**Section I:** Complete the following chart with the most current information.

|  |  |  |  |
| --- | --- | --- | --- |
| Program Name:  |  | Contract Number: |  |
| Administrator’s Name:  |  | E-mail Address: |  |
| Report Period: *Check one*  | **☐** | **2/1/2024 – 8/30/2024 Report Period 1** | **☐** | **9/1/2024 - 3/30/2025**  **Report Period 2**  | **☐** | **4/1/2025 – 9/30/2025 Report Period 3** | **☐** | **Grant close-out and Final Cumulative Report** |
| **Report Due Date:**  |  **September 30, 2024** | **April 30, 2024** | **October 30, 2025** |  **October 30, 2025** |
| New address or name change? Please submit a new W-9 form.  |  | Staff changes? Provide name & position. New hire or resignation? |  |  |
| Provide names and email addresses of all VDSS DV grant-funded staff. | Name | Title | Email |
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**Section II:** Provide information for each activity outlined in your approved work plan. Copy and fill in the chart for each High Level Outcome. Use the same chart to complete the first and second semi-annual report**.**

**Example**

|  |  |
| --- | --- |
| **OUTCOME:** |  |
| **ACTIVITIES:***Explain the service/initiative.* | **Annual Goal** | **OUTPUT***What the program did.* **# Unduplicated Persons Served****# Group Meetings** | **On Target for the report period? Y/N** *If not on target, explain obstacles and if a Plan of Action has been developed.* | **Results of Impact Evaluation:***Please indicate local measure, such as surveys, tracking data, etc.* ***Please note:****Please provide the percentage of s, as well as the number in order to understand the impact of the measure.*  |
| Example:Provided emergency hotel stays for survivors and their children to reduce exposure to COVID-19. | 90 unduplicated survivors will be provided emergency hotel stays.  | 24 adults and 32 children received shelter for a total of 524 nights | Yes.  | 84% of survivors sheltered in hotels reported feeling safer due to the services received. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Check one:** | **☐** | **2/1/2024 – 8/30/2024** **Report Period 1** | **☐** | **9/1/2024 - 3/30/2025** **Report Period 2**  | **☐** | **4/1/2025 – 9/30/2025** **Report Period 3** |
|  | **☐** | **Grant close-out and** **Final Cumulative Report** |  |  |  |  |

**Attachment D Work Plan Complete the section below using the Outcomes, Activities, Outputs and Evaluation/Measures from your Work Plan.**

|  |  |
| --- | --- |
| **OUTCOME:** |  |
| **ACTIVITIES** | **ANNUAL GOAL** (as stated in your work plan): | **OUTPUT** (as stated in your work plan): | **On Target for the report period? Y/N** *If not on target, explain obstacles & plan of action.* | **Results of Impact Evaluation:***Please indicate local measures, such as surveys, tracking data, etc.*  |
| 1St Reporting Period |  |  |  |  |
| 2nd Reporting Period |  |  |  |  |
| 3rd Reporting Period |  |  |  |  |
| Cumulative Data |  |  |  |  |

**Narrative Responses**

**1 - For services supported in whole or in part by your ARPA grant, share a story about a client (without sharing any personally-identifying information), service or community initiative that could be shared with other stakeholders.**

|  |  |
| --- | --- |
| 1St Reporting Period |  |
| 2nd Reporting Period |  |
| 3rd Reporting Period |  |
| Cumulative Reporting Period |  |

**2 - What does the ARPA grant allow you to do that you wouldn’t be able to do without this funding?**

**3 - Describe any efforts supported in whole or in part by your ARPA grant to increase safe voluntary access to COVID-19 testing, vaccines, and mobile health services, including (but not limited to) mobile advocacy services and local healthcare partnerships.**

**4 - Describe significant outreach activities, supported in whole or in part by your ARPA grant.**

**5 - Provide information on the evaluation of the effectiveness of your DV project.**