

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

**Grants to Assist Children and Youth Exposed to Sexual Assault,  
Domestic Violence, Dating Violence, and Stalking Program**

**Brief Instructions:** This form must be completed for each Grants to Assist Children and Youth Exposed to Sexual Assault, Domestic Violence, Dating Violence, and Stalking Program (CEV Program) grant received. A grant administrator or coordinator must ensure that the form is completed fully with regard to all grant-funded activities. Grant partners, however, may complete sections relevant to their portion of the grant. Grant administrators and coordinators are responsible for compiling and submitting a single report that reflects all information collected from grant partners.

Following are some guidelines regarding which sections of the form must be completed by CEV Program grantees:

- All grantees must complete sections A, B, C2, and E of this form.
- Grantees providing services for children who are victims of or are exposed to violence must also complete section D.
- In subsections, C1, C3, and C4 grantees must answer an initial question about whether they engaged in certain activities during that current reporting period. If the response is yes, then the grantee must complete that subsection. If the response is no, the rest of the subsection is skipped.

For example,

- 1) If you are a victim services agency providing services under this grant, you would complete the following sections and subsections: A1, A2, B, C2, D, and E.
- 2) If you are a state maternal and child health agency providing training, coordination, and advocacy under this grant for programs serving children and youth in your state, you would complete the following sections and subsections: A1, A2, B, C1, C2, and E.
- 3) If you are a tribal nonprofit victim services agency providing services under this grant that is also using grant funds to provide training, coordination, and advocacy for programs serving children and youth, you would complete the following sections and subsections: A1, A2, B, C1, C2, D, and E.

The activities of volunteers or interns should be reported if they were coordinated or supervised by CEV Program-funded staff or if CEV 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	4
Section B: Purpose Areas	5
Section C: Function Areas	6
C1: Training	6
C2: Coordinated Community Response	9
C3: Policies	11
C4: Products	12
Section D: Victim Services	14
Section E: Narrative	25



## GENERAL INFORMATION

### Grant Information

**All grantees must complete this subsection.**

1. **Date of report**       (format date with 6 digits – 07/30/12)
  
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 CEV Program grant)
  
5. **Type of grantee organization**  
(Check the one answer that best describes the type of agency/organization administering your CEV Program funds.)
 

<input type="checkbox"/> After-school program	<input type="checkbox"/> Health or mental health provider
<input type="checkbox"/> Childcare program	<input type="checkbox"/> School
<input type="checkbox"/> Child advocacy organization	<input type="checkbox"/> Sexual assault program
<input type="checkbox"/> Community-based organization	<input type="checkbox"/> Tribal nonprofit organization
<input type="checkbox"/> Culturally-specific organization	<input type="checkbox"/> Tribal government
<input type="checkbox"/> Domestic violence program	<input type="checkbox"/> Unit of local government
<input type="checkbox"/> Dual program (domestic violence and sexual assault)	<input type="checkbox"/> Unit of state or territorial government
<input type="checkbox"/> Head Start	<input type="checkbox"/> Other (specify): <input type="text"/>
  
6. **Is this a faith-based organization?**  
☐ Yes ☐ No
  
7. **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 \_\_\_\_\_

**8a. Does your grant specifically address underserved populations?**☐ Yes ☐ No**8b. If yes, indicate the underserved populations specifically addressed by the grant. (Check all that apply.)**

Child victims or children indirectly exposed to violence who:

- ☐ are African
- ☐ are American Indian or Alaska Native
- ☐ are Asian
- ☐ are black or African American
- ☐ are D/deaf or hard of hearing
- ☐ are Hispanic or Latino
- ☐ are homeless/runaway
- ☐ are immigrants, refugees, or asylum seekers
- ☐ are lesbian, gay, bisexual, transgender, or intersex
- ☐ are Middle Eastern
- ☐ are Native Hawaiian or Other Pacific Islander
- ☐ are sexually exploited
- ☐ belong to a particular religion/spiritual group (specify):
- ☐ have disabilities
- ☐ have limited English proficiency
- ☐ have mental health issues
- ☐ have substance abuse issues
- ☐ live in rural areas
- ☐ Other (specify):

**8c. Additional information**

Provide additional information about the populations served (for example that the child victims or children exposed to violence you are serving are: Spanish-speaking from Guatemala, the Dominican Republic, or Mexico; Orthodox Jews). (Maximum – 2000 characters)

**9. Does this grant specifically address tribal populations?**

(Check yes if your CEV 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: (Maximum — 75 characters)

**10. What percentage of your CEV Program funds was directed to each of these areas?**

(Report the area[s] addressed by your CEV Program grant during the current reporting period and estimate the approximate percentage of funds [or resources] used to address each area [consider staff, victim services, etc.]. The grantee may choose how to make this determination.)

Throughout this form, the term **sexual assault** includes both assaults committed by offenders who are strangers to the victim/survivor and assaults committed by offenders who are known to, related by blood or marriage to, or in a dating relationship with the victim/survivor. The term **domestic violence** applies to any pattern of coercive behavior that is used by one person to gain power and control over a current or former intimate partner. The term **dating violence** is defined as violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. **Stalking** is defined as a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others, or suffer substantial emotional distress. (See separate instructions for more complete definitions.)

	Percentage of grant funds
Sexual assault	<input type="text"/>
Domestic violence	<input type="text"/>
Dating violence	<input type="text"/>
Stalking	<input type="text"/>
<b>TOTAL (must equal 100%)</b>	<input type="text"/>

# SECTION A2

## Staff Information

### Were CEV Program funds used to fund staff positions during the current reporting period?

Check yes if CEV Program funds were used to pay staff, including part-time staff and contractors.

☐ **Yes—answer question 11**

☐ **No—skip to Section B**

### 11. Staff

(Report the total number of full-time equivalent [FTE] staff funded by the CEV Program grant during the current reporting period. Report staff by 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. Report grant-funded overtime. 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 CEV Program funds, you would report that as .50 FTEs. Report all FTEs in decimals, not percentages. One FTE is equal to 1,040 hours—40 hours per week multiplied by 26 weeks. See separate instructions for examples of how to calculate and prorate FTEs.)

Staff	FTE(s)
Administrator ( <i>director, fiscal manager</i> )	<input type="text"/>
Case manager	<input type="text"/>
Child advocate	<input type="text"/>
Counselor ( <i>advocate, peer, etc., does not require licensure or certification</i> )	<input type="text"/>
Legal advocate ( <i>does not include attorney or paralegal</i> )	<input type="text"/>
Mental health professional ( <i>licensed or certified counselor or therapist, psychologist, or psychiatrist</i> )	<input type="text"/>
Outreach worker	<input type="text"/>
Program coordinator ( <i>training coordinator, victim services coordinator, project coordinator, volunteer coordinator</i> )	<input type="text"/>
Support staff ( <i>bookkeeper, accountant, administrative assistant</i> )	<input type="text"/>
Trainer	<input type="text"/>
Translator/interpreter	<input type="text"/>
Victim advocate ( <i>non-governmental, includes domestic violence, sexual assault, and dual</i> )	<input type="text"/>
Victim assistant ( <i>governmental, includes victim-witness specialist/coordinator</i> )	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>



## PURPOSE AREAS

All grantees must complete this section.

### 12. Statutory purpose areas

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

Check ALL that apply	Purpose Areas
<input type="checkbox"/>	Providing services for children and youth exposed to domestic violence, dating violence, sexual assault, or stalking, which may include direct counseling, advocacy, or mentoring, and must include support for the non-abusing parent or the child's caretaker
<input type="checkbox"/>	Providing training, coordination, and advocacy for programs that serve children and youth (such as Head Start, child care, and after-school programs) on how to safely and confidentially identify children and families experiencing domestic violence and properly refer them to programs that can provide direct services to the family and children, and coordination with other domestic violence or other programs serving children exposed to domestic violence, dating violence, sexual assault, or stalking that can provide training and direct services

### 13. Program interest areas addressed by your grant

*(In addition to the purpose areas identified above, the CEV Program Solicitation may have encouraged several program interest areas. If your program addressed any of these interest areas during the current reporting period, list them below. Please note that these may change from year to year—you will want to refer to your grant application and/or grant guidelines to answer this question.) (Maximum — 250 characters)*

# SECTION C1

## FUNCTION AREAS Training

### Were your CEV Program funds used for training activities during the current reporting period?

Check yes if CEV Program funds were used for training activities during the current reporting period.

☐ **Yes—answer question 14–18**

☐ **No—skip to Section C2**

#### 14. Training events provided

(Report the total number of training events provided during the current reporting period that were either provided by CEV Program-funded staff or directly supported by CEV Program funds. Training provided to CEV Program-funded staff should not be counted.)

Total number of training events provided

#### 15. Number of people trained

People trained	School-based	Non-school based
Advocacy organization staff (NAACP, Children's Defense Fund, etc.)	<input type="text"/>	<input type="text"/>
Attorneys/law students	<input type="text"/>	<input type="text"/>
Child care staff	<input type="text"/>	<input type="text"/>
Child protective services workers	<input type="text"/>	<input type="text"/>
Children's advocates (not affiliated with CPS)	<input type="text"/>	<input type="text"/>
Corrections personnel (probation, parole, and correctional facilities)	<input type="text"/>	<input type="text"/>
Court personnel	<input type="text"/>	<input type="text"/>
Culturally specific organization staff (non-governmental, does not include immigrant organization staff)	<input type="text"/>	<input type="text"/>
Educators (teachers, administrators, etc.)	<input type="text"/>	<input type="text"/>
Faith-based organization staff	<input type="text"/>	<input type="text"/>
Government agency staff (vocational rehabilitation, food stamps, TANF)	<input type="text"/>	<input type="text"/>
Health professionals (doctors, nurses—does not include SAFE/SANE)	<input type="text"/>	<input type="text"/>
Immigrant organization staff (non-governmental)	<input type="text"/>	<input type="text"/>
Interpreters/translators	<input type="text"/>	<input type="text"/>
Law enforcement officers	<input type="text"/>	<input type="text"/>
Legal services staff (does not include attorneys)	<input type="text"/>	<input type="text"/>
Mental health professionals	<input type="text"/>	<input type="text"/>
Multidisciplinary	<input type="text"/>	<input type="text"/>
Other school staff (administrative support staff, coaches, facilities staff, etc.—does not include educators)	<input type="text"/>	<input type="text"/>
Prosecutors	<input type="text"/>	<input type="text"/>
Resource officers	<input type="text"/>	<input type="text"/>
Sexual assault nurse examiner/sexual assault forensic examiner (SANE/SAFE)	<input type="text"/>	<input type="text"/>

**15. Number of people trained (cont.)**

People trained	School-based	Non-school based
Social service organization staff ( <i>non-governmental—food bank, homeless shelter</i> )	<input type="text"/>	<input type="text"/>
State or tribal domestic violence coalition staff ( <i>includes sexual assault, domestic violence, and dual</i> )	<input type="text"/>	<input type="text"/>
Tribal government/Tribal government agency staff	<input type="text"/>	<input type="text"/>
Victim advocates ( <i>non-governmental, includes sexual assault, domestic violence, and dual</i> )	<input type="text"/>	<input type="text"/>
Victim assistants ( <i>governmental, includes victim-witness advocates/specialists/coordinators</i> )	<input type="text"/>	<input type="text"/>
Volunteers	<input type="text"/>	<input type="text"/>
Youth organization staff ( <i>Boys &amp; Girls Clubs, Boy Scouts, Girl Scouts</i> )	<input type="text"/>	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>	<input type="text"/>

**16. Training content areas**

(Indicate all topics covered in training events provided or directly supported by your CEV Program funds during the current reporting period. Check all that apply.)

**Mandatory training topics**

- ☐ Appropriate referrals for children exposed to violence and their families
- ☐ How to identify children exposed to violence
- ☐ How to coordinate with programs serving children exposed to violence

**Sexual assault, domestic violence, dating violence, and stalking**

- ☐ Advocate response
- ☐ Child(ren)'s indirect exposure to violence
- ☐ Child(ren)'s development
- ☐ Confidentiality
- ☐ Dating violence overview, dynamics, and services
- ☐ Domestic violence overview, dynamics, and services
- ☐ Mandatory reporting requirements
- ☐ Parenting issues
- ☐ Response to children and youth who are in foster care
- ☐ Response to youth who are incarcerated
- ☐ Response to children and youth who have been trafficked
- ☐ Safety planning for victims/survivors
- ☐ Safety planning for children/youth
- ☐ Sexual assault overview, dynamics, and services
- ☐ Stalking overview, dynamics, and services
- ☐ Other (specify):

**Underserved populations**

Issues specific to CEV who:

- ☐ are African
- ☐ are American Indian or Alaska Native
- ☐ are Asian
- ☐ are black or African American
- ☐ are D/deaf or hard of hearing
- ☐ are Hispanic or Latino
- ☐ are homeless/runaway
- ☐ are immigrants, refugees, or asylum seekers
- ☐ are lesbian, gay, bisexual, transgender, or intersex
- ☐ are Middle Eastern
- ☐ are Native Hawaiian or Other Pacific Islander
- ☐ are sexually exploited
- ☐ belong to a particular religion/spiritual group (specify):
- ☐ have disabilities
- ☐ have limited English proficiency
- ☐ have mental health issues
- ☐ live in rural areas
- ☐ Other (specify):



**16. Training content areas (cont.)****Community response**

- ☐ Community response to CEV
- ☐ Coordinated community response
- ☐ Response teams (*DART, DVRT, SART*)
- ☐ Technology safety for children and youth
- ☐ Use of technology in victim services (*TTY, ALD, relay services*)
- ☐ Other (specify):

**17. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of training activities funded or supported by your CEV Program grant and to provide any additional information you would like to share about your training activities beyond what you have provided in the data above. For example, an increase in referrals from health and mental health providers after training on how to identify children exposed to violence.)*  
(Maximum – 2,000 characters)

**18. Additional information – staff development**

*(If your CEV Program funds were used for training staff, please describe the funded positions and type[s] of training received. Include topics. For example, use of art therapy with children exposed to domestic violence.)* (Maximum – 2,000 characters)



## Coordinated Community Response

All grantees must complete this section.

### 19. Coordinated community response activities

(Check the appropriate boxes to indicate the agencies or organizations, even if they are not MOU partners, you provided referrals to, received referrals from, coordinated with, and/or attended meetings with during the current reporting period, according to the usual frequency of the interactions. In the fourth column, indicate the agencies or organizations with which you have a memorandum of understanding [MOU] for purposes of the CEV Program. In the last column, indicate the agencies or organizations that are required partners for purposes of the CEV Program).

Agency/organization	Referrals and coordination			Meetings			MOU partner	Required partner
	Daily	Weekly	Monthly	Weekly	Monthly	Quarterly		
After-school program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child protective services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-based organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrections (probation, parole, and correctional facilities for youth, juvenile justice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court	<input type="checkbox"/>	<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, does not include immigrant organization staff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deaf organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability organization (non-governmental, non-residential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence program	<input type="checkbox"/>	<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 program	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Faith-based organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government agency (not CPS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health organization (not mental health)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless/housing organization	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Job training organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**19. Coordinated community response activities (cont.)**

Agency/organization	Referrals and coordination			Meetings			MOU partner	Required partner
	Daily	Weekly	Monthly	Weekly	Monthly	Quarterly		
Law enforcement agency	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
LGBTI organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutor's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social service organization (non-governmental)	<input type="checkbox"/>	<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/Tribal nonprofit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth organization (non-governmental, Boys/Girls Club, Boy/Girl Scouts)	<input type="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div></div>								

**20. (Optional) Additional information**

(Use the space below to discuss the effectiveness of coordinated community response [CCR] activities funded or supported by your CEV 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. Examples might include an increase in the number of referrals between an elementary or after-school program and a local domestic violence program as a result of your convening meetings; or, as the result of meetings between the school district and the local domestic violence agency, the development of a referral protocol and ongoing workgroup to ensure its implementation; or improved understanding among child care providers about the resources available to children exposed to sexual assault, domestic violence, dating violence, or stalking and their families; or greater coordination between domestic violence and sexual assault programs and after-school programs after a needs assessment identified gaps in services.) (Maximum – 2,000 characters)



## Policies

### Were your CEV Program funds used to develop, substantially revise, or implement policies or protocols during the current reporting period?

Check yes if CEV Program-funded staff developed, substantially revised, and/or implemented policies or protocols, or if CEV Program funds directly supported the development, revision, and/or implementation of policies or protocols.

☐ **Yes—answer question 21**

☐ **No—skip to Section C4**

### 21. Types of policies or protocols developed, substantially revised, and/or implemented during the current reporting period (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Access to translators/interpreters  | <input type="checkbox"/> Mandatory reporting   |
| <input type="checkbox"/> Appropriate response, identification, and referral policies and procedures for CEV  | <input type="checkbox"/> Mandatory training for staff and volunteers   |
| <input type="checkbox"/> Appropriate response to underserved populations   | <input type="checkbox"/> Parental consent  |
| <input type="checkbox"/> Appropriate use of translators/interpreters   | <input type="checkbox"/> Procedures regarding protection orders issued on behalf of children, parents, and/or caregivers |
| <input type="checkbox"/> Confidentiality/information sharing   | <input type="checkbox"/> Protocols with police/security  |
| <input type="checkbox"/> Coordinated community response  | <input type="checkbox"/> Providing information to victims/survivors about victim services                                |
| <input type="checkbox"/> Culturally and linguistically appropriate response to underserved populations   | <input type="checkbox"/> Safety planning for children and youth  |
| <input type="checkbox"/> Develop, revise, or implement linguistically, culturally, and community relevant services for underserved populations                 | <input type="checkbox"/> Safety planning for non-abusing parent/caregiver  |
| <input type="checkbox"/> Develop, revise, or implement policies that enhance the safety of children exposed to violence and their non-abusing parent/caregiver | <input type="checkbox"/> Safe spaces for children  |
|  | <input type="checkbox"/> Other (specify): <input type="text"/>   |

### 22. (Optional) Additional information

(Use the space below to discuss the effectiveness of policies and protocols funded or supported by your CEV Program grant and to provide any additional information you would like to share about policies and protocols beyond what you have provided in the data above. Examples might include an increase in the number of referrals of children exposed to violence for counseling services following implementation of a referral protocol between local child care programs and your domestic violence agency, or an increase in non-abusing parents seeking protection orders for themselves and their children following implementation of a policy on use of interpreters in parent meetings with Head Start teachers.) (Maximum — 2,000 characters)

# SECTION C4

## Products

### Were your CEV Program funds used to develop, substantially revise, or distribute products during the current reporting period?

Check yes if CEV Program-funded staff developed, revised, and/or distributed products, or if CEV Program funds directly supported the development, revision, or distribution of products.

- ☐ **Yes—answer question 23**
- ☐ **No—skip to Section D**

### 23. Use of CEV Program funds for product development, substantial revision, and/or distribution

(Report the number of products developed, substantially revised, or distributed with CEV 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 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.”)

Products	Number developed or revised	Title/topic	Intended audience	Number used or distributed	Other languages
Brochures					
Manuals					
Training curricula					
Training materials					

**23. Use of CEV Program funds for product development, substantial revision, and/or distribution (cont.)**

Products	Number developed or revised	Title/topic	Intended audience	Number used or distributed	Other languages
Videos/DVDs					
Website (report number of page views in the used or distributed column)					
Other (specify):  					



## VICTIM SERVICES

### Were your CEV Program funds used to provide services to children and youth and to non-abusing parents or caregivers during the current reporting period?

Check yes if CEV Program-funded staff provided victim services, or if CEV Program funds were used to support victim services during the current reporting period.

- ☐ **Yes—answer question 24–38**
- ☐ **No—skip to Section E**

- 24. Number of child victims who were served, partially served, and child victims who were seeking services but 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 child victim who requested or received services during the current reporting period should be counted only once and in only one of the listed categories. For purposes of this question, **child victims** have been **directly subjected** to a violent act of sexual assault, dating violence, or stalking.)

	Sexual assault	Dating violence	Stalking	TOTAL
<b>A. Served:</b> Child victims who received the grant-funded service(s) requested, if those services were funded by your CEV Program grant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>B. Partially served:</b> Child victims who received some grant-funded service(s), but not all of the grant-funded services requested, if those services were funded by your CEV Program grant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL SERVED AND PARTIALLY SERVED (24A + 24B)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>C. Child victims of violence seeking services who were not served:</b> Child victims who sought grant-funded services and did not receive the grant-funded service(s) requested, if those services were funded by your CEV Program grant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**25. Child victims' relationships to offender by victimization**

(For those child victims reported as served and partially served in 24, report the child victim's relationship to the offender by type of victimization. If a child experienced more than one type of victimization and/or was victimized by more than one perpetrator, count the child in all categories that apply. The total number of relationships in the sexual assault column must be at least ; the total number in the dating violence column must be at least ; and the total number in the stalking column must be at least .

Child victim's relationship to offender	Number of child victim relationships to offender by victimization		
	Sexual assault	Dating violence	Stalking
Current or former spouse or intimate partner of parent/caregiver			
Family or household member			
Current or former dating relationship of parent/caregiver			
Current or former dating relationship of the child			
Acquaintance ( <i>neighbor, peer, etc.</i> )			
Stranger			
Relationship unknown			
<b>TOTAL</b>			

**26. Number of children indirectly exposed to violence who were served, partially served, and those 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 child indirectly exposed to violence who requested or received services during the current reporting period should be counted only once and in only one of the listed categories. For purposes of this question, **children indirectly exposed to violence** have been **indirectly subjected** to a violent act of sexual assault, domestic violence, dating violence, or stalking.)

	Sexual assault	Domestic violence	Dating violence	Stalking	TOTAL
<b>A. Served:</b> Children indirectly exposed to violence who received the service(s) requested, if those services were funded by your CEV Program grant					
<b>B. Partially served:</b> Children indirectly exposed to violence who received some grant-funded service(s), but not all of the services requested, if those services were funded by your CEV Program grant					
<b>TOTAL SERVED AND PARTIALLY SERVED (26A + 26B)</b>					
<b>C. Children indirectly exposed to violence seeking services who were not served:</b> Children indirectly exposed to violence who sought grant-funded services and did not receive the service(s) requested, if those services were funded by your CEV Program grant					



**27. Children indirectly exposed to violence relationships to offender by victimization**

(For those children indirectly exposed to violence reported as served and partially served in 26, report the child's relationship to the offender by type of victimization. If a child indirectly exposed to violence experienced more than one type of victimization and/or was victimized by more than one perpetrator, count the child in all categories that apply. The total number of relationships in the sexual assault column must be at least ; the total number in the domestic violence column must be at least ; the total number in the dating violence column must be at least ; and the total number in the stalking column must be at least

Child indirectly exposed to violence relationship to offender	Number of children indirectly exposed to violence relationships to offender by victimization			
	Sexual assault	Dating violence	Domestic violence	Stalking
Current or former spouse or intimate partner of parent/caregiver	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family or household member	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current or former dating relationship of parent/caregiver	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Acquaintance (schoolmate, peer, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stranger	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship unknown	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**28. Reasons that children who are direct victims and children indirectly exposed to violence who were seeking services were not served or were partially served (Check all that apply.)**

Child victims	Children indirectly exposed to violence	Reasons not served or partially served
<input type="checkbox"/>	<input type="checkbox"/>	Conflict of interest
<input type="checkbox"/>	<input type="checkbox"/>	Did not meet statutory requirements
<input type="checkbox"/>	<input type="checkbox"/>	Hours of operation
<input type="checkbox"/>	<input type="checkbox"/>	Insufficient/lack of culturally appropriate services
<input type="checkbox"/>	<input type="checkbox"/>	Insufficient/lack of language capacity (including sign language)
<input type="checkbox"/>	<input type="checkbox"/>	Insufficient/lack of services for children who are D/deaf or hard of hearing
<input type="checkbox"/>	<input type="checkbox"/>	Insufficient/lack of services for children with disabilities
<input type="checkbox"/>	<input type="checkbox"/>	Program reached capacity
<input type="checkbox"/>	<input type="checkbox"/>	Program unable to provide services due to limited resources/priority-setting
<input type="checkbox"/>	<input type="checkbox"/>	Services inappropriate or inadequate for children with mental health issues
<input type="checkbox"/>	<input type="checkbox"/>	Services not appropriate for child
<input type="checkbox"/>	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): <input type="text"/>

**29. Demographics of child victims and children indirectly exposed to violence served or partially served**

(Based on the child victims reported in 24A and 24B and the children indirectly exposed to violence reported in 26A and 26B, provide the total numbers for all that apply. Because individuals may identify in more than one category of race/ethnicity, the total for "Race/ethnicity" may exceed the total number of child victims reported in 24A and 24B or the number of children indirectly exposed to violence reported in 26A and 26B. However, the total number of child victims reported under "Race/ethnicity" should not be less than the total number of child victims reported in questions 24A and 24B and the total number of children indirectly exposed to violence should not be less than the total number of children indirectly exposed to violence reported in 26A and 26B. The total number of child victims of violence reported under "Gender" and the total number reported under "Age" should equal the total number of child victims of violence reported in questions 24A and 24B or the number of children indirectly exposed to violence reported in 26A and 26B. Those victims for whom gender, age, and/or race/ethnicity is not known should be reported in the "Unknown" category.)

<b>Race/ethnicity</b> (Children should be counted once in each category of race/ethnicity that applies. Children should not be counted more than once in either the category "American Indian or Alaska Native" or in the category "Native Hawaiian or Other Pacific Islander.")	<b>Number of child victims (from Q24)</b>	<b>Number of children indirectly exposed to violence (from Q26)</b>
American Indian or Alaska Native	<input type="text"/>	<input type="text"/>
Asian	<input type="text"/>	<input type="text"/>
Black or African American	<input type="text"/>	<input type="text"/>
Hispanic or Latino	<input type="text"/>	<input type="text"/>
Native Hawaiian or Other Pacific Islander	<input type="text"/>	<input type="text"/>
White	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	<input type="text"/>
<b>TOTAL RACE/ETHNICITY</b> (should not be less than for child victims, or for children indirectly exposed to violence)	<input type="text"/>	<input type="text"/>
<b>Gender</b>		
Female	<input type="text"/>	<input type="text"/>
Male	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	<input type="text"/>
<b>TOTAL GENDER</b> (should equal for child victims, or for children indirectly exposed to violence)	<input type="text"/>	<input type="text"/>
<b>Age</b>		
0-12	<input type="text"/>	<input type="text"/>
13-17	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	<input type="text"/>
<b>TOTAL AGE</b> (should equal for child victims, or for children indirectly exposed to violence)	<input type="text"/>	<input type="text"/>

**29. Demographics of child victims and children indirectly exposed to violence served or partially served (cont.)**

Other demographics	Number of child victims (from Q24)	Number of children indirectly exposed to violence (from Q26)
Children with disabilities	<input type="text"/>	<input type="text"/>
Children who are D/deaf or hard of hearing	<input type="text"/>	<input type="text"/>
Children with limited English proficiency	<input type="text"/>	<input type="text"/>
Children who are immigrants/refugees/asylum seekers	<input type="text"/>	<input type="text"/>
Children who live in rural areas	<input type="text"/>	<input type="text"/>
Children who are homeless/runaways	<input type="text"/>	<input type="text"/>
Children who are lesbian, gay, bisexual, transgender, or intersex	<input type="text"/>	<input type="text"/>
Children with mental health issues	<input type="text"/>	<input type="text"/>

**30. Services to child victims and children indirectly exposed to violence**

(Report the number of child victims from 24A and 24B and children indirectly exposed to violence from 26A and 26B who received CEV Program-funded services during the current reporting period. Count each child victim and each child indirectly exposed to violence only once for each type of service that child received during the current reporting period; do not report the number of times that service was provided to the child. The total for each type of service provided to children should not be higher than the total of 24A and 24B, for child victims and not higher than the total of 26A and 26B, for children indirectly exposed to violence. Shelter services should be reported in question 37.)

Type of service	Number of child victims (from Q24)	Number of children indirectly exposed to violence (from Q26)
Child advocacy (Actions designed to help the child obtain needed support, resources, or services, including health care, safety planning, etc.)	<input type="text"/>	<input type="text"/>
Civil legal advocacy/court accompaniment (Assisting with civil legal issues including preparing paperwork for a protection order and accompanying child to a protection order hearing, administrative hearing, or other civil court proceeding. Does not include advocacy by attorneys and/or paralegals)	<input type="text"/>	<input type="text"/>
Counseling services (Individual or group art/play therapy, intervention, or treatment provided by a volunteer, peer, or professional. Does NOT include parent-child counseling or family therapy with abuser.)	<input type="text"/>	<input type="text"/>

**30. Services to child victims and children indirectly exposed to violence (cont.)**

Type of service	Number of child victims (from Q24)	Number of children indirectly exposed to violence (from Q26)
Criminal justice advocacy/court accompaniment ( <i>Assisting with criminal legal issues including notification of case status, hearing dates, plea agreements, and sentencing terms; preparing paperwork such as victim impact statements; accompaniment to a criminal court proceeding or law enforcement interview; and all other advocacy within the criminal justice system</i> )	<input type="text"/>	<input type="text"/>
Crisis intervention ( <i>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 only crisis intervention that occurs in person and/or over the telephone.</i> )	<input type="text"/>	<input type="text"/>
Education advocacy ( <i>Advocacy to ensure that educational needs of child are met, including the rights of homeless children and youth to a barrier-free education</i> )	<input type="text"/>	<input type="text"/>
Hospital/clinic/other medical response ( <i>Accompanying a child to or meeting a child at a hospital, clinic, or medical office</i> )	<input type="text"/>	<input type="text"/>
Language services ( <i>Interpretation, translation</i> )	<input type="text"/>	<input type="text"/>
Parent-child counseling or treatment intervention ( <i>Does NOT include family therapy with abuser</i> )	<input type="text"/>	<input type="text"/>
Transportation ( <i>Provision of transportation, either directly or through bus passes, taxi fares, or other means of transportation to school or counseling</i> )	<input type="text"/>	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>	<input type="text"/>

**31. Services for children**

(Use the space below to describe in more detail the types of services [art therapy, parent and child counseling, support groups, etc.] you provided to children with CEV funds during the current reporting period.) (Maximum – 2,000 characters)

**32. Number of non-abusing parents/caregivers receiving support or referrals**

(Report the unduplicated number of non-abusing parents/caregivers who received CEV Program-funded support and the unduplicated number who received referrals during the current reporting period. Parents/caregivers may be counted in both categories, but should only be counted once per reporting period in each category if appropriate. For purposes of this form, **non-abusing parents/caregivers** have the primary responsibility for the child's day-to-day care. Only non-abusing parents/caregivers whose children receive CEV Program-funded services should be reported.)

Total number of non-abusing parents/caregivers receiving support	Total number of non-abusing parents/caregivers receiving referrals
<input type="text"/>	<input type="text"/>

**33. Support and/or referrals provided to non-abusing parents/caregivers**

(Report the number of non-abusing parents and caregivers who received CEV Program-funded support or referrals during the current reporting period. Count each non-abusing parent or caregiver only once for each type of support, or referral for that type of support, that the non-abusing parent or caregiver received during the current reporting period; do not report the number of times that support, or a referral for that support, was provided to the parent or caregiver. Shelter services should be reported in question 37.)

Type of support	Non-abusing parents/caregivers receiving support	Non-abusing parents/caregivers receiving referrals
Advocacy (Actions designed to help with needed support, resources, or services, including employment, housing, health care, safety planning, etc.)	<input type="text"/>	<input type="text"/>
Case management	<input type="text"/>	<input type="text"/>
Child care	<input type="text"/>	<input type="text"/>
Civil legal advocacy/court accompaniment (Assisting with preparing paperwork for a protection order and accompaniment to a protection order hearing, administrative hearing, or other civil court proceeding. Does not include advocacy by attorneys and/or paralegals.)	<input type="text"/>	<input type="text"/>
Civil legal assistance (Civil legal services provided by an attorney and/or a paralegal for limited matters of stay-away or protection order proceedings or domestic violence-related immigration issues)	<input type="text"/>	<input type="text"/>
Counseling services/support group (Individual or group counseling or support provided by a volunteer, peer, or professional)	<input type="text"/>	<input type="text"/>
Criminal justice advocacy/court accompaniment (Assisting with criminal legal issues including notification of case status, hearing dates, plea agreements, and sentencing terms; preparing paperwork such as victim impact statements; accompaniment to a criminal court proceeding or law enforcement interview; and all other advocacy within the criminal justice system)	<input type="text"/>	<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"/>	<input type="text"/>

**33. Support provided to non-abusing parents/caregivers (cont.)**

Type of support	Non-abusing parents/caregivers receiving support	Non-abusing parents/caregivers receiving referrals
Education advocacy	<input type="text"/>	<input type="text"/>
Employment counseling ( <i>Actions designed to assist with obtaining employment, e.g., coaching on career options, skills training, job searches, resume-writing, marketing, job interviews, and presentation of employment</i> )	<input type="text"/>	<input type="text"/>
Home visitation	<input type="text"/>	<input type="text"/>
Hospital/clinic/other medical accompaniment ( <i>Accompanying a victim/survivor to a hospital, clinic, or medical office</i> )	<input type="text"/>	<input type="text"/>
Housing assistance	<input type="text"/>	<input type="text"/>
Language services ( <i>Interpretation, translation</i> )	<input type="text"/>	<input type="text"/>
Material assistance ( <i>Providing clothing, food, personal items, etc.</i> )	<input type="text"/>	<input type="text"/>
Parent education or classes	<input type="text"/>	<input type="text"/>
Respite services ( <i>Providing periodic relief for the family or non-abusing parent/caregiver</i> )	<input type="text"/>	<input type="text"/>
Transportation ( <i>Provision of transportation, either directly or through bus passes, taxi fares, or other means of transportation</i> )	<input type="text"/>	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>	<input type="text"/>

**34. Home-based services**

(If you provided services by visiting the home of a child/caregiver, describe the types of services/support you provided in the home.) (Maximum – 2,000 characters)

**35. Comprehensive services**

*(If child victims, children indirectly exposed to violence, and non-abusing parents or caregivers received other needed services or support for matters such as those listed in questions 30 or 33 from other sources [i.e., from your organization but with non-CEV funds, or from another source, such as agencies to whom you make referrals], describe those sources and the types of services and support provided. If available, you may submit numbers or other data to demonstrate that those additional needs were met.) (Maximum – 2,000 characters)*

**36. Youth services**

*(If you reported serving youth [over the age of 12], even though your special condition specifies that you will primarily serve children [12 and younger], please explain the circumstances under which you provided those services. For example, you served three siblings, ages 9, 12, and 15 years old. It was very important for the family's treatment to include the 15-year-old sibling in the treatment as comparable services for youth are not available in your community.) (Maximum – 2,000 characters)*

**37. Shelter services**

*(Report the total number of non-abusing parents/caregivers and accompanying family members who received emergency shelter services provided with CEV Program funds during the current reporting period. This should be an unduplicated count for both non-abusing parents/caregivers and accompanying family members. This means that each non-abusing parent/caregiver and each family member who received shelter services during the current reporting period should be counted only once. Report the total number of bed nights provided in emergency shelter to non-abusing parents/caregivers and accompanying family members. The number of bed nights is computed by multiplying the number of non-abusing parents/caregivers and accompanying family members by the number of nights they stayed in the shelter. The number of bed nights will typically be significantly higher than the number of non-abusing parents/caregivers and accompanying family members. For example, one non-abusing parent and her three children all stayed in the shelter for 10 nights. The number of bed nights would be 4 multiplied by 10, or 40.)*

Shelter service	Non-abusing parents/caregivers	Accompanying family members	Number of bed nights
Emergency shelter	<input type="text"/>	<input type="text"/>	<input type="text"/>



**38. Protection orders**

(Report the total number of temporary and/or final protection orders requested and granted for which CEV Program-funded victim services staff provided assistance to non-abusing parents/caregivers and children or youth during the current reporting period. Indicate whether protection orders were obtained for the non-abusing parent/caregiver, for the child or children, or for both. 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.)

Sexual assault protection orders	Temporary			Final		
	Non-abusing parent or caregiver	Child(ren) or youth	Both	Non-abusing parent or caregiver	Child(ren) or youth	Both
Number requested						
Number granted						

Domestic violence protection orders	Temporary			Final		
	Non-abusing parent or caregiver	Child(ren) or youth	Both	Non-abusing parent or caregiver	Child(ren) or youth	Both
Number requested						
Number granted						

Dating violence protection orders	Temporary			Final		
	Non-abusing parent or caregiver	Child(ren) or youth	Both	Non-abusing parent or caregiver	Child(ren) or youth	Both
Number requested						
Number granted						

Stalking protection orders	Temporary			Final		
	Non-abusing parent or caregiver	Child(ren) or youth	Both	Non-abusing parent or caregiver	Child(ren) or youth	Both
Number requested						
Number granted						



**39. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of services provided to child victims, children indirectly exposed to violence, and non-abusing parents and caregivers that were funded or supported by your CEV grant, and to provide any additional information you would like to share about these activities beyond what you have provided in the data above. For example, parents and caregivers report that they have seen improvements in the behavior of children indirectly exposed to violence who received grant-funded play therapy services or you have seen a significant increase in the number of parents and caregivers who are including children in their protection orders.) (Maximum – 2,000 characters)*



## NARRATIVE

**All grantees must answer questions 40 and 41.**

**PLEASE LIMIT YOUR RESPONSES TO THE SPACE PROVIDED.**

**40. Report on the status of your CEV 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.)*

**41. What services or resources did you provide to ensure linguistically, culturally, and community relevant services for underserved communities?**

*(For example, we used CEV Program funds to hire a Somali advocate who trains staff at programs serving children in that community to identify and appropriately refer children indirectly exposed to sexual assault, domestic violence, dating violence, and stalking.)*

**All grantees must answer questions 42 and 43 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.**

**42. What do you see as the most significant areas of remaining need with regard to improving services to children exposed to sexual assault, domestic violence, dating violence, and stalking, and providing support for their non-abusing parents and caregivers?**

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

**43. What has CEV Program funding allowed you to do that you could not do prior to receiving this funding?**

*(For example, we have been able to train staff at every after-school program in our city, or we have been able to develop new partnerships with our local domestic violence and sexual assault programs, leading to increased referrals from our childcare programs to these agencies.)*

**Questions 44 and 45 are optional.**

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

**44. Provide any additional information that you would like us to know about your CEV Program grant and/or the effectiveness of your grant.**

*(If you have other data or information that you have not already reported in answer to previous questions on this form that demonstrate the effectiveness of your CEV Program grant, please provide it below. Feel free to discuss any of the following: systems-level changes, community collaboration, the removal or reduction of barriers and challenges for children and victims/survivors, promising practices, positive or negative unintended consequences. Refer to separate instructions for a fuller explanation and examples.)*

**45. 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 your CEV Program funds supported staff—e.g. victim advocates, child advocates, etc.—but did not report any corresponding services, you may explain why; or if you did not use 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, 145 N Street NE Washington, DC 20531.

Report on the status of your CEV Program grant goals and objectives as of the end of the current reporting period. **Question 40**

**Status (100 characters)**

**Goals/objectives (1,750 characters)**

**Key activities (1,750 characters)**

**Comments (500 characters)**

**Status**

**Goals/objectives**

**Key activities**

**Comments**

Report on the status of your CEV Program grant goals and objectives as of the end of the current reporting period. **Question 40 (cont. 1)**

**Status****Goals/objectives****Key activities****Comments****Status****Goals/objectives****Key activities****Comments**

Report on the status of your CEV Program grant goals and objectives as of the end of the current reporting period. **Question 40 (cont. 2)**

**Status****Goals/objectives****Key activities****Comments****Status****Goals/objectives****Key activities****Comments**

**What services or resources did you provide to ensure linguistically, culturally, and community relevant services for underserved communities? Question 41**

**What services or resources did you provide to ensure linguistically, culturally, and community relevant services for underserved communities? Question 41 (cont.)**

**What do you see as the most significant areas of remaining need with regard to improving services to children exposed to sexual assault, domestic violence, dating violence, and stalking, and providing support for their non-abusing parents and caregivers?** *(Consider geographic regions, underserved populations, service delivery systems, and/or challenges and barriers unique to your service area and the population[s] you serve.)* **Question 42**



**What do you see as the most significant areas of remaining need with regard to improving services to children exposed to sexual assault, domestic violence, dating violence, and stalking, and providing support for their non-abusing parents and caregivers?** *(Consider geographic regions, underserved populations, service delivery systems, and/or challenges and barriers unique to your service area and the population[s] you serve.)* **Question 42 (cont.)**

**What has CEV Program funding allowed you to do that you could not do prior to receiving this funding?**  
(For example, we have been able to train staff at every after-school program in our city, or we have been able to develop new partnerships with our local domestic violence and sexual assault programs, leading to increased referrals from our childcare programs to these agencies.) **Question 43**

**What has CEV Program funding allowed you to do that you could not do prior to receiving this funding?**

*(For example, we have been able to train staff at every after-school program in our city, or we have been able to develop new partnerships with our local domestic violence and sexual assault programs, leading to increased referrals from our childcare programs to these agencies.)* **Question 43 (cont.)**

**Provide any additional information that you would like us to know about your CEV Program grant and/or the effectiveness of your grant.** *(If you have other data or information that you have not already reported in answer to previous questions on this form that demonstrate the effectiveness of your CEV Program grant, please provide it below. Feel free to discuss any of the following: systems-level changes, community collaboration, the removal or reduction of barriers and challenges for children and victims/survivors, promising practices, positive or negative unintended consequences. Refer to separate instructions for a fuller explanation and examples.)* **Question 44**

**Provide any additional information that you would like us to know about your CEV Program grant and/or the effectiveness of your grant.** *(If you have other data or information that you have not already reported in answer to previous questions on this form that demonstrate the effectiveness of your CEV Program grant, please provide it below. Feel free to discuss any of the following: systems-level changes, community collaboration, the removal or reduction of barriers and challenges for children and victims/survivors, promising practices, positive or negative unintended consequences. Refer to separate instructions for a fuller explanation and examples.)* **Question 44 (cont.)**

**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 your CEV Program funds supported staff—e.g. victim advocates, child advocates, etc.—but did not report any corresponding services, you may explain why; or if you did not use 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.)*

**Question 45**

**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 your CEV Program funds supported staff—e.g. victim advocates, child advocates, etc.—but did not report any corresponding services, you may explain why; or if you did not use 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.)*

**Question 45 (cont.)**

Use this form for the January - June Reporting Period