

**U.S. Department of Justice**  
**Office on Violence Against Women**  
**SEMI-ANNUAL PROGRESS REPORT FOR**

**SEXUAL ASSAULT SERVICES PROGRAM**  
**GRANTS TO CULTURALLY SPECIFIC PROGRAMS**  
**VIOLENCE AGAINST WOMEN GRANT PROGRAM**

Brief Instructions: This form must be completed for each Sexual Assault Services Grants to Culturally Specific Programs Violence Against Women Formula Grant Program (SASP Culturally Specific Program) grant received. A grant administrator or coordinator must ensure that the form is fully completed with regard to all grant-funded activities. Grant partners, however, may complete sections relevant to their portion of the grant. Grant administrators or coordinators are responsible for compiling and submitting a single report that reflects all information collected from grant partners.

All grantees should read each section to determine which questions they must answer, based on the activities engaged in under this grant during the current reporting period. Sections B, D, and E and subsections A1 and C1 of this form must be completed by all grantees. In subsections A2 and C2-C3, grantees must answer an initial question about whether they engaged in certain activities during the current reporting period. If the response is yes, then the grantee must complete that section/subsection. If the response is no, the rest of that section/subsection is skipped.

*For example, if you are an agency providing victim services and policy development, you would complete A1, A2, B, C1, C2, D, and E (and answer 'no' in C3 if you are not funded to develop or revise products).*

The activities of volunteers or interns should be reported if they were coordinated or supervised by SASP Culturally Specific Program-funded staff or if SASP Culturally Specific Program funds substantially supported their activities.

For further information on filling out this form, refer to the separate instructions which contain detailed definitions and examples illustrating how questions should be answered.

SECTION	Page Number
Section A: General Information	1
A1: Grant Information	1
A2: Staff Information	3
Section B: Purpose Areas	4
Section C: Function Areas	5
C1: Coordinated Community Response	5
C2: Policies	7
C3: Products	9
Section D: Victim Services	10
Section E: Narrative	18

SECTION  
**A1****GENERAL INFORMATION****Grant Information**

All grantees must complete this subsection.

1. **Date of report**       (format date with 6 digits – 01/31/09)
2. **Current reporting period**  January 1-June 30  July 1-December 31  (Year)
3. **Grantee name** \_\_\_\_\_
4. **Grant number** \_\_\_\_\_  
(the federal grant number assigned to your SASP Culturally Specific Program grant)
5. **Type of funded organization**  
(Check the one answer that best describes the organization receiving the SASP Culturally Specific Program grant.)
- Private nonprofit organization focused primarily on culturally specific communities that provides sexual assault services
- Private nonprofit organization focused primarily on culturally specific communities that is partnering with an organization with experience in providing sexual assault services
- 5a. **Is this a faith-based organization?**  
 Yes  No
6. **Point of contact**  
(person responsible for the day-to-day coordination of the grant)
- First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_
- Agency/organization name \_\_\_\_\_
- Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_
- Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_
- E-mail \_\_\_\_\_
7. **Does this SASP Culturally Specific Program grant specifically address Alaska Native or American Indian tribal populations?**  
(Check yes if your SASP Culturally Specific Program grant focuses on tribal populations, and indicate which tribes or nations you serve or intend to serve.)
- Yes  No **If yes, which tribes / nations:**

**8. Which culturally specific populations do you serve?**

*(Check all that apply.)*

- African
- American Indian or Alaska Native
- Asian
- Black or African American
- D/deaf or hard of hearing
- Gay, lesbian, bisexual, transgender, or intersex
- Hispanic or Latino
- Immigrants, refugees, or asylum seekers
- Middle Eastern
- Pacific Islander
- Religious (specify):
- Other (specify):

**8a. Additional information**

Provide additional information about the culturally specific populations served *(for example that the victims/survivors you are serving are: Spanish-speaking from Guatemala, the Dominican Republic, or Mexico; victims/survivors of sex trafficking from Thailand, Cambodia, or Russia; Orthodox Jews).*

**SECTION**  
**A2****Staff Information****Were your SASP Culturally Specific Program grant funds used to fund staff positions during the current reporting period?**

(Check yes if SASP Culturally Specific Program funds were used to pay staff, including part-time staff and contractors.)

- Yes—answer question 9
- No—skip to section B

**9. Staff**

(Report the total number of full-time equivalent (FTE) staff funded by the SASP Culturally Specific Program grant during the current reporting period. Report staff by the function(s) performed, not by title or location. Include employees who are part-time and/or only partially funded with these grant funds as well as consultants/contractors. If an employee or contractor was employed or utilized for only a portion of the reporting period, prorate appropriately. For example, if you hired a full-time advocate in October who was 100% funded with SASP Culturally Specific Program funds, you would report that as .50 FTE. Report all FTEs in decimals, not percentages. One FTE is equal to 1,040 hours—40 hours per week x 26 weeks. See separate instructions for examples of how to calculate and prorate FTEs.)

Staff	FTE(s)
Administrator (fiscal manager, executive director)	<input type="text"/>
Counselor	<input type="text"/>
Legal advocate (does not include attorney or paralegal)	<input type="text"/>
Program coordinator (training coordinator, volunteer coordinator, hotline coordinator, victim services coordinator)	<input type="text"/>
Support staff (administrative assistant, bookkeeper, accountant)	<input type="text"/>
Translator/interpreter	<input type="text"/>
Victim advocate (non-governmental - includes sexual assault and dual)	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

**SECTION  
B****PURPOSE AREAS**

All grantees must complete this section.

**10. Statutory purpose areas**

(Check all purpose areas that apply to activities supported with SASP Culturally Specific Program funds during the current reporting period.)

Check ALL that apply	Purpose Areas
<input type="checkbox"/>	To establish culturally specific intervention and related assistance for victims of sexual assault.
<input type="checkbox"/>	To maintain culturally specific intervention and related assistance for victims of sexual assault.
<input type="checkbox"/>	To expand culturally specific intervention and related assistance for victims of sexual assault.

**11. Program priority areas addressed by your grant**

(In addition to the purpose areas identified above, the SASP Culturally Specific Program Grant Application and Program Guidelines may have identified several areas that would receive priority consideration. If your program addressed any of these priority areas during the current reporting period, list them below.)

**SECTION C1**

**FUNCTION AREAS**  
**Coordinated Community Response**

All grantees must complete this section.

**12. Coordinated community-based response activities supported by SASP Culturally Specific Program grant funds during the current reporting period**

(Check the appropriate boxes to indicate the community-based agencies, organizations, or groups, even if they are not partners with which you have a memorandum of understanding [MOU], that you provided victim/survivor referrals to, received referrals from, engaged in consultation with, provided technical assistance to, and/or attended meetings with, according to the usual frequency of the interactions. If the interactions were not part of a regular schedule, you will need to estimate the frequency with which these interactions occurred during the current reporting period. If SASP Culturally Specific Program-funded staff participated in a task force or work group, indicate that under "Meetings" by checking the frequency of the meetings and the types of organizations participating. In the last column, indicate the community-based agencies, organizations, or groups with which you have an MOU for purposes of the SASP Culturally Specific Program grant.)

Agency/organization/group	Victims/survivor referrals, consultations, technical assistance			Meetings			MOU Partner
	Daily	Weekly	Monthly	Weekly	Monthly	Quarterly	
Advocacy organization (NAACP, LGBTQ organization)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culturally specific organization (non-governmental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual sexual assault and domestic violence organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational institution/organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith/spiritual-based organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government agency (ICE, food stamps, TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health/mental health organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigrant organization (non-governmental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal organization (legal services, bar association, law school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social service organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal government/Tribal government agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12a. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of coordinated community response [CCR] activities funded or supported by your SASP Culturally Specific Program grant and to provide any additional information you would like to share about your CCR activities beyond what you have provided in the data above. An example might include greater availability of court-certified interpreters following meetings of a task force that included your SASP Culturally Specific Program-funded legal advocate, legal services attorneys, prosecutors, and court personnel.) (Maximum 2,000 characters)*

**SECTION**  
**C2****Policies****Were your SASP Culturally Specific Program funds used to develop, substantially revise, or implement policies or protocols during the current reporting period?**

*(Check yes if SASP Culturally Specific Program-funded staff developed, substantially revised, or implemented policies or protocols, or if SASP Culturally Specific Program funds were used to directly support the development, revision, or implementation of policies or protocols.)*

- Yes—answer questions 13-14
- No—skip to C3

**13. Types of protocols and/or policies developed, substantially revised, or implemented during the current reporting period.**

*(Check all that apply.)*

- Access to translators/interpreters
- Appropriate response to underserved populations
- Appropriate response to victims/survivors to avoid or eliminate re-traumatization
- Appropriate response to victims/survivors with substance abuse issues and /or mental health diagnoses
- Appropriate response to victims/survivors who are D/deaf or hard of hearing
- Appropriate response to victims/survivors who are elderly or have disabilities
- Appropriate use of translators/interpreters
- Confidentiality
- Mandatory training standards for staff and volunteers
- Procedures for anonymous, confidential, or Jane Doe reporting of sexual assault
- Staff, board, and/or volunteers represent the diversity of your service area
- Victim/survivor informed about Crime Victims Compensation and Victim Impact Statements
- Other (specify):



**14. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of policies you have developed or implemented that were funded or supported by your SASP Culturally Specific Program grant and to provide any additional information you would like to share about your activities relating to the developing, revising, or implementing of policies beyond what you have provided in the data above. An example might include an increase in the number of victims/survivors who are deaf seeking services from your agency following implementation of a protocol on interpretation that you helped to develop.) (Maximum 2,000 characters)*



## Products

**Were your SASP Culturally Specific Program grant funds used to develop, substantially revise, and/or distribute products during the current reporting period?**

*(Check yes if SASP Culturally Specific Program funded staff developed revised and/or distributed products or if SASP Culturally Specific Program funds directly supported the development, revision, or distribution of products.)*

- Yes—answer question 15  
 No—skip to section D

**15. Use of SASP Culturally Specific Program funds for product development, substantial revision, and/or distribution**

*(Report the number of products developed, substantially revised, and/or distributed with SASP Culturally Specific Program funds during the current reporting period. Report the number of new products developed or substantially revised during the current reporting period; the title/topic and intended audience for each product developed, revised, and/or distributed; and the number of products used or distributed. If a product was created in or translated into a language other than English, including Braille, indicate the language. Report on products that were newly developed during the current reporting period, whether or not they were used or distributed, and on products that were previously developed or revised that were used or distributed during the current reporting period. **Do not report the number of products printed or copied;** only report the number developed or revised - in most cases that number will be one for each product described - and/or the number used or distributed. See separate instructions for examples of how to report under “developed or revised” and “used or distributed.”)*

Product	Number developed or revised	Title/topic	Intended audience	Number used or distributed	Languages
Outreach material (brochures, pamphlets, information packets, posters, television/radio/other media spots, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Website	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## VICTIM SERVICES

All grantees must complete this section.

**16. Number of primary victims/survivors of sexual assault served, partially served, and victims/survivors seeking services who were not served.**

*Please do not answer this question without referring to the separate instructions for further explanation and examples of how to distinguish among these categories. (Report the following, to the best of your ability, as an unduplicated count for each category during the current reporting period. This means that each victim/survivor who was seeking or who received services during the current reporting period should be counted only once in that reporting period. For purposes of this question, victims/survivors are those against whom the sexual assault was directed. Do not report secondary victims here.)*

Primary victims/survivors of sexual assault	TOTAL
<b>A. Served:</b> Victims/survivors who received the service(s) they requested, if those services were funded by your SASP Culturally Specific Program grant	<input type="text"/>
<b>B. Partially served:</b> Victims/survivors who received some service(s), but not all of the services they requested, if those services were funded by your SASP Culturally Specific Program grant	<input type="text"/>
<b>TOTAL SERVED and PARTIALLY SERVED (16A + 16B)</b>	<input type="text"/>
<b>C. Victims/survivors seeking services who were not served:</b> Victims/survivors who sought services and did not receive the service(s) they were seeking, if those services were funded by your SASP Culturally Specific Program grant	<input type="text"/>

**17. Number of secondary victims served**

*Please do not answer this question without referring to the separate instructions for further explanation and for examples of how and when to report secondary victims. (Report the following, to the best of your ability, as an unduplicated count for each category during the current reporting period. This means that each secondary victim who received services during the current reporting period should be counted only once. For purposes of this question, secondary victims are those who are collaterally affected by the victimization - e.g., children, siblings, spouses or intimate partners, grandparents, other affected relatives, friends, neighbors, etc. - **except** for the perpetrator of such victimization. Secondary victims do not need to be connected with a primary victim who is receiving services.)*

Secondary victims	TOTAL
Secondary victims who received service(s) funded by your SASP Culturally Specific Program grant	<input type="text"/>

**18. Reasons that primary victims/survivors seeking services were not served or were partially served.**  
(Check all that apply.)

Reasons not served or partially served	
<input type="checkbox"/>	Conflict of interest
<input type="checkbox"/>	Did not meet statutory requirements
<input type="checkbox"/>	Hours of operation
<input type="checkbox"/>	Insufficient/lack of culturally appropriate services
<input type="checkbox"/>	Insufficient/lack of language capacity ( <i>including sign language</i> )
<input type="checkbox"/>	Insufficient/lack of services for victims/survivors who are D/deaf or hard of hearing
<input type="checkbox"/>	Insufficient/lack of services for victims/survivors with disabilities
<input type="checkbox"/>	Lack of child care
<input type="checkbox"/>	Program reached capacity
<input type="checkbox"/>	Program rules not acceptable to victim/survivor
<input type="checkbox"/>	Program unable to provide service due to limited resources/priority-setting
<input type="checkbox"/>	Services inappropriate or inadequate for victims/survivors with mental health issues
<input type="checkbox"/>	Services inappropriate or inadequate for victims/survivors with substance abuse issues
<input type="checkbox"/>	Services not appropriate for victim/survivor
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Other ( <i>specify</i> ): <input type="text"/>

**[for developers: If a grantee enters a reason in "other" the following will pop up: "Victim declined services," "victim did not complete program," and "victim could not be contacted" are all inappropriate reasons and should not be reported in the "other" category. They indicate a misunderstanding of when to report victims as partially served or not served. Please refer to the separate instructions for further explanation and for examples.]**

**19. Demographics of primary victims/survivors served or partially served**

*(Based on the primary victims/survivors reported in 16A and 16B, report the total numbers for all that apply. Because victims/survivors may identify in more than one category of race/ethnicity, the total for Race/ethnicity may exceed the total number of victims/survivors reported in 16A and 16B. However, the total number of victims/survivors reported under Race/ethnicity should not be less than the total number of victims/survivors reported in 16A and 16B. The total number of victims/survivors reported under "Gender" and the total number reported under "Age" should equal the total number of victims/survivors reported in 16A and 16B. Those victims for whom gender, age, and/or race/ethnicity are not known should be reported in the "unknown" category. Do not report demographics for secondary victims.)*

<b>Race/ethnicity (Victims/survivors should not be counted more than once in either the category "American Indian or Alaska Native" or the category "Native Hawaiian or Other Pacific Islander.")</b>	<b>Number of victims/survivors</b>
American Indian or Alaska Native	<input type="text"/>
Asian	<input type="text"/>
Black or African American	<input type="text"/>
Hispanic or Latino	<input type="text"/>
Native Hawaiian or Other Pacific Islander	<input type="text"/>
White	<input type="text"/>
Unknown	<input type="text"/>
<b>TOTAL RACE/ETHNICITY</b>	<input type="text"/>
<b>Gender</b>	<b>Number of victims/survivors</b>
Female	<input type="text"/>
Male	<input type="text"/>
Unknown	<input type="text"/>
<b>TOTAL GENDER</b>	<input type="text"/>
<b>Age</b>	<b>Number of victims/survivors</b>
0-6	<input type="text"/>
7-12	<input type="text"/>
13-17	<input type="text"/>
18-24	<input type="text"/>
25-59	<input type="text"/>
60+	<input type="text"/>
Unknown	<input type="text"/>
<b>TOTAL AGE</b>	<input type="text"/>
<b>Other demographics</b>	<b>Number of victims/survivors</b>
People with disabilities	<input type="text"/>
People who are D/deaf or hard of hearing	<input type="text"/>
People with limited English proficiency	<input type="text"/>
People who are immigrants/refugees/asylum seekers	<input type="text"/>
People who live in rural areas	<input type="text"/>

**20. Victims/survivors' relationships to offender**

*(For those primary victims/survivors reported as served and partially served in 16A and 16B, report the victim/survivor's relationship to the offender. If a victim/survivor was victimized by more than one perpetrator, count the victim/survivor in all categories that apply. The total number of relationships must be at least [insert sum of sexual assault victims reported in 16A and 16B. Do not report relationships to offender for secondary victims.])*

Victim/survivor's relationship to offender	Number of relationships
Current or former spouse or intimate partner	<input type="text"/>
Other family or household member ( <i>son/daughter, stepson/stepdaughter, sibling, etc.</i> )	<input type="text"/>
Dating relationship	<input type="text"/>
Acquaintance ( <i>neighbor, employee, co-worker, student, schoolmate, etc.</i> )	<input type="text"/>
Stranger	<input type="text"/>
Relationship unknown	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

**21A. Victim services**

(Report the number of primary victims/survivors from 16A and 16B who received SASP Culturally Specific Program-funded services. Count each victim/survivor only once for each type of service that victim received during the current reporting period; do not report the number of times that service was provided to the victim. The total for each type of service should not be higher than the total of 16A and 16B [insert total of 16A and 16B.]. Do not report secondary victims receiving services in this question.)

Type of service	Number of victims/survivors served
Civil legal advocacy/court accompaniment (Assisting a victim/survivor with civil legal issues, including preparing paperwork for a protection order and accompanying victim/survivor to a protection order hearing, administrative hearing, or other civil court proceeding.)	<input type="text"/>
Counseling/support group (Short-term individual or group counseling or support provided by a volunteer, peer, or professional.)	<input type="text"/>
Criminal justice advocacy/court accompaniment (Assisting a victim/survivor with criminal legal issues, including notifying the victim/survivor of case status, hearing dates, plea agreements, and sentencing terms; preparing paperwork such as victim impact statements; accompanying a victim/survivor to a criminal court proceeding or law enforcement interview; advocacy with probation/parole/corrections; supporting victims/survivors through sex offender management process; and all other advocacy within the criminal justice system.)	<input type="text"/>
Crisis intervention (Crisis intervention is a 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.)	<input type="text"/>
Employment counseling (Actions designed to assist a victim/survivor in obtaining employment, e.g., coaching on career options, skills training, job searches, resume-writing, marketing, job interviews, and preservation of employment.)	<input type="text"/>
Financial counseling (Actions designed to assist a victim/survivor with issues related to improving credit, retiring debt, setting up bank accounts, managing household finances, negotiating with lenders or landlords, developing budgets, managing financial assets, making major purchases such as a home or auto, filing tax returns.)	<input type="text"/>
Hospital/clinic/other medical response (Accompanying a victim survivor to or meeting a victim/survivor at a hospital, clinic, or medical office)	<input type="text"/>
Job training (Providing training in specific employment-related skills to a victim/survivor, e.g., on computer literacy.)	<input type="text"/>
Language services (Interpretation, translation)	<input type="text"/>
Material assistance (Providing victims/survivors with clothing, food, personal items, etc.)	<input type="text"/>
Transportation (Provision of transportation, either directly or through bus passes, taxi fares, or other means of transportation)	<input type="text"/>
Victim/survivor advocacy (Actions designed to assist the victim/survivor in obtaining support, resources, or services, including employment, housing, shelter services, health care, victim's compensation, school/education, etc.)	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>

**21B. Immigration matters**

(For the victims/survivors reported as receiving victim services in question 21A, report the number who received assistance with immigration matters during the current reporting period. In the row marked "Immigration matters," provide an unduplicated count of victims/survivors who received assistance with any immigration issue, even if they received help with more than one issue or received assistance on more than one occasion. For specific categories of immigration matters, report the number of victims/survivors who received assistance in each of the categories. Count a victim/survivor only once for each category of immigration matter for which they received assistance. The number of victims/survivors reported in either the general category of immigration matters or in any specific category should not be greater than [insert sum of 16A+16B]. )

Immigration matters addressed	Number of victims/survivors
Immigration matters (Unduplicated count of victims receiving assistance in one or more of the categories below - do not add categories together.)	<input type="text"/>
VAWA self-petition	<input type="text"/>
Cancellation of removal	<input type="text"/>
Work authorization	<input type="text"/>
U visa	<input type="text"/>
T visa	<input type="text"/>
Other immigration matters (specify): <input style="width: 200px;" type="text"/>	<input type="text"/>

**22. Hotline calls/information and referral**

Report the number of hotline calls and requests for information and referral received from primary victims/survivors, and the total number of hotline calls received, on phone lines paid for with SASP Culturally Specific Program funds or answered by SASP Culturally Specific Program-funded staff, during the current reporting period. Also report the specific languages (other than English) used when responding to these requests for information or assistance. Primary victims whose calls are reported here should not be reported as victims served in question 16 unless they also received at least one of the services listed in question 21A, Victim Services. Victims/survivors who receive services such as crisis intervention or victim advocacy over the telephone, in addition to basic hotline information and/or referrals, should also be reported in question 21A. Hotline calls that include victim advocacy or crisis intervention services are those that require more time than the average call and involve a more intensive focus on the immediate needs and situation of the victim. For examples of when to report only the hotline call and when to report both the hotline call and a service or services in question 21A, see separate instructions.)

	Number of calls/requests from primary victims/survivors	Total number of calls/requests	Languages (other than English) used when responding to requests for information or assistance
Hotline calls (Crisis or information and referral calls received by an agency's hotline or office telephone.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Web-based information and referral	<input type="text"/>	<input type="text"/>	<input type="text"/>
Walk-in information and referral	<input type="text"/>	<input type="text"/>	<input type="text"/>



**23. Outreach to victims/survivors**

*(Report the number of unsolicited letters, phone calls, or visits to victims/survivors of specific incidents of sexual assault, informing them of services and/or providing information. Also report the specific languages (other than English) used in outreach activities. Victims/survivors who are the recipients of these outreach activities should not be reported as victims/survivors served in question 16 unless they also received at least one of the services reported in question 21A Victim services. Victims/survivors who receive services such as advocacy over the telephone should be reported in question 21A.)*

	Number of outreach activities to victims/survivors	Languages (other than English) used in outreach activities
Outreach to victims/survivors (unsolicited letters, phone calls, or visits.)	<input type="text"/>	<input type="text"/>

**24. Protection/restraining orders**

*(Report the total number of temporary and/or final protection orders requested and granted for which SASP Culturally Specific Program-funded victim services staff provided assistance to victims/survivors of sexual assault during the current reporting period. These orders may also be referred to as protection from abuse, protection from harassment or anti-harassment orders, restraining orders, or no-contact or stay-away orders.)*

Protection orders	Temporary orders	Final orders
Number requested	<input type="text"/>	<input type="text"/>
Number granted	<input type="text"/>	<input type="text"/>

**25. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of victim services funded or supported by your SASP Culturally Specific Program grant and to provide any additional information you would like to share about your victim services activities beyond what you have provided in the data above. An example might include that your agency, as a result of SASP Culturally Specific Program funding, was able to provide culturally appropriate medical accompaniment to an increased percentage of sexual assault survivors. This resulted in a higher percentage of survivors from the population you serve also seeking additional support services.) (Maximum 2,000 characters)*



## NARRATIVE

### All grantees must answer questions 26 and 27.

PLEASE LIMIT YOUR RESPONSE TO THE SPACE PROVIDED.

**26. Report on the status of your SASP Culturally Specific Program grant goals and objectives as of the end of the current reporting period.**

*(Report succinctly on the status of the goals and objectives for your grant as of the end of the current reporting period, as they were identified in your grant proposal or as they have been added or revised. Indicate whether the activities related to your objectives for the current reporting period have been completed, are in progress, are delayed, or have been revised. Comment briefly on your successes and challenges, and provide any additional explanation you feel is necessary for us to understand what you have or have not accomplished relative to your goals and objectives. If you have not accomplished objectives that should have been accomplished during the current reporting period, you must provide an explanation.)*

**27. What services or resources do you provide that are specifically tailored to reach the culturally specific population(s) that you serve? Please limit your response to the space provided (8,000 characters).**

*(For example, your organization has staff, volunteers, or advisory board members who reflect the community you serve.)*

### All grantees must answer questions 28 and 29 on an annual basis. Submit this information on the January to June reporting form only.

PLEASE LIMIT YOUR RESPONSES TO THE SPACE PROVIDED (8,000 CHARACTERS) FOR EACH QUESTION.

**28. What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors of sexual assault, increasing victims/survivors safety, and enhancing community response (including offender accountability for sex offenders)?**

*(Consider geographic regions, underserved populations, service delivery systems, and challenges and barriers unique to your service area and the population(s) you serve.)*

**29. What has SASP Culturally Specific Program funding allowed you to do that you could not do prior to receiving this funding?**

*(e.g., expand coordination and cross-referrals with sexual assault agencies in your community.)*

### Questions 30 and 31 are optional.

PLEASE LIMIT YOUR RESPONSES TO THE SPACE PROVIDED (8,000 CHARACTERS) FOR EACH QUESTION.

**30. Provide any additional information that you would like us to know about your SASP Culturally Specific Program grant and/or the effectiveness of your grant.**

*(If you have any other data or information that you have not already reported in answer to previous questions that demonstrate the effectiveness of your SASP Culturally Specific Program-funded program please provide it below. Refer to separate instructions for a fuller explanation and examples.)*

**31. Provide any additional information that you would like us to know about the data submitted.**

*(If you have any information that could be helpful in understanding the data you have submitted in this report, please answer this question. For example, if you submitted two different progress reports for the same reporting period, you may explain how the data was apportioned to each report; or if you reported staff—e.g., victim advocates—but did not report any corresponding victim services you may explain why; or if you did not use SASP Culturally Specific Program funds to support either staff or activities during the reporting period, please explain how program funds were used, if you have not already done so.)*

### Public Reporting Burden

**Paperwork Reduction Act Notice.** Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete and file this form is 60 minutes per form. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Office on Violence Against Women, U.S. Department of Justice, 800 K Street, NW, Washington, DC 20531.

Report on the status of your SASP Culturally Specific Program grant goals and objectives for the current reporting period.

**Question #26**

<b>Goals/Objectives (1,750 characters)</b>	<b>Status</b> <input type="text"/>
<b>Key Activities (1,750 characters)</b>	
<b>Comments (500 characters)</b>	

<b>Goals/Objectives (1,750 characters)</b>	<b>Status</b> <input type="text"/>
<b>Key Activities (1,750 characters)</b>	
<b>Comments (500 characters)</b>	

Report on the status of your SASP Culturally Specific Program grant goals and objectives for the current reporting period.

**Question #26 (cont.)**

<b>Goals/Objectives (1,750 characters)</b>	<b>Status</b> <input type="text"/>
<b>Key Activities (1,750 characters)</b>	
<b>Comments (500 characters)</b>	

<b>Goals/Objectives (1,750 characters)</b>	<b>Status</b> <input type="text"/>
<b>Key Activities (1,750 characters)</b>	
<b>Comments (500 characters)</b>	

Report on the status of your SASP Culturally Specific Program grant goals and objectives for the current reporting period.

**Question #26 (cont. 2)**

<b>Goals/Objectives (1,750 characters)</b>	<b>Status</b> <input type="text"/>
<b>Key Activities (1,750 characters)</b>	
<b>Comments (500 characters)</b>	

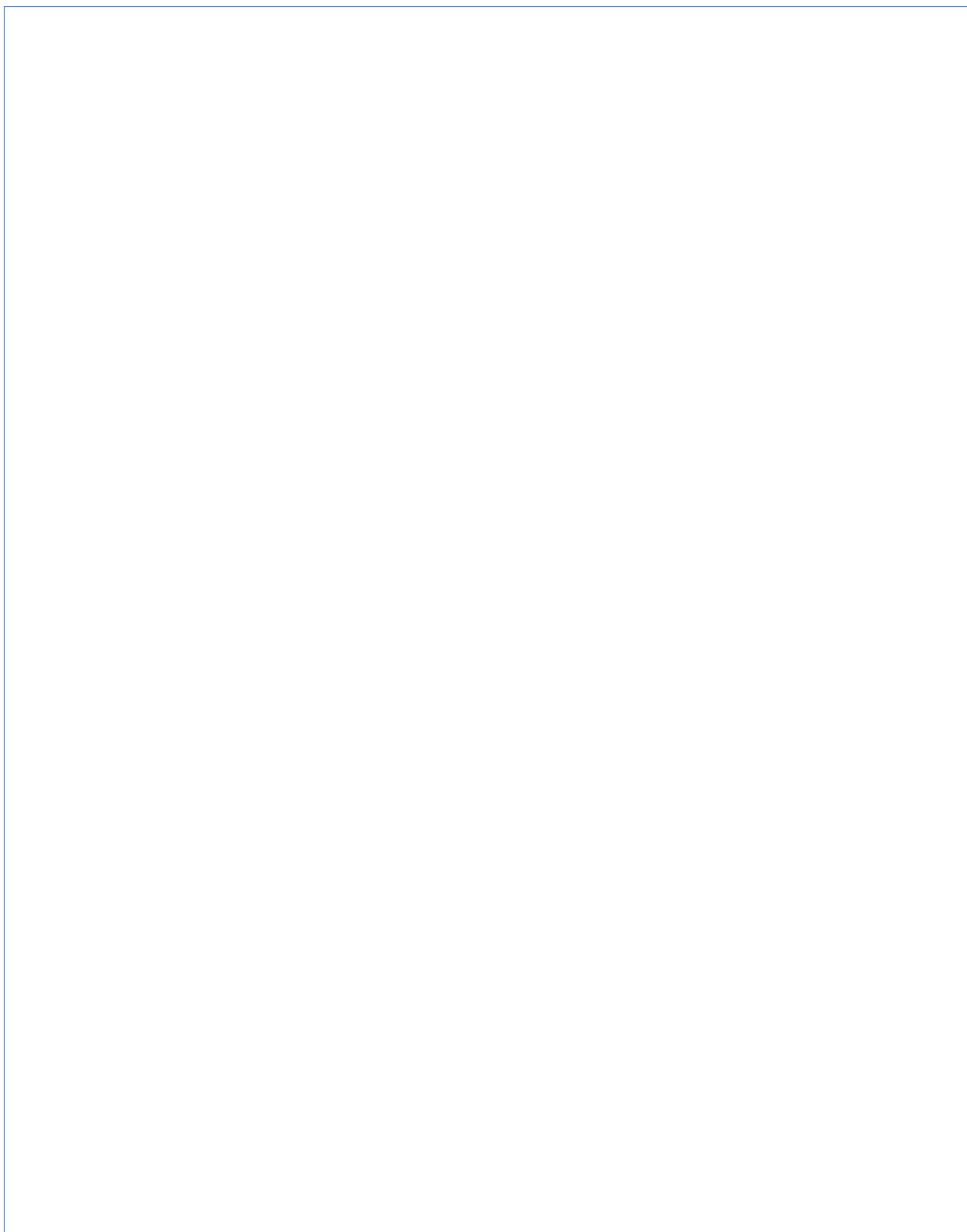
<b>Goals/Objectives (1,750 characters)</b>	<b>Status</b> <input type="text"/>
<b>Key Activities (1,750 characters)</b>	
<b>Comments (500 characters)</b>	

What services or resources do you provide that are specifically tailored to reach the culturally specific population(s) that you serve?

**Question #27**

What services or resources do you provide that are specifically tailored to reach the culturally specific population(s) that you serve?

**Question #27 (cont.)**





What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors of sexual assault, increasing victims/survivors safety, and enhancing community response (including offender accountability for sex offenders)?

**Question #28**

What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors of sexual assault, increasing victims/survivors safety, and enhancing community response (including offender accountability for sex offenders)?

**Question #28 (cont.)**

What has SASP Culturally Specific Program funding allowed you to do that you could not do prior to receiving this funding?

**Question #29**

What has SASP Culturally Specific Program funding allowed you to do that you could not do prior to receiving this funding?

**Question #29 (cont.)**

Provide any additional information that you would like us to know about your SASP Culturally Specific Program grant and/or the effectiveness of your grant.

**Question #30**

Provide any additional information that you would like us to know about your SASP Culturally Specific Program grant and/or the effectiveness of your grant.

**Question #30 (cont.)**

Provide any additional information that you would like us to know about the data submitted.

**Question #31**

Provide any additional information that you would like us to know about the data submitted.

**Question #31 (cont.)**

[Empty response box]



Use this form for the July - December Reporting Period