

PERFORMANCE PROGRESS REPORT
ACF-ACFY-FYSB-FVPS-SF-PPR COVER PAGE
 Family Violence Prevention and Services Program
 Family and Youth Services Bureau/Administration for Children and Families
 U.S. Department of Health and Human Services
State Grant Report

		Page	of Pages
1. Federal Agency and Organization Element to Which Report is Submitted FVPSP/FYSB/ACYF/ACF/HHS	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS Number 3b. EIN	
4. Recipient Organization (Name and Complete Address Including Zip Code)		5. Recipient Identifying Number or Account Number	
6. Project Reporting Period Start Date: (Month, Day, Year) (Month, Day, Year)	7. Reporting Period End Date (Month, Day, Year)	8. Final Report? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Report Frequency <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> other (If other, describe: _____)	
10. Performance Narrative (<i>performance narrative is covered in the attached PPR forms</i>)			
11. Other Attachments (<i>Performance Progress Report with aggregated subgrantee information for the State/ Territory</i>)			
12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.			
12a. Typed or Printed Name and Title of Authorized Certifying Official		12c. Telephone (<i>area code, number and extension</i>)	
		12d. Email Address	
12b. Signature of Authorized Certifying Official		12e. Date Report Submitted (<i>Month, Day, Year</i>)	
		10. Agency Use Only	

**PERFORMANCE PROGRESS REPORT
ACF-ACFY-FYSB-FVPS-SF-PPR COVER PAGE(continued)**

		Page 2	of Pages
1. Federal Agency and Organization Element to Which Report is Submitted FVPSP/FYSB/ACYF/ACF/HHS	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS 3b. EIN	4. Reporting Period End Date <i>(Month, Day, Year)</i>

Supplemental Continuation of SF-PPR Cover Page
Note: Information on FVPSA grants/funds awarded should include any funds awarded by the state during the federal fiscal year reporting period. For example, during the past federal fiscal year (Oct- Sep), the State made awards to subgrantees in July. The State should report on the grants and funds awarded in July and any other funds awarded during the federal fiscal year reporting period. The State's aggregate report of services provided by FVPSA subgrantees should include all services/grant activities that occurred throughout the federal fiscal year reporting period (Oct – Sep).

(1) Label	(2) Additional Information on Grantee or Grant Project	(3) Provide Information Requested:
FV-SP-01	Total FVPSA Funds Awarded	
FV-SP-02	Total Amount of State Administrative Costs	
FV-SP-03	Total Number of Subgrants Awarded	
FV-SP-04	Number of Shelter Programs Funded with Residential Facilities	
FV-SP-05	Number of Non-Residential Domestic Violence Programs Funded	

PERFORMANCE PROGRESS REPORT
ACF-ACFY-FYSB-FVPS-SF-PPR – Attachment B
 Family Violence Prevention and Services Program
 Family and Youth Services Bureau/Administration for Children and Families
 U.S. Department of Health and Human Services
Subgrantee Information

1. Federal Agency and Organization Element to Which Report is Submitted FVPS/FYSB/ACYF/ACF/HHS	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date <i>(Month, Day, Year)</i>
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Subgrantee Information			
(1) Label	(2) Information Requested	(3) Response	(4) Explanation
FV-SP-101	Recipient Organization Name		
FV-SP-102	Recipient Organization Address including zip code		
FV-SP-103	Total Domestic Violence Program Budget		
FV-SP-104	FVPSA Grant Amount		
FV-SP-105	Number of Shelter Facilities		
FV-SP-106	Number of Non-Residential Service Sites		
FV-SP-107	Number of Volunteers		
FV-SP-108	Number of Volunteer Hours		
FV-SP-109	For services supported in whole or in part by your FVPSA grant, share a story about a client, service or community initiative.	(please attach narrative response)	
FV-SP-110	What does the FVPSA grant allow you to do that you wouldn't be able to do without this funding?	(please attach narrative response)	
FV-SP-111	Describe, if applicable, any efforts supported in whole or in part by your FVPSA grant in meeting the needs of underserved populations in your community, including populations underserved because of ethnic, racial, cultural or language diversity or geographic isolation. Describe any ongoing challenges.	(please attach narrative response)	
FV-SP-112	Describe significant prevention and outreach activities, supported in whole or in part by your FVPSA grant, during the program year.	(please attach narrative response)	
FV-SP-113	(Optional) Provide any additional information that you would like us to know about your FVPSA-supported domestic violence program and its effectiveness, the unmet needs of victims in your community and what would be required to meet them, or service trends that are emerging in your community.	(please attach narrative response)	

Note: This page can be duplicated
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**PERFORMANCE PROGRESS REPORT
ACF-ACFY-FYSB-FVPS-SF-PPR Attachment D
FVSP Table of Activity Results**

1. Federal Agency and Organization Element to Which Report is Submitted FVPS/FYSB/ACFY/ACF/HHS	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date <i>(Month, Day, Year)</i>
		3b. EIN	

Section A—People Served (Unduplicated)
Indicate the number of all clients served by gender, ethnicity, and age.
Do not include clients served *only* in Batterers Intervention Services; count them in Section E.

	Residential	Women	Men	Children	Youth IPV Victim			
FV-A-100	Unduplicated Count of Clients Served							
	Non-Residential	Women	Men	Children	Youth IPV Victim			
FV-A-200	Unduplicated Count of Clients Served							
	Race	Black or African American	American Indian/ Alaska Native	Asian	Hispanic or Latino	Native Hawaiian/ Other Pacific Islander	White	Unknown/ Other
FV-A-300	Clients							
	Gender	Female	Male	Not Specified				
FV-A-400	Clients							
	Age	0-17	18-24	25-59	60+	Unknown		
FV-A-500	Clients							

Section B—Residential Services
Indicate the number of shelter nights for each person that arrives and is provided a shelter bed.
Count the # of people housed X the number of nights.

FV-B-100	Shelter Nights							
FV-B-200	Unmet Requests for Shelter							

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Section C—Related Services and Assistance for Adults
Indicate the number of service contacts and/or hours provided regardless of length. For states using time increments, report total hours in “Number of Hours” column provided.

	Crisis/Hotline Calls	Total Calls	
FV-C-100	Crisis/Hotline Calls		
	Supportive Counseling & Advocacy	Number of Service Contacts	Number of Hours
FV-C-200	Individual Supportive Counseling & Advocacy		
FV-C-201	Group Supportive Counseling & Advocacy		

Section D—Related Services and Assistance for Children
Indicate the number of service contacts and/or hours provided regardless of length. For states using time increments, report total hours in “Number of Hours” column provided.

	Supportive Counseling & Advocacy	Number of Hours	Number of Service Contacts
FV-D-100	Individual		
FV-D-101	Group		
	Activities for Children & Youth	Number of Hours	Number of Service Contacts
FV-D-200	Individual Activities		
FV-D-201	Group Activities		

Section E—Batterer Intervention Services
Indicate the number of service contacts and/or hours provided. Report only if these services are funded by FVPSA.

	Intervention/Counseling Services	Number of Clients	Number of Service Contacts	Number of Hours
FV-E-100	Individual Counseling			
FV-E-101	Group Counseling			

Section F—Community Education and Public Awareness
Indicate the total number of training and community education presentations. Indicate the total number of individuals attending.

	Community Education	Number of Presentations	Number of Participants
FV-F-100	Adults/General Population		
FV-F-101	Youth Targeted		
	Community Awareness Activities	Number of Activities	
FV-F-200	Awareness Activities		

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Section G—Service Outcome DATA
For each program area from which you collected outcome data, indicate how many surveys were completed and how many YES responses you received to each of the outcome questions (resources and safety).

	Survey Type	Number of Surveys Completed	Number of Yes Responses to Resource Outcome	Number of Yes Responses to Safety Outcome	
FV-G-101	Shelter Survey				
FV-G-102	Support Services and Advocacy Survey				
FV-G-103	Counseling Survey				
FV-G-104	Support Group Survey				
FV-G-105	TOTAL				