how many were NEW individuals who received services from your agency for the first time during the reporting period?

Report the number of NEW individuals served with the use of VOCA plus match funds for the first time during the reporting period. This number should be an unduplicated count of identified NEW clients served during a single reporting period, regardless of the number of services they received or victimization types with which they presented.

For the first reporting period of your subaward, ALL individuals should be counted as new.
Office for Victims of Crime
Performance Measurement Tool (PMT)
https://ovcpmt.ojp.gov/

This section should be completed each reporting period.
Source of data: Activities conducted at the subgrantee level.

1. **TOTAL** number of individuals who received services during the reporting period. [ ] Number
2. **TOTAL** number of anonymous contacts received during the reporting period. [ ] Number
3. Of the number of individuals entered in question 1, how many were **NEW** individuals who received services from your agency for the first time during the reporting period. [ ] Number

We cannot track new individuals

4. Demographics (for NEW individuals identified in Question 3)

Count each NEW individual in only one race/ethnicity type as self-reported. Individuals who self-report in more than one race and/or ethnicity category should be counted in the “Multiple Races” category. The total number of individuals in each demographic category should equal the number of NEW individuals reported in Question 3. This data is used for statistical purposes to comply with Federal regulations.

All “0” entries must represent a true value of zero.

If no data is collected for a category, enter “NT” in that category to mark it as Not Tracked. This means that the subgrantee is not yet able to submit data in this category due to the need to update its data collection system, but that efforts are underway to track data as requested. Then, in the “Not Tracked” category provided, report the number of individuals whose demographic data was not tracked.

If no data is collected for an individual, count that individual in the **Not Reported** category. This means that the subgrantee collects this data, but it was not provided by the person completing the intake form.
4. If your organization cannot track new individuals, please check the box below indicating such.

We cannot track new individuals.
# Question Number Four

## Demographics

### A. Race/Ethnicity (self-reported)

<table>
<thead>
<tr>
<th>Population</th>
<th>Number of New Individuals</th>
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<tbody>
<tr>
<td>American Indian or Alaska Native</td>
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</tr>
<tr>
<td>Asian</td>
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<td>Black or African American</td>
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<tr>
<td>Hispanic or Latino</td>
<td></td>
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<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
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</tr>
<tr>
<td>White Non-Latino or Caucasian</td>
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</tr>
<tr>
<td>Some Other Race</td>
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<tr>
<td>Multiple Races</td>
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<td>Not Reported</td>
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<td>Race/Ethnicity Total</td>
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### B. Gender Identity (self-reported)

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</tr>
<tr>
<td>Female</td>
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<tr>
<td>Other</td>
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- *Please explain other reason*

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<th>Number</th>
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<tr>
<td>Not Tracked</td>
<td>Number</td>
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<td>Gender Total</td>
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### C. Age (self-reported)

<table>
<thead>
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<tr>
<td>Age 13-17</td>
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<td>Age 18-24</td>
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<tr>
<td>Age 25-59</td>
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<tr>
<td>Age 60 and Older</td>
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<tr>
<td>Not Reported</td>
<td>Number</td>
</tr>
<tr>
<td>Not Tracked</td>
<td>Number</td>
</tr>
<tr>
<td>Age Total</td>
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<p>| | |</p>
<table>
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<tbody>
<tr>
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<td>Number</td>
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</table>
Question Number Four
Not Tracked & Not Reported

- **Not Tracked**
  If no data is collected for a category, enter “NT” this means that you are not yet able to submit data in this category due to the need to update its data collection system, but that efforts are underway to track data as requested.

- **Not Reported**
  If no data is collected for an individual, count that individual in the Not Reported category. This means that the subgrantee collects this data, but it was not provided by the person completing the intake form.
### Question Number Five - A

<table>
<thead>
<tr>
<th>Victimization Type</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Physical Assault (Includes Aggravated and Simple Assault)</td>
<td>Number</td>
</tr>
<tr>
<td>Adult Sexual Assault</td>
<td>Number</td>
</tr>
<tr>
<td>Adults Sexually Abused/Assaulted as Children</td>
<td>Number</td>
</tr>
<tr>
<td>Sexual Harassment</td>
<td>Number</td>
</tr>
<tr>
<td>Bullying (Verbal, Cyber, or Physical)</td>
<td>Number</td>
</tr>
<tr>
<td>Burglary</td>
<td>Number</td>
</tr>
<tr>
<td>Child Physical Abuse or Neglect</td>
<td>Number</td>
</tr>
<tr>
<td>Child Pornography</td>
<td>Number</td>
</tr>
<tr>
<td>Child Sexual Abuse/Assault</td>
<td>Number</td>
</tr>
<tr>
<td>Domestic and/or Family Violence</td>
<td>Number</td>
</tr>
<tr>
<td>DUI/DWI, Insults</td>
<td>Number</td>
</tr>
<tr>
<td>Elder Abuse or Neglect</td>
<td>Number</td>
</tr>
<tr>
<td>Hate Crime, Racial/Religious/Gender/Sexual Orientation/Other (Explanation Required)</td>
<td>Number</td>
</tr>
<tr>
<td>Human Trafficking, Labor</td>
<td>Number</td>
</tr>
<tr>
<td>Human Trafficking, Sex</td>
<td>Number</td>
</tr>
<tr>
<td>Identity Theft/Fraud/Financial Crime</td>
<td>Number</td>
</tr>
<tr>
<td>Kidnapping (non-custodial)</td>
<td>Number</td>
</tr>
<tr>
<td>Kidnapping (custodial)</td>
<td>Number</td>
</tr>
<tr>
<td>Mass, Violence (Domestic/International)</td>
<td>Number</td>
</tr>
<tr>
<td>Other, Violent Victimization (e.g., H1L and F1H)</td>
<td>Number</td>
</tr>
<tr>
<td>Robbery</td>
<td>Number</td>
</tr>
<tr>
<td>Stalking/Harassment</td>
<td>Number</td>
</tr>
<tr>
<td>Survivors of Homicide Victims</td>
<td>Number</td>
</tr>
<tr>
<td>Teen Dating Victimization</td>
<td>Number</td>
</tr>
<tr>
<td>Terrorism (Domestic/International)</td>
<td>Number</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>Number</td>
</tr>
</tbody>
</table>

| **Total**                                                                         | 0 (auto-calculated)     |

**If other, please explain:**
Question 5-A - Not Tracked

Subgrantees should report only the victimizations types for which they provide services. So, in question number five A, agencies are expected to track only victimization types for which they are able to provide services.

Question 5-A - Not Reported

Not an option
Questions Five B & C

B. Of the individuals who received services, how many presented with more than one type of victimization during the reporting period?

Enter Number:

<table>
<thead>
<tr>
<th>Victimization Type</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaf/Hard of Hearing</td>
<td>Number</td>
</tr>
<tr>
<td>Homeless</td>
<td>Number</td>
</tr>
<tr>
<td>Immigrants/Refugees/Asylum Seekers</td>
<td>Number</td>
</tr>
<tr>
<td>LGBTQ</td>
<td>Number</td>
</tr>
<tr>
<td>Veterans</td>
<td>Number</td>
</tr>
<tr>
<td>Victims with Disabilities: Cognitive/Physical/Mental</td>
<td>Number</td>
</tr>
<tr>
<td>Victims with Limited English Proficiency</td>
<td>Number</td>
</tr>
<tr>
<td>Other</td>
<td>Number</td>
</tr>
</tbody>
</table>

Total: 0 (auto-calculated)

If other, please explain:
Question Number Four
Not Tracked & Not Reported

- **Not Tracked**
  If no data is collected for a category, enter “NT” this means that you are not yet able to submit data in this category due to the need to update its data collection system, but that efforts are underway to track data as requested.

- **Not Reported**
  - Not an option.
<table>
<thead>
<tr>
<th>POPULATION DEMOGRAPHICS</th>
<th>DIRECT SERVICES</th>
<th>SUBGRANTEE ANNUALLY REPORTED QUESTIONS</th>
<th>REVIEW</th>
</tr>
</thead>
</table>

Complete this section each reporting period.

6. **Number of individuals assisted with a victim compensation application during the reporting period.**

    Number

7. Select the types of services provided by your organization during the reporting period:
   - A. Information & Referral
   - B. Personal Advocacy/ Accompaniment
   - C. Emotional Support or Safety Services
   - D. Shelter/ Housing Services
   - E. Criminal/ Civil Justice System Assistance
Question Eight or Nine Depending on the Quarter

Services Provided Reminder

9. Total number of individuals who received services by service type AND number of times each service was provided during the reporting period.

For each service category (A, B, etc.):

- Enter the number of people who received services in that category during the reporting period.

For each subcategory of service (A1, A2, etc.):

- Enter the number of times a service was provided to clients during the reporting period.
Question Eight or Nine Depending on the Quarter

- Make sure that the total number of services provided adds up to \textit{at least} the total number of individuals who received services in each category.

![Image of the form with filled in numbers]

8. Total number of individuals who received services by service type AND number of times each service was provided during the reporting period

A. Information & Referral
- Enter the number of individuals who received services in this category: 35

A1. Information about the criminal justice process: 7

A2. Information about victim rights, how to obtain notifications, etc.: 22

A3. Referral to other victim service programs: 1

A4. Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.): 30
Question Eight or Nine Depending on the Quarter

- Make sure that the total number of services provided in each subsection adds up to at least the total number of individuals who received services in each category.

- Make sure that the total number of individuals who received services in each category is not more than the total number of individuals served in question number one.

<table>
<thead>
<tr>
<th>8. Total number of individuals who received services by service type AND number of times each service was provided during the reporting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Information &amp; Referral</td>
</tr>
<tr>
<td>Enter the number of individuals who received services in this category</td>
</tr>
<tr>
<td>A1. Information about the criminal justice process</td>
</tr>
<tr>
<td>A2. Information about victim rights, how to obtain notifications, etc.</td>
</tr>
<tr>
<td>A3. Referral to other victim service programs</td>
</tr>
<tr>
<td>A4. Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.)</td>
</tr>
</tbody>
</table>
Questions Number Eight - A & B

8. Total **number of individuals who received services by service type AND number of times each service was provided** during the reporting period

<table>
<thead>
<tr>
<th>A. Information &amp; Referral</th>
<th>Number Of Individuals</th>
<th>Number Of Occurences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the number of individuals who received services in this category</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A1. Information about the criminal justice process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A2. Information about victim rights, how to obtain notifications, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A3. Referral to other victim service programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A4. Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Personal Advocacy/ Accompaniment</th>
<th>Number Of Individuals</th>
<th>Number Of Occurences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the number of individuals who received services in this category</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B1. Victim advocacy/accompaniment to emergency medical care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B2. Victim advocacy/accompaniment to medical forensic exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B3. Law enforcement interview advocacy/accompaniment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B4. Individual advocacy (e.g., assistance in applying for public benefits, return of personal property or effects)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B5. Performance of medical or nonmedical forensic exam or interview or medical evidence collection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B6. Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B7. Intervention with employer, creditor, landlord, or academic institution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B8. Child or dependent care assistance (includes coordination of services)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B9. Transportation assistance (includes coordination of services)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B10. Interpreter services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Questions Number Eight – C, D & E

#### C. Emotional Support or Safety Services
- Enter the number of individuals who received services in this category
- **C1. Crisis intervention (in-person, includes safety planning, etc.)**
- **C2. Hotline/crisis line counseling**
- **C3. On-scene crisis response (e.g., community crisis response)**
- **C4. Individual counseling**
- **C5. Support groups (facilitated or peer)**
- **C6. Other Therapy (traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)**

#### D. Shelter/ Housing Services
- Enter the number of individuals who received services in this category
- **D1. Emergency shelter or safe house**
- **D2. Transitional housing**
- **D3. Relocation assistance (includes assistance with obtaining housing)**

#### E. Criminal, Civil Justice, System Assistance
- Enter the number of individuals who received services in this category
- **E1. Notification of criminal justice events**
- **E2. Victim impact statement assistance**
- **E3. Assistance with restitution**
- **E4. Civil legal assistance in obtaining protection or restraining order**
- **E5. Civil legal assistance with family law issues**
- **E6. Other emergency justice-related assistance**
- **E7. Immigration assistance**
- **E8. Prosecution interview advocacy/accompaniment**
- **E9. Law enforcement interview advocacy/accompaniment**
- **E10. Criminal advocacy/accompaniment**
- **E11. Other legal advice and/or counsel**

*Additional Comments: [Insert any additional comments here]*
Office for Victims of Crime
Performance Measurement Tool (PMT)
https://ovcpmt.ojp.gov/

Additional Comments

Please use this space to enter any comments that will help OVC understand any of the data points you have entered.

*** Consistent and robust use of Additional Comments will help OVC understand your data better!!!
The questions asked by OVC are not asked to pass judgment, but instead are asked simply for purposes to help OVC understand the different issues that VOCA grant subgrantees experience in the field.

Please submit thoughtful and substantial answers to the questions.

Remember that future funding options may be opened up with the knowledge taken from subgrantee information contained in these questions.
Reporting Period: Sub-grantee Name: 

Please be aware that your session will time out 30 minutes after you stop saving data. To avoid losing or having to reenter data, click the ‘save’ button before leaving the system unattended or when you’re finished entering data.

**POPULATION DEMOGRAPHICS**  **DIRECT SERVICES**  **SUBGRANTEE ANNUALLY REPORTED QUESTIONS**  **REVIEW**

11. Number of requests for services that were unmet because of organizational capacity issues. [Number]

Please explain.

You have 5000 characters left. (Maximum characters: 5000)

12. Does your organization formally survey clients for feedback on services received?
   - [ ] Yes
   - [ ] No (go to question #14)

13. Number of surveys distributed (includes, but not limited to, those distributed by hand, mail or electronic methods) [Number]

14. Number of surveys completed. [Number]

15. Please discuss some of the challenges your victim assistance program faced during the course of the federal fiscal year.

You have 5000 characters left. (Maximum characters: 5000)

16. Please describe some of the services that victims needed but could not be provided. What were the challenges that prevented those services from being provided?

You have 5000 characters left. (Maximum characters: 5000)

[Save & Continue]  [Exit Data Entry]

For technical assistance, contact the OVC PMT Help Desk at ovcpmt@usdoj.gov or call toll-free 1-844-884-2503.
The Office for Victims of Crime is a component of the Office of Justice Programs, U.S. Department of Justice.
Office for Victims of Crime
Performance Measurement Tool (PMT)
https://ovcpmt.ojp.gov/

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>WI DEPT OF JUSTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUNSNumber</td>
<td>809448061</td>
</tr>
<tr>
<td>CUP/VendorNumber</td>
<td>3660085427</td>
</tr>
<tr>
<td>Address</td>
<td>17 West Main Street, P.O. Box 7951, Madison, WI 53707-7951</td>
</tr>
<tr>
<td>City</td>
<td>Madison</td>
</tr>
<tr>
<td>State</td>
<td>WI</td>
</tr>
<tr>
<td>ZipCode</td>
<td></td>
</tr>
</tbody>
</table>

CONTACT INFORMATION:
- 2016-VA-GX-0065
- 2016-VA-GX-0052
- 2014-VA-GX-0035
- 2013-VA-GX-0066

For technical assistance, contact the OVC PMT Help Desk at ovcpmt@usdoj.gov or call toll-free 1-844-884-2503.
After marking data entry complete every reporting period, your ability to enter/edit data will be locked and the PMT will create a report in PDF.

- If changes are needed and it's during a data submission period, select “unlock” to return the data entry status back to ‘In Progress’.
- If changes are needed and the data submission period has ended, please contact the OVC PMT help desk (844-884-2503) to request that the report is unlocked.

After completing data entry for all 4 quarters of the Federal Fiscal Year (October through September), the PMT will automatically create an Annual Performance Measurement Report. As the state grantee, you must save a copy of this annual report in PDF to your computer and upload it as an attachment to your annual progress report in the Grants Management System (GMS) by December 30.

If any changes are made to the data, please remember to again mark data entry as complete to recreate the PDF. Replace the previous version in your files.

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Total Subgrantees</th>
<th>Subgrantee Completed</th>
<th>Subgrantee In Progress</th>
<th>Subgrantee Not Required to Report</th>
<th>Subgrantee Not Started</th>
<th>Quarterly Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Report - 2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PDF</td>
</tr>
<tr>
<td>07/01/2017 - 09/30/2017</td>
<td>115</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>107</td>
<td>Data Export In Progress</td>
</tr>
</tbody>
</table>
ORGANIZATION INFORMATION

ORGANIZATION NAME: [Redacted]
POC NAME: [Redacted]
POC EMAIL: [Redacted]
POC PHONE: [Redacted]

POPULATION DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL number of individuals who received services during the reporting period.</strong></td>
<td>1,465</td>
</tr>
<tr>
<td><strong>TOTAL number of anonymous contacts received during the reporting period.</strong></td>
<td>3</td>
</tr>
<tr>
<td>Of the number of individuals entered in question 1, how many were <strong>NEW</strong> individuals who received services from your agency <strong>for the first time</strong> during the reporting period.</td>
<td>1,373</td>
</tr>
</tbody>
</table>

We cannot track new individuals

Demographics (for NEW individuals identified in Question 4)

A. RACE/ETHNICITY (self-reported)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>6</td>
</tr>
<tr>
<td>Asian</td>
<td>41</td>
</tr>
<tr>
<td>Black or African American</td>
<td>336</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>56</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0</td>
</tr>
<tr>
<td>White Non-Latino or Caucasian</td>
<td>862</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>0</td>
</tr>
<tr>
<td>Multiple Races</td>
<td>0</td>
</tr>
<tr>
<td>Not Reported</td>
<td>72</td>
</tr>
<tr>
<td>Not Tracked</td>
<td>0</td>
</tr>
<tr>
<td>Race/Ethnicity Total</td>
<td>1,373</td>
</tr>
</tbody>
</table>

B. GENDER IDENTITY (self-reported)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>572</td>
</tr>
</tbody>
</table>
Technical Assistance

OVC Performance Measurement Tool (PMT)

https://ovcpmt.ojp.gov

OVC PMT Help Desk
1–844–884–2503
8:30 a.m. – 5:30 p.m. ET

ovcpmt@ojp.gov
Something to think about for the new grant year…

- How can you use your OVC PMT results to help better your VOCA Project?
- How can you integrate your OVC PMT results into your VOCA Quarterly Program Report?
- Remember that the two reports are not mutually exclusive.
Contact Information

- Local: (608) 264-9497
- Fax: (608) 264-6368
- Address:
  Office of Crime Victim Services
  P.O. Box 7951
  Madison, WI 53707-7951
- OCVS Grants Website