

GUIDE FOR COMPLETING THE VICTIMS OF CRIME ACT (VOCA) SUBGRANT AWARD REPORT

- INITIAL REPORT – ***THIS IS DUE WITHIN 30 DAYS OF THE GRANT START DATE. The start date is denoted on the Grant Award document and is the date the grant officially begins.***

 - REVISED: DATE OF REVISION – ***THIS IS DUE 30 DAYS AFTER THE GRANT ENDS if ANYTHING changes such as the award amount. If the grant ultimately expends less or more than the original award amount, a REVISED report is required at grant closure. If any programmatic changes occur during the life of the grant a REVISED report is required at grant closure. Most grants will require a REVISED report as grant projects seldom expend the exact amount awarded.***
1. A. IMPLEMENTING AGENCY NAME
B. IMPLEMENTING AGENCY MAILING ADDRESS
C. PROJECT DIRECTOR NAME
D. IMPLEMENTING AGENCY PHONE NUMBER
E. CONGRESSIONAL DISTRICT (COVERED BY THIS PROJECT):
These districts can be found by visiting www.ncleg.net and search “map North Carolina districts”
2. PURPOSE OF FUNDED PROJECT:
CHECK ONLY ONE
- A. START UP A NEW VICTIM SERVICE PROJECT ***totally new project***
 - B. CONTINUE A VOCA FUNDED VICTIM PROJECT ***Project was funded in a previous year***
 - C. EXPAND OR ENCHANCE AN EXISTING PRJOECT ***Project was NOT funded in a previous year***
 - D. START UP A ***NEW NATIVE AMERICAN VICTIM SERVICES PROJECT***
 - E. EXPAND OR ENCHANCE AN ***EXISITNG NATIVE AMERICAN PROJECT***
- The response in this section MUST correspond with the response in #5. Please be sure that section #2 and section #5 are not contradictory.***
3. A. VOCA PROJECTED AWARD \$ _____ ***This dollar amount should be for both the first and second year if there is a second year reserve. DO NOT INCLUDE MATCH IN THIS FIGURE***
- B. VOCA FINAL AWARD \$ _____ ***If the total dollars expended when the grant closes is different than the amount in A the REVISED Subgrant Award Report is required. The dollar amount expended by the grant at closure is entered here. DO NOT INCLUDE MATCH IN THIS FIGURE***
- C. GRANT NUMBER:
The grant number is the number assigned by GCC AT THE TIME OF AWARD. This number is denoted on the Grant Award document and on the cost report document. To receive acknowledgement that this report has been submitted the grant number MUST be correct.

D. PROJECT START DATE: *This date is denoted on the Grant Award document*

E. PROJECT END DATE: *This date is denoted on the Grant Award document*

4. MATCH:

- A. IN-KIND MATCH VALUE \$ _____
- B. CASH MATCH VALUE: \$ _____
- C. TOTAL MATCH: \$ _____

Review MATCH amounts to ensure accuracy

5. THESE VOCA FUNDS WILL PRIMARILY BE USED TO:

CHECK ONLY ONE.

- A. EXPAND SERVICES INTO A NEW GEOGRAPHIC AREA
- B. OFFER NEW TYPES OF SERVICES
- C. SERVE ADDITIONAL VICTIM POPULATIONS
- D. CONTINUE EXISTING SERVICES TO CRIME VICTIMS
- E. OTHER

The response in this section MUST correspond with the response in #2. Please be sure that section #2 and section #5 are not contradictory.

6. WITHIN THE VICTIM SERVICES PROGRAM, WHICH INCLUDES THE VOCA FUNDS AND MATCH, INDICATE THE NUMBER OF PAID STAFF AND VOLUNTEERS. **USE FULL TIME EQUIVALENTS (FTE'S) FOR BOTH PAID STAFF AND VOLUNTEERS (BASED ON UNIVERSAL 2,080 HOURS PER YEAR= 1 FTE). ROUND ANY FRACTIONS TO THE NEAREST WHOLE NUMBER.** *The Governor's Crime Commission does not generally grant volunteer waivers as the utilization of volunteers is a VOCA specific federal requirement. Consequently, some number of volunteers should be reported and the response to B should be NO.*

- A. NUMBER OF PAID STAFF (FTE'S)
- B. HAS THE VOCA FUNDED PROJECT RECEIVED A VOLUNTEER WAIVER:
 - 1. NO YES
 - 2. IF NO, INDICATE THE NUMBER OF VOLUNTEERS (FTE'S)

7. INDICATE THE DOLLAR AMOUNTS DEVOTED TO EACH TYPE OF CRIME, FEDERAL VOCA FUNDS ONLY. DO NOT INCLUDE MATCH IN THESE FIGURES.

- A. CHILD ABUSE
- B. DOMESTIC VIOLENCE
- C. SEXUAL ASSAULT
- D. UNDERSERVED
 - a. DUI/DWI CRASHES
 - b. SEXUAL ASSAULT
 - c. ASSAULT
 - d. ADULTS MOLESTED AS CHILDREN
 - e. ELDER ABUSE
 - f. ROBBERY
 - g. OTHER VIOLENT CRIME

Information here MUST CORRESPOND WITH INFORMATION IN SECTION #10. This section should be a true reflection of ALL crimes addressed by the victim service agency, not just the majority/primary, and should reflect a dollar amount devoted to each type of crime.

8. INDICATE THE TYPE OF IMPLEMENTING AGENCY.

Pick only ONE LETTER and then only ONE NUMBER

- A. CRIMINAL JUSTICE-GOVERNMENT
1. LAW ENFORCEMENT 4. COURT
2. PROSECUTION 5. CORRECTIONS
3. PROBATION 6. OTHER
- B. NONCRIMINAL JUSTICE-GOVERNMENT
1. SOCIAL SERVICES 4. HOSPITAL
2. MENTAL HEALTH 5. OTHER
3. PUBLIC HOUSING
- C. PRIVATE, NON-PROFIT
1. HOSPITAL 4. SHELTER
2. RAPE CRISIS 5. MENTAL HEALTH
3. RELIGIOUS ORG. 6. OTHER
- D. NATIVE AMERICAN TRIBE OR ORGANIZATION
1. ON RESERVATION 2. OFF RESERVATION
- E. OTHER: Describe _____

9. REPORT THE TOTAL BUDGET AVAILABLE TO THE VICTIM SERVICES PROGRAM FOR THE CURRENT FISCAL YEAR. ***Do not report the entire agency budget, unless it is all devoted to direct victim services. FEDERAL, STATE, AND LOCAL refer to government funds. FEDERAL are any funds other than this VOCA funded project. OTHER are any non-governmental funds like United Way, fundraisers, individual donors, etc.***

A. FEDERAL \$ _____ (excluding this project)
B. STATE \$ _____
C. LOCAL \$ _____
D. OTHER \$ _____

- ***If your entire agency IS devoted to direct victim services, a breakdown will need to be given for Federal, State, Local, and Other amounts to reflect the total agency budget.***
- ***If only a fraction of the agency's total budget is devoted to direct victim services, a breakdown still needs to be given for Federal, State, Local and Other amounts for that portion of the agency budget providing direct services.***
- ***If a cash match was used, the cumulative amount of B,C, and D MUST BE EQUAL OR GREATER than the match amount for the project. A is excluded in this total as federal funds cannot match federal funds.***

10. CHECK THE BOX(ES) THAT BEST IDENTIFY THE TYPES OF VICTIMS THE VOCA-FUNDED PROJECT WILL SERVE.

- A. CHILD PHYSICAL ABUSE
B. CHILD SEXUAL ABUSE
C. DUI/DWI CRASHES
D. DOMESTIC VIOLENCE
E. ADULT SEXUAL ASSAULT
F. ELDER ABUSE
G. ADULTS MOLESTED AS CHILDREN
H. ROBBERY
I. ASSAULT
J. OTHER VIOLENT CRIMES
K. OTHER: DESCRIBE _____

Information here MUST CORRESPOND WITH INFORMATION IN SECTION #7. This should be an accurate reflection of ALL crime victims served by the victim service agency.

11. CHECK THE BOX(ES) THAT BEST IDENTIFIES THE TYPES OF SERVICES THAT WILL BE PROVIDED BY THE VOCA FUNDED PROJECT, AS DESCRIBED BELOW.

Box "K" should be checked for ALL grant projects. Please note that "assistance in filing compensation claims" does NOT necessarily mean providing assistance with completing forms. "Assistance" refers to the general sharing of information about Victims' Compensation with victims who access agency services. All victims should be offered this "assistance" as it is a requirement to receive VOCA funding. An exception to this may be a victim who calls a crisis line who is in crisis. There may not be an opportunity to share Victims' Compensation information during this time. However, other victims should routinely receive information about Victims' Compensation.

- A. CRISIS COUNSELING
- B. FOLLOW-UP CONTACT
- C. THERAPY
- D. GROUP TREATMENT
- E. CRISIS HOTLINE COUNSELING
- F. SHELTER/SAFE HOUSE
- G. INFORMATION & REFERRAL
- H. CRIMINAL JUSTICE SUPPORT/ADVOCACY
- I. EMERGENCY FINANCIAL ASSISTANCE
- J. EMERGENCY LEGAL ASSISTANCE
- K. ASSISTANCE IN FILING COMPENSATION CLAIMS**
- L. PERSONAL ADVOCACY
- M. TELEPHONE CONTACTS
- N. OTHER