**Program Performance Report (PPR) and Instructions for NC Council for Women and Youth Involvement FVPSA Grantees**

Enter the below information into the Online form at [FVPSA 2024 Reporting](https://forms.office.com/Pages/ResponsePage.aspx?id=3IF2etC5mkSFw-zCbNftGTN9kcUMFmtJodrNceFOouZUQ1g3TTJOVlNRNktXM0gzSVJEUE01RVlSNCQlQCN0PWcu) . If you have any questions about this form or need technical assistance, please email your FVPSA Grant Managers

**General program information**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Name** | **City & state** | **City, Zip Code** | **County or counties served** | **Executive director or equivalent's Name** | **Number of Shelter facilities** | **Number of non-shelter service sites** | **Grantee Type** | **Underserved or culturally- and linguistically specific population** | **Website** |
|  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **How many counties do you serve in North Carolina? If you serve as a statewide agency, indicate your response below:** |

**General program information**

[**Number of Shelter Facilities:** This is a count of shelter facilities providing immediate housing to victims of domestic violence and their children **managed by** the domestic violence program. This normally includes only communal living spaces and other buildings owned or rented by the program. This number **should not** include safe homes, motels or shelter beds provided by other programs. Although this count of shelter facilities only includes property managed by the program, Section B Clients Served in Shelter below asks programs to count the number of clients who were provided shelter whether that be in a building managed by the program or a hotel or safe home.]

[**Non-Shelter Services Sites**: List the total number of service sites (i.e., office locations) where a program provides non-residential services. This may include the coordination of shelter for victims through hotels and safe homes where there is not a shelter facility. This number should be one (1) if the program has a single program site with no shelter facility. If a program maintains satellite locations, they should be counted here, i.e., one main office and two satellite offices should be reported as three (3) sites. This is not a count of the number of hotels and safe homes used.]

**Underserved or culturally- and linguistically specific population:** [Write in which population primarily served. *Culturally and linguistically specific services* refers to community-based services that offer full linguistic access and culturally specific services and resources, including outreach, collaboration and support mechanisms primarily directed toward culturally specific communities. *Underserved populations* means populations who face barriers in accessing and using victim services, and includes populations underserved because of geographic location, religion, sexual orientation, gender identity, underserved racial and ethnic populations, and populations underserved because of special needs including language barriers, disabilities, immigration status, and age. Individuals with criminal histories due to victimization and individuals with substance use disorders and mental health issues are also included in this definition (45 CFR [§ 1370.2).](https://www.federalregister.gov/documents/2016/11/02/2016-26063/family-violence-prevention-and-services-programs#sectno-citation-%E2%80%891370.2)

**Section 2- Award Information**  
This information in this section is a compilation of ***all domestic violence services*** *regardless of* funding source, not just FVPSA funds, used to provide the below services to victims.

|  |  |
| --- | --- |
| DV Shelter Service Provider |  |
| Provide the Number of Shelter Facilities |  |
| Provide the Number of "Satellite-Non shelter" Facilities (Domestic Violence) |  |
| Non-Shelter (Prevention-Specialized Services) (Yes or No) |  |
| Culturally Specific Population |  |
| Urban, Suburban, or Rural |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Total domestic violence program budget |  |
| Provide the Total Prevention-Specialized Budget Only |  |
| FVPSA grant amount |  |

[**Total Domestic Violence Program Budget:** This is the sum of the total annual budgets for each local domestic violence program at the same point in time. Each local domestic violence or prevention program will report its total budget that is used to provide the services to victims included in this report. This number could include additional funding from other sources, or it may be the same as the FVPSA grant amount listed in the FVPSA grant amount.

For example, the total program budget would include all funding sources, i.e., FVPSA dollars and state dollars to provide shelter to victims. Grant dollars set aside to provide separate services to sexual assault victims **would not be included** here. In addition, a domestic violence program that is located within a larger social service agency would only include its budget for domestic violence programming. For example, a local domestic violence program that receives $50,000 in FVPSA funds, $51,856 from the state for DV services and $10,000 from a private funder would report $111,865 as its total program budget.]

[**FVPSA Grant Amount**: List total amount of FVPSA funds received within your current fiscal year.]

**Section 3- Clients Served in Shelter**

|  |  |
| --- | --- |
| Number of Children/Youth |  |
| Number of Women |  |
| Number of Men |  |
| Number from additional gender categories |  |
| Number unknown or not disclosed |  |
| Total |  |

[**Clients Served in Shelter**: Number of new domestic violence victims (clients) seen for the first time during this reporting period who received shelter services (including a shelter facility managed by the program, safe home or hotel). Clients should be counted once regardless of the number of times served during the fiscal year. For example, if a client spent 30 days in the shelter in November, exited the shelter and then came back to the shelter in March, then they would only be counted one time. Clients who received shelter should only be counted in this element and not counted in Clients Served with Non-Shelter Services even though they may have received non-shelter services also. Clients who were referred to another domestic violence shelter program should not be counted here. The count will be within program only and should not be unduplicated across programs statewide.]

[If the grantee has concerns that providing the data below will allow a report reader to personally identify a victim, please use the boxes for “unknown” or “not disclosed” for that client’s data.]

**[Number from additional gender categories:** This section represents individuals whose gender identity is known but is not reflected by the categories Man or Woman.

**[Number unknown or not disclosed:** This section represents individuals whose gender identity is known but is not reflected by the categories Man or Woman.

**Section 4- Clients Served with Non-Shelter Services**

|  |  |
| --- | --- |
| Number of Children/Youth |  |
| Number of Women |  |
| Number of Men |  |
| Number from additional gender categories |  |
| Number unknown or not disclosed |  |
| Total |  |

[**Clients Served in Shelter**: Number of new domestic violence victims (clients) seen for the first time during this reporting period who received shelter services (including a shelter facility managed by the program, safe home or hotel). Clients should be counted once regardless of the number of times served during the fiscal year. For example, if a client spent 30 days in the shelter in November, exited the shelter and then came back to the shelter in March, then they would only be counted one time. Clients who received shelter should only be counted in this element and not counted in Clients Served with Non-Shelter Services even though they may have received non-shelter services also. Clients who were referred to another domestic violence shelter program should not be counted here. The count will be within program only and should not be unduplicated across programs statewide.]

**[Number from additional gender categories:** This section represents individuals whose gender identity is known but is not reflected by the categories Man or Woman.

**[Number unknown or not disclosed:** This section represents individuals whose gender identity is known but is not reflected by the categories Man or Woman.

**Section 5 - Age**

|  |  |
| --- | --- |
| 0-12 |  |
| 13-17 |  |
| Unknown Child Age |  |
| 18-24 |  |
| 25-59 |  |
| 60+ |  |
| Unknown Adult Age |  |
| Total |  |

[**Age:** Report the ages of the clients served, including children and youth. These age demographic totals should equal the program’s numbers totaled in Clients Served in Shelter and Clients Served with Non-Shelter. For example, if the program served 30 women, 62 children and 2 men (94 total), the total for all the ages should also add up to 94.]

**Section 6- Race**

|  |  |
| --- | --- |
| Black or African American |  |
| American Indian/ Alaska Native |  |
| Asian |  |
| Native Hawaiian/ Other Pacific Islander |  |
| White |  |
| Two or more races |  |
| Unknown |  |
| Some other race |  |

[**Race/Ethnicity:** Report the race and/or ethnicity of the clients served, including children and youth. Clients may self-identify in more than one category, e.g., White and Hispanic.]

**Section 7- Ethnicity of people served.**

|  |  |
| --- | --- |
| Hispanic, Latino, or Spanish Origin |  |
| Not of Hispanic, Latino, or Spanish Origin |  |
| Unknown |  |

[**Hispanic, Latino, or Spanish Origin:** Report the race and/or ethnicity of the clients served, including children and youth. Clients may self-identify in more than one category, e.g., White and Hispanic.]

**Section 8 Other Demographics**

|  |  |
| --- | --- |
| Number needing language services, such as interpretation |  |
| Number self-identifying as lesbian, gay, bisexual, transgender or queer (LGBTQ) |  |
| Number of youth age 13-17 receiving services due to being a victim of dating violence |  |

**[Language Services:** Provision of interpretation and/or translation. Provision of English as a second language class.]

**[LGBTQ:** This is a count of clients who self-identify as lesbian, gay, bisexual, transgender or queer.]

**[Teen dating violence:** This is a count of all of the youth age 13-17 receiving services due to being a victim of dating violence in their own relationships. These youth could be receiving services on their own, as an emancipated minor or other minor eligible to receive services or could be a youth who accompanies their parent to shelter and self-identifies as needing their own services.]

**Section 9 Shelter Services and Crisis Calls**

|  |  |
| --- | --- |
| Shelter Nights |  |
| Unmet Requests for Shelter |  |
| Crisis/Hotline Calls |  |

**[Shelter Nights**: Indicate the number of shelter nights for each person who arrives and is provided with a bed, including on-site shelter, safe home or hotel room. Include victims of domestic violence and their dependents. Count the number of people housed times the number of nights. For example, a victim and her 3 children stay in the shelter or safe house for 5 nights; this means 4 people x 5 nights = 20 shelter nights.

Shelter includes onsite shelter managed by the domestic violence program, program-sponsored hotel rooms and safe homes (residences of volunteers who offer their private homes for short-term crisis situations) or other temporary housing that your program arranges. Nights that a victims stays in a shelter not managed by your program should not be counted (e.g., a shelter in a nearby county).]

[**Unmet Requests for Shelter**: Count the number of unmet requests for shelter due to program shelter, safe homes or sponsored hotel rooms being at capacity or unavailable. Count adult victims of domestic violence only. This count **should not** include individuals who were not served because their needs were inappropriate for the services of your program, e.g., homelessness not related to domestic violence. Count the total number of times requests for shelter were declined, even if the program provided other services.]

[**Crisis/Hotline Calls:** Calls received on any agency line that relate to an individual or family in need of some kind of service. A program does not have to have a dedicated hotline to count these calls. Count all calls including repeat callers and calls from third parties such as a family member. **Do not** count calls about donations or for general information about program or violence issues unrelated to a specific individual or family, calls from the media, etc.]

**Section 10 Services to Victims**

[Report the number of clients who received each service. Count each client only once for each type of service that the client received.]

|  |  |
| --- | --- |
| Number of children/youth receiving crisis intervention |  |
| Number of children/youth receiving victim advocacy services |  |
| Number of children/youth receiving individual or group counseling/support group |  |
|  |  |
| Number of adult victims receiving crisis intervention |  |
| Number of adult victims receiving victim advocacy services |  |
| Number of adult victims receiving individual or group counseling/support group |  |
| Number of adult victims receiving criminal/civil legal advocacy |  |
| Number of adult victims receiving medical accompaniment |  |
| Number of adult victims receiving transportation services |  |

[**Individual/Group Counseling**: Individual or group counseling or support provided by a volunteer, staff or advocate.]

[**Crisis intervention:** 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 with an established client. This does not include hotline calls where the caller isn’t a client receiving services.]

[**Victim Advocacy Services**: Actions designed to help the victim/survivor obtain needed resources or services including employment, housing, shelter services, health care, victim’s compensation, etc.]

[**Criminal/Civil Legal Advocacy**: Assisting a client with civil legal issues, including preparing paperwork for protection orders; accompanying a client to a protection order hearing, or other civil proceeding; and all other advocacy within the civil justice system. This also includes accompanying a client to an administrative hearing, such as unemployment, Social Security, TANF, or food stamp hearing. Assisting a client with criminal legal issues including notifying the client of case status, hearing dates, plea agreements, and sentencing terms; preparing paperwork such as victim impact statements; accompanying a client to a criminal court proceeding or law enforcement interview; and all other advocacy within the criminal justice system.]

[**Medical Accompaniment**: Accompanying a domestic violence victim to, or meeting a victim at, a hospital, clinic, or medical office.]

[**Transportation Services**: Provision of transportation, either directly or through bus passes, taxi fares, or other means of transportation.]

**Section 11 Community Education**

***Adults/General Population***

|  |  |
| --- | --- |
| Number of Presentations |  |
| Number of Participants |  |

**[Adults/General Population:** Count the total number of presentations or trainings about domestic violence and/or services related to victims of domestic violence and their children. In addition, count the number of individuals in attendance. Some examples may be a training for health professionals or a workshop for tribal leaders. Include all presentations for a mixed-age audience. This number does not include health fairs, media interviews or advertising.]

***Youth Targeted Education***

|  |  |
| --- | --- |
| Number of Presentations |  |
| Number of Participants |  |

[Youth Targeted: Count the total number of presentations or training about domestic violence, dating violence, healthy relationships or available services for victims. In addition, count the number of individuals in attendance. Some examples may be a presentation to youth in school on healthy relationships or a workshop for youth at a Safety Day event.]

**Section 12 -19 Service Outcome Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Know more about community resources** | | | **Know more ways to plan for safety** | | |
| **Survey Type** | **Number of Surveys Completed** | **Number of Yes Responses to Resource Outcome** |  | **Number of Surveys Completed** | **Number of Yes Responses to Safety Outcome** |  |
| Shelter survey |  |  |  |  |  |  |
| Support services and advocacy survey |  |  |  |  |  |  |
| Counseling survey |  |  |  |  |  |  |
| Support group survey |  |  |  |  |  |  |

[FVPSA programs should be collecting outcome information from their clients served. A manual and instructions from the Documenting Our Work Project are available online at the Outcomes webpage from the National Resource Center on Domestic Violence at <http://nrcdv.org/FVPSAOutcomes>. Outcome information may be collected for each service – shelter, support services and advocacy, counseling and support group. However, at a minimum, FVPSA requests outcome information on shelter services from programs that provide shelter services.

There are two mandated questions that must be asked of clients.

Because of the services I received, I feel:

* I know more about community resources (yes or no).
* I know more ways to plan for my safety (yes or no).

For each service, count the number of surveys completed and the number of yes responses to each question. It is expected that the number of surveys completed would be the same for each, but there may be instances when it differs, e.g., a client doesn’t answer one of the questions.

**Section 20 Narrative Responses**

* For services supported in whole or in part by your FVPSA grant, share a story about a client (without sharing any personally identifying information), service or community initiative that could be shared with other stakeholders.
* What does the FVPSA grant allow you to do that you wouldn’t be able to do without this funding?
* Describe any efforts supported in whole or in part by your FVPSA grant to meet the needs of underserved populations in your community, including populations underserved because of ethnic, racial, cultural or language diversity, sexual orientation or gender identity or geographic isolation. Describe any ongoing challenges.
* Describe significant prevention and outreach activities, supported in whole or in part by your FVPSA grant, during the program year.
* Provide information on the evaluation of the effectiveness of your domestic violence programming.
* (Optional) Provide any additional information that you would like us to know about your FVPSA-supported domestic violence program, i.e., the unmet needs of victims in your community, other funding sources used for programming or service trends that are emerging in your community.