North Carolina Council for Women and Youth Involvement (NC CFWYI)

**Family Violence Prevention Services Act (FVPSA)**

**Quarterly Report Guidance and Preparation Form**

FVPSA funds are awarded during the **federal fiscal year**: October 1 -September 30

PLEASE NOTE:

* FVPSA grant recipients must report on the services provided on a quarterly basis.
* FVPSA grant recipients must be able to provide adequate documentation and a methodology that will verify and support the numbers provided in the reports.

The quarterly reports submitted each cycle is a compilation of ***all FVPSA prevention and domestic violence services*** *regardless of* funding source, not just FVPSA funds, used to provide the services to clients and victims. This information is collected by each FVPSA recipient and compiled by the NC CFWYI as part of the FVPSA annual Performance Progress Report (PPR).

**1st Quarter report is due by January 15** (October, November, December services and activities)

**2nd Quarter report is due by April 15** (January, February, March services and activities)

**3rd Quarter is due by July 15** (April, May, June services and activities)

**4th Quarter is due by October 15** (July, August, September services actives)

**Overview of Changes as of May 2018 (due to changes with the annual FVPSA report)**

* Many of the questions may pertain to domestic violence shelter service programs
* Indicate “N/A” (not applicable) if it does not pertain to the services provided by your program
* Quarterly report removed elements such as, volunteers, all service contacts and batterer intervention
* Quarterly report added questions on victim services that is more in line with OVW and OVC questions
* Quarterly report added more data to be collected on children
* Quarterly report added element on clients self‐identifying as LGBTQ
* Quarterly report has a “new” classification of urban, rural, suburban or frontier
* Quarterly report has a “new” request for website instead of address

**The types of FVPSA award options**: Shelter, Prevention

FVPSA grant recipients serve underserved or culturally- and linguistically-specific population:

* **Culturally and linguistically specific** services refers to community-based services that offer full linguistic access and culturally specific services and resources, including outreach, collaboration and support mechanisms primarily directed toward culturally specific communities.
* **Underserved populations are** populations who face barriers in accessing and using victim services, and includes populations underserved because of geographic location, religion, sexual orientation, gender identity, underserved racial and ethnic populations, and populations underserved because of special needs including language barriers, disabilities, immigration status, and age. Individuals with criminal histories due to victimization and individuals with substance use disorders and mental health issues are also included in this definition (45 CFR § 1370.2).

**Classification of rural, urban, suburban, or frontier**

FVPSA grant recipients must be able to self-identify with one of the classifications that most closely matches their service area. If unknown, they may use https://www.ruralhealthinfo.org/am-i-rural, to find classification. To determine if a program is designated as frontier, go to [www.ruralhealthinfo.org](http://www.ruralhealthinfo.org).

Click on the *Am I Rural?* Tool. Run a report based on the program address. If the program receives a Frontier and Remote Area Code, then you may select frontier.

**Additional explanation may include:**

* explanation of underserved
* description on the type of population such as ‘refugees from Syria’
* explanation on the chosen classification for rural-urban
* Indicate “N/A” (not applicable) if it does not pertain the services provided by your program

***The Quarterly Report will require a response to the following:***

***Indicate Quarter***

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| --- |
| * **1st Quarter (October, November, December services and activities)** |
| * **2nd Quarter (January, February, March services and activities)** |
| * **3rd Quarter (April, May, June services and activities)** |
| * **4th Quarter (July, August, September services and activities)** |

***FVPSA Grant Recipient Information***

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| --- |
| Indicate ONLY one type of FVPSA award: Shelter services\_\_\_\_ Prevention services\_\_\_\_ |
| FVPSA grant recipient’s email address for confirmation |
| FVPSA grant recipient’s name as listed on the contract |
| Aka (Also known as) or Dba (Doing Business As) |
| Tax ID# |
| City, State, and Zip Code |
| County location |
| County/Counties served with the FVPSA funds |
| Website (not address) |

***General Program Information***

**Total Program Budget:**

* Each FVPSA grant recipient will report its **total budget** that is used to provide the services and activities to clients and/or victims. This number could include additional funding from other sources or it may be the same as the FVPSA grant amount listed in the FVPSA grant amount.
  + For example, the total program budget would include all funding sources, i.e., FVPSA dollars and state dollars to provide shelter to victims.
  + \*\*\*Grant dollars set aside to provide separate services to sexual assault victims **would not be included**
  + In addition, a domestic violence program that is located within a larger social service agency would only include its budget for domestic violence programming. For example, a local domestic violence program that receives $50,000 in FVPSA funds, $20,000 from the state for DV services and $10,000 from a private funder would report $80,000 as its total domestic violence program budget.
* **Number of Shelter Facilities (if applicable)**: This is a count of shelter facilities providing immediate housing to victims of domestic violence and their children **managed by** the domestic violence program. This normally includes only communal living spaces and other buildings owned or rented by the program. This number **should not** include safe homes, motels or shelter beds provided by other programs*. Although this count of shelter facilities only includes property managed by the program, “Clients Served in Shelter” below asks programs to count the number of clients who were provided shelter whether that be in a building managed by the program or a hotel or safe home.*
* **Clients Served in Shelter** requires programs to count the number of clients who were provided shelter whether that be in a building managed by the program or a hotel or safe home.
* **Non-Shelter Services Sites**: List the total number of service sites (i.e., office locations) where a program provides non-residential services. This may include the coordination of shelter for victims through hotels and safe homes where there is not a shelter facility. This number should be one (1) if the program has a single program site with no shelter facility. If a program maintains satellite locations, they should be counted here, i.e., one main office and two satellite offices should be reported as three (3) sites. This is not a count of the number of hotels and safe homes used.

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| Total FVPSA grant recipient’s program budget (FVPSA + non FVPSA funds) |  |
| Total FVPSA grant amount ONLY |  |
| Total FVPSA reimbursement amount issued at the time of report |  |
| Number of shelter facilities (if applicable) |  |
| Number of non-shelter service sites (if applicable) |  |

***People Served***

* **Clients Served in Shelter**
* Number of new domestic violence victims (clients) seen for the first time during this reporting period who received shelter services (including a shelter facility managed by the program, safe home or hotel). **Clients should be counted once regardless of the number of times served during the fiscal year.** For example, if a client spent 30 days in the shelter in November, exited the shelter and then came back to the shelter in March, then she would only be counted one time. Clients who received shelter should only be counted in this element and not counted in Clients Served with Non-Shelter Services even though they may have received non-shelter services also. Clients who were referred to another domestic violence shelter program should not be counted here. The count will be within program only and should not be unduplicated across programs statewide.

|  |  |
| --- | --- |
| Number of Children/Youth |  |
| Adults: |  |
| Number of Women |  |
| Number of Men |  |
| Number Not-specified/Other |  |
| Total |  |

* ***Clients Served with Non-Shelter Services (including prevention services)***
* Clients Served with Non-Shelter (supportive services only): Number of “new” domestic violence victims or clients seen for the first time during this reporting period who received only non-shelter services. Include clients that received supportive services only and no shelter by your program. **Calls to a crisis line or hotline should not be counted here.** Count should be within program only and not unduplicated across programs statewide.

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| --- | --- |
| Number of Children/Youth |  |
| Adults: |  |
| Number of Women |  |
| Number of Men |  |
| Number Not-specified Other |  |
| Total |  |

***Age***

* Report the ages of the clients served, including children and youth. These age demographic totals should equal the program’s numbers totaled in Clients Served in Shelter and Clients Served with Non-Shelter. For example, if the program served 30 women, 62 children and 2 men (94 total), the total for all the ages should also add up to 94.

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| --- | --- |
| 0-12 |  |
| 13-17 |  |
| Unknown Child Age |  |
| 18-24 |  |
| 25-59 |  |
| 60+ |  |
| Unknown Adult Age |  |
| Total |  |

***Race/Ethnicity***

* Report the race and/or ethnicity of the clients served, including children and youth. Clients may self-identify in more than one category, e.g., White and Hispanic.

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| --- | --- |
| Black or African American |  |
| American Indian/ Alaska Native |  |
| Asian |  |
| Hispanic or Latino |  |
| Native Hawaiian/Other Pacific Islander |  |
| White |  |
| Unknown/Other |  |

***Other Demographics***

* **Language Services**: Provision of interpretation and/or translation. Provision of English as a second language class
* **LGBTQ**: This is a count of clients who self-identify as lesbian, gay, bisexual, transgender or queer
* **Teen dating violence**: This is a count of all of the youth age 13-17 receiving services due to being a victim of dating violence in their own relationships. The youth could be receiving services on their own, as an emancipated minor or other minor eligible to receive services, or could be a youth who accompanies their parent to shelter and self-identifies as needing their own services.

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| Number needing language services, such as interpretation |  |
| Number self-identifying as lesbian, gay, bisexual, transgender or queer (LGBTQ) |  |
| Number of youth age 13-17 receiving services due to being a victim of dating violence |  |

***Shelter Services and Crisis Calls***

* **Shelter Nights**: Indicate the number of shelter nights for each person who arrives and is provided a bed, including on-site shelter, safe home or hotel room. Include victims of domestic violence and their dependents. Count the number of people housed times the number of nights. For example, a victim and her 3 children stay in the shelter or safe house for 5 nights; this means 4 people x 5 nights = 20 shelter nights.
* Shelter includes onsite shelter managed by the domestic violence program, program-sponsored hotel rooms and safe homes (residences of volunteers who offer their private homes for short-term crisis situations) or other temporary housing that your program arranges. Nights that a victim stays in a shelter not managed by your program should not be counted (e.g., a shelter in a nearby county).
* **Unmet Requests for Shelter**: Count the number of unmet requests for shelter due to program shelter, safe homes or sponsored hotel rooms being at capacity or unavailable. Count adult victims of domestic violence only. This count **should not** include individuals who were not served because their needs were inappropriate for the services of your program, e.g., homelessness not related to domestic violence. Count the total number of times requests for shelter were declined, even if the program provided other services
* **Crisis/Hotline Calls**: Calls received on any agency line that relate to an individual or family in need of some kind of service. A program does not have to have a dedicated hotline to count these calls. Count all calls including repeat callers and calls from third parties such as a family member. **Do not count** calls about donations or for general information about program or violence issues unrelated to a specific individual or family, calls from the media, etc.

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| Shelter Nights |  |
| Unmet Requests for Shelter |  |
| Crisis/Hotline Calls |  |

***Services to Victims***

* **Individual/Group Counseling**: Individual or group counseling or support provided by a volunteer, staff or advocate.
* **Crisis intervention**: Process by which a person identifies, assesses, and intervenes with an individual in crisis so as to restore balance and reduce the effects of the crisis in her/his life. In this category, report crisis intervention that occurs in person and/or over the telephone with an established client. *This does not include hotline calls where the caller isn’t a client receiving services.*
* **Victim Advocacy Services**: Actions designed to help the victim/survivor obtain needed resources or services including employment, housing, shelter services, health care, victim’s compensation, etc.
* **Criminal/Civil Legal Advocacy**: Assisting a client with civil legal issues, including preparing paperwork for protection orders; accompanying a client to a protection order hearing, or other civil proceeding; and all other advocacy within the civil justice system. This also includes accompanying a client to an administrative hearing, such as unemployment, Social Security, TANF, or food stamp hearing. Assisting a client with criminal legal issues including notifying the client of case status, hearing dates, plea agreements, and sentencing terms; preparing paperwork such as victim impact statements; accompanying a client to a criminal court proceeding or law enforcement interview; and all other advocacy within the criminal justice system.
* **Medical Accompaniment**: Accompanying a domestic violence victim to, or meeting a victim at, a hospital, clinic, or medical office.
* **Transportation Services**: Provision of transportation, either directly or through bus passes, taxi fares, or other means of transportation.

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| Number of children/youth receiving crisis intervention |  |
| Number of children/youth receiving victim advocacy services |  |
| Number of children/youth receiving individual or group counseling/support group |  |
|  |  |
| Number of adult victims receiving crisis intervention |  |
| Number of adult victims receiving victim advocacy services |  |
| Number of adult victims receiving individual or group counseling/support group |  |
| Number of adult victims receiving criminal/civil legal advocacy |  |
| Number of adult victims receiving medical accompaniment |  |
| Number of adult victims receiving transportation services |  |

***Community Education***

* **Adults/General Population**
* Count the total number of presentations or trainings about domestic violence and/or prevention services related to prevention clients, victims of domestic violence, and their children. In addition, count the number of individuals in attendance. Some examples may be a training for health professionals or a workshop for tribal leaders. Include all presentations for a mixed-age audience. **This number does not include health fairs, media interviews or advertising**

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| Number of Presentations |  |
| Number of Participants |  |

* **Youth Targeted Education**
* Count the total number of presentations or trainings about domestic violence, dating violence, healthy relationships or available services for victims. In addition, count the number of individuals in attendance. Some examples may be a presentation to youth in school on healthy relationships or a workshop for youth at a Safety Day event.

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| Number of Presentations |  |
| Number of Participants |  |

***Narrative Responses***

* Share a story about a client (without sharing any personally-identifying information), service or community initiative that could be shared with other stakeholders

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* Provide at least (3) three statements that provide insight as to how the FVPSA grant funds have impact on your program that would not occur without this funding. (What does the FVPSA grant allow you to do that you wouldn’t be able to do without this funding?)

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* Include at least (3) three effort statements that provide insight as to how your program services have used FVPSA grant funds to meet the needs of underserved populations in your community. (Describe any efforts supported in whole or in part by your FVPSA grant to meet the needs of underserved populations in your community, including populations underserved because of ethnic, racial, cultural or language diversity, sexual orientation or gender identity or geographic isolation.)

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Provide at least (2) two challenges that have had an impact on outcomes and/or outputs.

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Provide at least (3) three statements that describe significant prevention and outreach activities, supported in whole or in part by your FVPSA grant, during the program year.

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Provide at least (4) four statements that details how your program evaluates the effectiveness of domestic violence support or prevention services and be sure to include the methodology.

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**(Optional)** Provide any additional information that you would like us to know about your FVPSA-supported domestic violence or prevention service program, i.e., the unmet needs of victims in your community, other funding sources used for programming or service trends that are emerging in your community.

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***Service Outcome Data***

* Domestic violence programs and prevention service programs should be collecting outcome information from their clients served. A manual and instructions from the Documenting Our Work Project are available online at the Outcomes webpage from the National Resource Center on Domestic Violence at <http://nrcdv.org/FVPSAOutcomes>. **There are two mandated questions that must be asked of clients.**
* Because of the services I received, I feel:
  + I know more about community resources (yes or no).
  + I know more ways to plan for my safety (yes or no).
* Outcome information may be collected for each service – shelter, support services, prevention services, and advocacy, counseling and support group.
* For each service, count the number of surveys completed and the number of yes responses to each question. It is expected that the number of surveys completed would be the same for each, but there may be instances when it differs, e.g., a client doesn’t answer one of the questions.
  + I know more about community resources (Resource Outcome)
  + I know more ways to plan for my safety (Safety Outcome)

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Know more about community resources** | | | **Know more ways to plan for safety** | | |
| **Survey Type** | **Number of Surveys Completed** | **Number of “Yes” Responses to *Resource Outcome*** | **Percent Responses** | **Number of Surveys Completed** | **Number of “Yes” Responses to *Safety Outcome*** | **Percent Responses** |
| Shelter survey |  |  |  |  |  |  |
| Support services and advocacy survey |  |  |  |  |  |  |
| Counseling survey |  |  |  |  |  |  |
| Support group survey |  |  |  |  |  |  |
| Prevention services survey |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |