

U.S. Department of Justice Office on Violence Against Women

**Semi-Annual Performance Report for  
Grants to Prevent and Respond to Domestic Violence,  
Dating Violence, Sexual Assault, Stalking, and Sex Trafficking Against  
Children and Youth Program**

**Brief Instructions**

This reporting tool details the Semi-Annual Performance Report questions for the Grants to Prevent and Respond to Domestic Violence, Dating Violence, Sexual Assault, Stalking, and Sex Trafficking Against Children and Youth Program (CY Program). A report must be completed for each grant received. Grant partners 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.

All grantees must complete the required sections. Required questions are marked with an asterisk (\*). For all other sections, grantees must answer an initial question about whether they used CY Program funds to support certain activities during the current reporting period. If the response is yes, then the grantee must complete that section. If the response is no, the rest of that section is skipped.

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

For further information on filling out this report, refer to the separate instructions, which contain detailed definitions and examples.

**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 20530.

## General Information

All grantees must complete the General Information section.

### 1. Date of report

### 2. Current reporting period (6-month)

- January to June
- July to December

### Current reporting period (4-digit year)

### 3. Grantee name

### 4. Grant number

The federal grant number assigned to your CY Program grant.

This number, also called your Award Number, can be found at the top of your JustGrants Funded Award Page. Please enter the grant number exactly as it appears, including dashes.

Examples: 15JOVW-12-GG-12345-PROG or 2000-XX-ZZ-1234

If you have multiple active OVW program grants, please enter the grant number associated with the CY Program grant you are reporting on in this form.

### 5. Type of performance report

Indicate if this is a regular performance report or the final performance report for the grant award being reported on.

- Final
- Regular

### 6. Point of contact

Provide information for the person responsible for the day-to-day coordination of the grant.

- First name
- Last name
- Agency/organization name
- Address
- City
- State
- Zip code
- Telephone
- Email

### 7. Is this a faith-based organization?

- Yes
- No

**8. Is this a culturally-specific community-based organization?**

- Yes
- No

**9. Does this grant specifically address and focus on Tribal populations?**

- Yes
  - If yes, which tribes/nations?
- No

**10. Does your grant support the creation of products in languages other than English or provide services in languages other than English?**

- Yes
  - If yes, what languages?
- No

**11. What percentage of your CY Program grant was directed to each of these areas?**

*Estimate the approximate percentage of funds (or resources) used to address each area with your CY Program grant during the current reporting period. The grantee may choose how to make the determination of how to calculate this. Grantees should consider training, staff time, victims services, etc. when making this determination.*

*Throughout this form, the term **sexual assault** means any nonconsensual sexual act proscribed by Federal, Tribal, or State law, including when the victim lacks the capacity to consent. The term **domestic violence/dating violence** applies to any pattern of abusive behavior that is used by one person to gain power and control over a current or former intimate partner or dating partner. **Stalking** is defined as engaging in 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 additional victimizations and more complete definitions.*

	Percentage of grant funds
Sexual assault	
Domestic violence	
Dating violence	
Stalking	
Sex trafficking	
<b>Total (must equal 100%)</b>	

**Staff**

**1. Were CY Program funds used to fund staff time (at your agency, at a partner agency, contractors, or stipends) during the current reporting period?**

- Yes
- No

**2. Staff**

Report the total number of full-time equivalent (FTE) staff funded by the CY Program grant during the current reporting period.

- Reporting 1.00 FTEs means a staff person worked full-time and was 100% funded by the grant for the entire reporting period. Typically, one FTE is equal to 1,040 hours (40 hours per week multiplied by 26 weeks).
- FTEs should be prorated to reflect when a staff person did not work-full time and/or when was not 100% funded by the CY Program grant for the entire reporting period.
- Report staff by the function(s) they performed, not by title.
- Round and report FTEs to the second decimal place. For example, if you calculate an FTE to be 0.66667, then rounding to the second decimal would mean this FTE would be reported as 0.67 FTE.

Staff Function	FTE(s)
Administrator	
Attorney (does not include prosecutor)	
Case manager	
Children's advocate	
Counselor	
Information technology staff	
Legal advocate (does not include attorney or paralegal)	
Outreach worker	
Paralegal	
Program coordinator	
Support staff	
Trainer	
Translator/interpreter	
Victim advocate (non-governmental)	

Staff Function	FTE(s)
Victim assistant ( <i>governmental</i> )	
Other (specify):	
<b>Total</b>	

3. Please describe how staffing impacted your ability to implement your grant-funded activities.

SAMPLE

## Training

**1. Were CY Program funds used to support training activities during the current reporting period?**

Select yes if CY Program-funded staff provided training or if CY Program funds directly supported the training.

*Training means providing information on sexual assault, domestic violence, dating violence, stalking, and/or any additional victimizations funded under the OVW grant that provides professionals (or volunteers acting in the role of professionals) with a tool, skill, or resource that better allows them to support victims/survivors.*

- Yes
- No

**2. Were CY Program funds used to support live training events during the current reporting period?**

- Yes
- No

**3. Live training events**

*Report the total number of live training events that were provided by CY Program-funded staff or directly supported by CY Program funds during the current reporting period. Include both virtual and in-person live events. Do not include training provided to CY Program-funded staff.*

**4. Total number of people trained at live training events**

*Report the total number of people trained at both virtual and in-person live training events that were supported with CY Program funds during the current reporting period. CY Program-funded staff who attended training events should not be counted as people trained.*

**5. Most frequently trained**

*Report the top three types of professionals trained at the CY Program-funded live training events. Select the type of professional from the dropdowns.*

Dropdown options:

- Adult protective services
- Advocacy organization staff
- Attorneys/law students (does not include prosecutors)
- Abuser intervention program staff
- Child care staff
- Child protective services
- Corrections personnel (probation, parole, and correctional facilities staff)
- Court personnel (judges, clerks)
- Disability organization staff (non-governmental)
- Educators (teachers, administrators, etc.)
- Elder organization staff (non-governmental)

- Faith-based organization staff
- Government agency staff (vocational rehabilitation, food stamps, TANF)
- Health professionals (doctors, nurses, does not include SANEs or SAFEs)
- Immigrant organization staff (non-governmental)
- Law enforcement officers
- Legal services staff (does not include attorneys)
- Mental health professionals
- Prosecutors
- Sex offender treatment providers
- Sexual assault nurse examiners/sexual assault forensic examiners
- Social service organization staff (non-governmental)
- Substance abuse organization staff
- Supervised visitation and exchange center staff
- Translators/interpreters
- Tribal government/Tribal government agency staff
- Victim advocates (non-governmental)
- Victim assistants (governmental, includes victim-witness specialists/ coordinators)
- Volunteers
- Other (specify)

**6. Describe the content of the CY Program-funded live training events.**

**7. Were CY Program funds used to develop, create, and/or launch pre-recorded trainings during the current reporting period?**

- Yes
- No

**8. Number of pre-recorded trainings**

*Report the number of pre-recorded trainings developed, created, and/or launched with CY Program funds during current reporting period.*

**9. Describe the target audience and content of the pre-recorded trainings supported with CY Program funds during the current reporting period.**

**10. Discuss the effectiveness of training activities funded or supported by your CY Program grant and provide any information you would like to share about your training activities beyond what you have provided in the data above.**

*Examples might include an improved system response to victims/survivors with disabilities following a multidisciplinary training provided to advocates, law enforcement, and prosecution agencies on issues specific to victims/survivors with disabilities.*

## Community Education/Public Awareness

**1. Were CY Program funds used for community education/public awareness activities during the current reporting period?**

*Select yes if CY-funded staff engaged in community education or public awareness activities or if CY Program funds directly supported community education or public awareness activities during the current reporting period.*

*Activities may include presentations or public service announcements to non-professional peoples, such as the general public, victim/survivors, or parents, for the purpose of increasing awareness of sexual assault, domestic violence, stalking and/or any additional victimizations funded under the OVW grant.*

- Yes
- No

**2. Live education events**

*Report the total number of live education events (including exhibits/tabling events) that were supported with CY Program funds during the current reporting period. Include both virtual and in-person events.*

**3. Groups educated with CY Program funds**

*Identify the groups of people that attended the live education events during the current reporting period. Check all that apply.*

- Child care providers
- Community advocacy groups
- Community businesses
- Community groups
- Community members
- Educators
- Elementary school students
- Faith-based groups
- Men's groups
- Middle and high school students
- Parents or guardians
- University or college students
- Victims/survivors
- Women's groups
- Other (specify)

**4. Were CY Program funds used to develop and post/share public service announcements (PSAs) or social media content during the current reporting period?**

- Yes
- No

**5. Target audiences for PSAs or social media posts**

*Identify the target audiences for the CY-funded PSAs or social media posts during the current reporting period. Check all that apply.*

- Child care providers
- Community advocacy groups
- Community businesses
- Community groups
- Community members
- Educators
- Elementary school students
- Faith-based groups
- Men's groups
- Middle and high school students
- Parents or guardians
- University or college students
- Victims/survivors
- Women's groups
- Other (specify)

**6. Describe the content of the education and public awareness activities funded with your CY Program funds during the current reporting period.**

## Coordinated Community Response

### 1. Coordinated community response activities

*This question is required. In the first column, select all agencies/organizations that you provided CY Program-funded referrals to/received from, met with, or engaged in consultation with during the current reporting period. If CY Program-funded staff participated in a task force or work group, check all attendees. In the second column, indicate the agencies or organizations with which you have a mandatory collaboration for purposes of your grant (MOU partner).*

Agency/organization	Provided referrals to/received referrals from, met with, or engaged in consultation with	MOU Partner
Advocacy organization		
Abuser intervention program		
Corrections ( <i>probation, parole, and correctional facility staff</i> )		
Court		
Dual sexual assault and domestic violence program		
Domestic violence organization		
Educational institutions/organizations		
Faith-based organization		
Governmental agency		
Health/mental health organization		
Law enforcement		
Legal organization		
Prosecutor's office		
Sex offender management/sex offender treatment provider		
Sexual assault organization		
Social service organization ( <i>non-governmental</i> )		
Tribal government/Tribal		

governmental agency		
Other (specify): _____		

**2. Discuss the effectiveness of CCR activities funded or supported by your CY Program grant and provide any additional information you would like to share about your CCR activities.**

SAMPLE

## Products

**1. Were CY Program funds used to develop or substantially revise products during the current reporting period?**

*Select yes if CY Program-funded staff developed or revised products or if CY Program funds directly supported the development or revision of products.*

- Yes
- No

**2. Describe the products developed or substantially revised with CY Program funds during the current reporting period.**

*Describe what type of product it was, the title/topic of the product, as well as its intended audience. Also provide information on if the product was translated into a language other than English (including Braille).*

**3. Were the products mentioned in the narrative above reviewed and approved by OVW?**

- Yes
- No

SAMPLE

## Victim Services

**1. Were CY Program funds used to provide victim services (including legal services provided by an attorney or paralegal) during the current reporting period?**

Select yes if CY Program funds were used to support victim services during the current reporting period. Report all victims served and victim services provided with CY Program funds, whether by a victim services agency or victim services within law enforcement, prosecution, or the court system in this section. If the grantee is funding a victim assistant or victim-witness coordinator within law enforcement, prosecution, or the court system, they should complete the victim services section to capture that staff's grant-funded work.

- Yes
- No

**2. Number of victims/survivors who were fully served, partially served, and not served**

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 requested or accepted CY Program-funded services during the current reporting period should be counted only once in that reporting period. If the victim/survivor experienced more than one victimization, that person should be counted only once under the presenting victimization. Do not report secondary victims here.

**Served:** A victim/survivor should be reported as served if they requested and/or accepted grant-funded services and the program was able to provide all of those services.

**Partially Served:** A victim/survivor should be reported as partially served if they accepted and/or requested grant-funded services and the program was able to provide some, but not all, of those services.

**Not Served:** A victim/survivor should be reported as not served if the program could not provide any of the grant-funded services that the victim accepted and/or requested.

	<b>Sexual assault</b>	<b>Domestic violence</b>	<b>Dating violence</b>	<b>Stalking</b>	<b>Sex trafficking</b>	<b>Total</b>
Served						
Partially served						
<b>Total Served &amp; Partially Served</b>						
Not served						

**3. Number of victims/survivors who received CY Program-funded services for multiple victimizations**

*Report an unduplicated count of victims/survivors reported in the previous question who received CY Program-funded support for more than one victimization.*

**4. Select all the additional victimization types, including specific forms of abuse, for which these victims/survivors received CY Program-funded services:**

*Check all that apply. If you have reported at least one victim in Question 3, you must check at least one box in Question 4. This applies regardless of when the additional victimization happened, so long as the victim received grant-funded services for it during the current reporting period.*

- Sexual assault
- Domestic violence
- Dating violence
- Stalking
- Female genital mutilation/cutting
- Adult survivor of child sexual abuse
- Sex trafficking
- Labor trafficking
- Economic abuse
- Technological abuse
- Forced marriage

**5. Describe how CY Program funds were used to serve victims/survivors who received grant-funded services for multiple victimizations.**

**6. Number of secondary victims served**

*Secondary victims must have received CY Program-funded services in order to be reported in this question. Secondary victims should correspond to the category of victimization of the primary victim/survivor. They may be children, siblings, spouses or intimate partners, parents, grandparents, and other affected relatives.*

	<b>Sexual assault</b>	<b>Domestic violence</b>	<b>Dating violence</b>	<b>Stalking</b>	<b>Sex trafficking</b>	<b>Total</b>
Secondary victims served						

**7. Select all of the reasons primary victims/survivors who requested CY Program-funded services were partially or not served:**

- Conflict of interest
- Did not meet statutory requirements
- Hours of operation
- Insufficient or lack of culturally specific services
- Insufficient or lack of agency capacity to provide language access (including sign language or assistive communication devices)
- Insufficient or lack of services for people with disabilities
- Insufficient or lack of services for people who are D/deaf or hard of hearing
- Lack of childcare
- Program reached capacity
- Program rules not acceptable to victim/survivor
- Program unable to provide service due to limited resources
- Services inappropriate or inadequate for victims/survivors with mental health issues
- Services inappropriate or inadequate for victims/survivors with substance abuse issues
- Services otherwise not appropriate for victim/survivor
- Transportation
- Other (specify)

**8. Describe why grant-funded services were not provided, including barriers/challenges your agency faced when providing CY Program-funded services, and how those barriers impacted victims/survivors.**

**9. Race/ethnicity**

*Report the demographic information for the victims/survivors reported as served and partially served with CY Program funds. Do not report demographics for secondary victims.*

*Report victims/survivors in each category they identify as. At least one race/ethnicity must be reported for each victim/survivor reported as fully served and partially served. Those victims for whom the race/ethnicity is not known should be reported in the "unknown" category.*

<b>Race/ethnicity</b>	<b>Number of victims/survivors</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Hispanic, Latino, or Spanish origin	
Middle Eastern or North African	
Native Hawaiian or other Pacific Islander	
White	
People of a race or origin not listed (specify):	
Unknown	
<b>Total</b>	

**10. Sex**

Report victims/survivors in each category that applies.

Due to Presidential [Executive Order 14168](#) and accompanying guidance from the Office on Management and Budget, OVW amended demographic questions as follows. The term “gender” was changed to “sex,” and the available responsive categories were limited to “male” and “female.” Grantees should report the data that is relevant to those categories in those categories. Grantees should not report data for victims for whom sex is unknown. The total number of victims reported in this section must be less than or equal to the total number of victims served and partially served. As always, victims do not have to share their demographic information to obtain services. Please direct any questions to [OVW.Research@usdoj.gov](mailto:OVW.Research@usdoj.gov).

Sex	Number of victims/survivors
Female	
Male	
<b>Total</b>	

**11. Age**

Report the age of each victim/survivor reported as fully and partially served. Exactly one age must be reported for each victim/survivor reported as fully and partially served. Those victims for whom the age is not known should be reported in the “unknown” category.

Age	Number of victims/survivors
0-6	
7-10	
11-17	
18-24	
Unknown	
<b>Total</b>	

**12. Victim services**

Report the CY Program-funded services provided to the victims/survivors reported fully and partially served victims. Do not capture legal assistance provided by grant-funded attorneys or paralegals in this question, as that information will be asked for in future questions. Refer to the separate instructions document for service definitions.

The first column “Number of victims/survivors served” is an unduplicated count of the number of victims/survivors who received each type of grant-funded service. No individual service category should have a number of victims served greater than the total number of victims served and partially served.

The second column “Number of times service was provided” is a total of the number of times each victim in the first column received that services type during the 6-month reporting period.

Type of Service	Number of victims/survivors served	Number of times service was provided
Civil legal advocacy/court accompaniment		
Counseling/support group		
Criminal justice advocacy/court accompaniment		
Crisis intervention		
Culturally specific services		
Hospital/clinic/other medical response		
Language services		
Transportation		
Victim/survivor advocacy		
Other (specify): _____		

**13. Hotline support, information, and referral**

*Report the number of hotline requests received from primary victims and the total number of hotline requests received on phone lines, text lines, or web-based communication paid for with CY Program funds or answered by CY Program-funded staff, during the current reporting period. If grant funds are supporting a portion or percentage of the hotline budget, prorate the total hotline requests to reflect only what percentage of the budget is supported by the CY Program grant. Hotline requests should not be reported as victims/survivors served or partially served unless they also received at least one of the services reported in Victim Services questions.*

	Number of requests from primary victims	Total number of requests
Hotline support, information and referral requests		

**14. Victim witness notification/unsolicited outreach activities to victims**

*Report the number of grant-funded victim witness notification activities and unsolicited outreach activities. Victims/survivors who are the recipients of these notification/outreach*

activities should not be reported as victims/survivors served or partially served unless they also received at least one of the services reported in Victim Services questions.

**15. Victim services staff assistance with protection orders**

Report the total number of temporary and/or final protection orders granted that CY Program-funded victim services staff helped with obtaining. These orders may also be referred to as restraining orders, anti-harassment orders, no contact orders, or stay-away orders.

	Temporary	Final
Protection orders granted		

**16. Number of non-abusing parents/caregivers receiving support**

Report the unduplicated number of non-abusing parents/caregivers who received CY Program-funded support during the current reporting period. For purposes of this form, non-abusing parents/caregivers have the primary responsibility for the child's day-to-day care.

**17. Support provided to non-abusing parents/caregivers**

Report the number of non-abusing parents and caregivers who received CY Program-funded support during the current reporting period. Count each non-abusing parent or caregiver only one for each type of support. Do not report the number of times that support was provided.

Type of support	Non-abusing parents/caregivers receiving support
Advocacy	
Case management	
Child care	
Civil legal advocacy/court accompaniment	
Civil legal assistance	
Counseling services/support group	
Criminal justice advocacy/court accompaniment	
Crisis intervention	
Education advocacy	
Employment counseling	
Home visitation	
Hospital/clinic/other medical accompaniment	
Housing assistance	
Language services	
Economic or material assistance	
Parent education or classes	
Respite services	
Transportation	
Other (specify)	

**18. Shelter services**

Report the total number of non-abusing parents/caregivers and accompanying family member who received emergency shelter services provided by CY Program funds during the current reporting period. Under the “Non-abusing parents/caregivers” and “Accompanying family members,” provide an unduplicated count of the number of non-abusing parents/caregivers and family members who received CY Program-funded shelter services. Under the “Number of bed nights,” provide a total number of nights for those parents/caregivers and family members during the 6-month reporting period.

	<b>Non-abusing parents/caregivers</b>	<b>Accompanying family members</b>	<b>Number of bed nights</b>
Emergency shelter			

**Legal Services**

**19. Were CY Program funds used to provide legal service to victims/survivors during the current reporting period?**

Select yes if CY Program-funded staff (i.e., attorneys or paralegals) provided these services or CY Program funds were used to support these services during the current reporting period. If you select yes, be sure you also fill out the Victim Services section.

- Yes
- No

**20. Number of victims/survivors who received assistance with legal issues**

Report an unduplicated count of victims/survivors who received assistance with at least one legal issue.

**21. Number of victims who received assistance with multiple legal issues**

Of the victims/survivors who received assistance with legal issues, report the number of victims/survivors who received assistance with more than one type of legal issue during the current reporting period.

**22. Legal issues**

*Under “Number of victims/survivors receiving legal assistance,” report the number of primary victims/survivors who received legal assistance from CY Program-funded attorneys or paralegals during the current reporting period. Count a victim/survivor once in each legal issue category for which they received assistance with CY Program grant funds.*

*Under “Number of cases closed or issues resolved,” report each case that was closed and each legal issue that was resolved during the current reporting period for which services were provided by CY Program-funded attorneys or paralegals. Do not include cases that are pending or were not yet closed during the reporting period. It is okay if “Number of cases closed or issues resolved” is less than “Number of victims/survivors receiving legal assistance.”*

<b>Legal Issues</b>	<b>Number of victims/survivors receiving legal assistance</b>	<b>Number of cases closed or issues resolved</b>
Protection orders		
Family law matters		
Consumer/finance		
Employment		
Income maintenance		
Housing		
Immigration matters		
Criminal issues		
Educational issues		
Other (specify):		

**23. Discuss the effectiveness of victim services supported by your CY Program grant and provide any additional information you would like to share.**

## Narrative

- 1. Report on the status of your CY Program grant goals, objectives, and activities as of the end of the current reporting period.**

*This question is required. Report on the status of the goals and objectives as they were identified in your grant proposal or as they have been added or revised. A goal or objective's status may be reported as "on hold," "not started," "pending," "ongoing," "complete," or any other descriptor as appropriate.*

- 2. What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors, increasing victims/survivors' safety, and enhancing community response (including offender accountability)? (Maximum-8,000 characters)**

*This question is required for the January-June reporting period. Consider geographic regions, underserved populations, service delivery systems, types of victimization, and challenges and barriers unique to your jurisdiction.*

- 3. What has CY funding allowed you to do that you could not do prior to receiving this funding? (Maximum-8,000 characters)**

*This question is required for the January-June reporting period.*

- 4. As you finalize your OVW award, please describe any lessons learned regarding the most effective approaches in implementing your project. (Maximum-8,000 characters)**

*This question is required if this is your final report.*

- 5. Provide additional information regarding the effectiveness of your grant-funded program. (Maximum-8,000 characters)**

*If you have any other data or information that you have not already reported that demonstrate the effectiveness of your CY Program grant, please provide it below.*

- 6. Provide additional information to explain the data submitted on this form. (Maximum-8,000 characters)**

*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 performance reports for the same reporting period, you may explain how the data was apportioned to each report; if you reported staff but did not report any corresponding activities, you may explain why; or if you did not use CY Program funds to support either staff or activities during the reporting period, please explain how program funds were used.*