

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

## Semi-Annual Performance Report

### Brief Instructions

This reporting tool details the Semi-Annual Performance Report questions for the Abby Honold 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 Abby Honold 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 Abby Honold Program-funded staff or if Abby Honold 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**

**3. Grantee name**

**4. Grant number**

*The federal grant number assigned to your Abby Honold Program grant.*

**5. Type of performance report**

- 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. Does this grant specifically address and focus on tribal populations?**

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

**8. 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

**9. What percentage of your Abby Honold Program grant was directed to each of these areas?**

*Estimate the approximate percentage of funds (or resources) used to address each area with your Abby Honold 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	
<b>Total (must equal 100%)</b>	

## Staff Information

**1. Were Abby Honold 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 Abby Honold 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 Abby Honold 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	
Information technology staff	
Investigator (prosecution-based)	
Law enforcement officer	
Outreach worker	
Program coordinator	
Prosecutor	
Support staff	
Trainer	
Translator/interpreter	
Victim assistant (governmental, includes victim-witness specialist/coordinator)	
Other (specify):	
<b>Total</b>	

## Training

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

*Select yes if Abby Honold Program-funded staff provided training or if Abby Honold 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. Live training events**

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

**3. 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 Abby Honold Program funds during the current reporting period. Abby Honold Program-funded staff who attended training events should not be counted as people trained.*

**4. Most frequently trained**

*Report the top three types of professionals trained at the Abby Honold 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)

**5. Describe the content of the Abby Honold Program-funded live training events.**

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

- Yes
- No

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

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

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

**9. Discuss the effectiveness of training activities funded or supported with your Abby Honold Program funds 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.*

## Coordinated Community Response

### 1. Coordinated community response activities

*This question is required. Select all agencies/organizations that you provided referrals to/received referrals from, met with, or engaged in consultation with during the current reporting period. If Abby Honold Program-funded staff participated in a task force or work group, check all attendees.*

Agency/organization	Provided referrals to/received referrals from, met with, or engaged in consultation with
Advocacy organization	
Abuser intervention program	
Corrections ( <i>probation, parole, and correctional facility staff</i> )	
Court	
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 Abby Honold Program grant and provide any additional information you would like to share about your CCR activities.

SAMPLE



## Products

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

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

- Yes
- No

2. **Describe the products developed or substantially revised with Abby Honold 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).*

## Data Collection & Communication Systems

- 1. Were Abby Honold Program funds used to develop, install, or expand data collection and/or communication systems during the current reporting period?**  
*Select yes if Abby Honold Program funds or Abby Honold Program-funded staff were used to develop, install, or expand data collection and/or communication systems.*

- Yes
- No

- 2. Indicate the use of Abby Honold Program funds for data collection and/or communication systems:**

- Develop new data collection/communication systems
- Install data collection/communication systems
- Expand existing data collection/communication systems
- Link existing data collection/communication systems
- Share information with other community partners
- Manage data collection and communication
- Purchase computers and other equipment

- 3. Describe the purpose of the Abby Honold Program funded data collection and/or communication systems.**

## Specialized Units

**1. Were Abby Honold Program funds used for specialized units in the criminal justice system during the current reporting period?**

*Select yes if any Abby Honold Program-funded staff were part of a specialized unit or if Abby Honold Program funds were used to directly support a specialized unit.*

*A specialized unit is a centralized or coordinated group, unit, or dedicated staff of police officers, prosecutors, probation officers, or judges or other court personnel responsible for handling cases involving sexual assault, domestic violence/dating violence, stalking and/or any additional victimizations funded under the OVW grant. A specialized unit may consist of one person, even if that person is partially funded by your OVW Program grant.*

- Yes
- No

**2. Indicate the victimizations addressed by the Abby Honold-funded specialized unit.**

*Check all that apply.*

	Law Enforcement	Prosecution
Sexual assault		
Domestic violence/dating violence		
Stalking		

## Narrative

- 1. Report on the status of your Abby Honold Program grant goals and objectives 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.*

- 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)?**

*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 Abby Honold Program funding allowed you to do that you could not do prior to receiving this funding?**

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

- 4. Provide additional information regarding the effectiveness of your grant-funded program.**

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

- 5. Provide additional information to explain the data submitted on this form.**

*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 Abby Honold Program funds to support either staff or activities during the reporting period, please explain how Abby Honold Program funds were used.*