**Report instructions:**

1. In Section I, 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HIGH LEVEL OUTCOME:** |  | | | |
| **ACTIVITIES:**  *Explain the service/initiative.* | ***Annual Goal*** | **OUTPUT**  *What the program did.*  **# Served**  **# Services**  **Service**  **Frequency** | **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 Outcome evaluation:**  *If not using statewide measures, please indicate local measure, such as surveys, tracking data, etc.*  ***Please note:*** *Outcome data obtained for the first reporting period will be incomplete due to the lag in entry of DOW surveys. Results from the second report will be considered complete.* |
| 1St Reporting Period  Example:  Community support groups for survivors | 24 community support groups attended by 36 unique individuals | 12 community support groups (2 per month for six months)  Attended by 20 unique individuals | Yes | 90% of clients responding to the DOW survey report that because of services received, they know more about sexual and/or domestic violence and its impact (DOW Outcome Measure 1.1)  Number of clients reporting (16) |
| 2nd Reporting Period |  | 12 community support groups (2 per month for six months)  Attended by 18 unique individuals | Yes | 95% of clients responding to the DOW survey report that because of services received, they know more about sexual and/or domestic violence and its impact (DOW Outcome Measure 1.1)  Number of clients reporting (18) |

**Section I**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency Name: |  | | | | Grant Number: | | |  | |
| Administrator’s Name: |  | | | | E-mail Address: | | |  | |
| Report Period: *Check one* |  | **# 1 7/1/23 – 9/30/23** | | |  | **#3 1/1/24 – 3/31/24** | | | |
|  |  | **#2 10/1/23 – 12/31/23** | | |  | **#4 4/1/24 – 6/30/24** | | | |
| **Report Due Dates:** | **October 15, 2023** | | **January 15, 2024** | | **April 15, 2024** | | | | **July 15, 2024** |
| **New address or name change?** |  | | | **Staff changes? Provide name, & position. New hire or resignation?** | | |  | | |
| **Provide names and email addresses of all VDSS DV grant-funded staff. (Other staff may also be included)** | Name | | | Title | | | email | | |
|  | | |  | | |  | | |
|  | | |  | | |  | | |
|  | | |  | | |  | | |
|  | | |  | | |  | | |

**Section II**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HIGH LEVEL OUTCOME:** |  | | | |
| **ACTIVITIES:**  *Explain the service/initiative.* | **Annual Output Goal**  As written on your Work Plan | **Output**  *What the program did this reporting period:*  # Served/  Service Frequency | **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 Outcome evaluation:**  *If not using statewide measures, please indicate local measure, such as surveys, tracking data, etc.*  ***Please note:*** *Outcome data obtained for the first reporting period will be incomplete due to the lag in entry of DOW surveys. Results from the second report will be considered complete.* |
| 1St Reporting Period |  |  |  |  |
| 2nd Reporting Period |  |  |  |  |
| 3rd Reporting Period |  |  |  |  |
| 4th Reporting Period |  |  |  |  |
| Cumulative Data  (fill-in cumulative #s each reporting period) |  |  |  |  |

**Section III**

|  |  |
| --- | --- |
| **Period #1:**  Please describe any difficulties, capacity issues or barriers your agency has in serving survivors of violence. What does your agency need to increase capacity and ability to serve survivors? |  |
| **Period #2:**  Please describe any difficulties, capacity issues or barriers your agency has in serving survivors of violence. What does your agency need to increase capacity and ability to serve survivors? |  |
| **Period #3:**  Please describe any difficulties, capacity issues or barriers your agency has in serving survivors of violence. What does your agency need to increase capacity and ability to serve survivors? |  |
| **Period #1:**  What strategies were used during this period?  How were you able to connect your specific population to domestic violence services? |  |
| **Period #2:**  What strategies were used during this period?  How were you able to connect your specific population to domestic violence services? |  |
| **Period #3:**  What strategies were used during this period?  How were you able to connect your specific population to domestic violence services? |  |
| **Period #2:**  Describe any trends/emerging issues and unmet needs affecting domestic violence victims or services in your community. |  |
| **Period #2:**  Describe any trends/emerging issues and unmet needs affecting domestic violence victims or services in your community. |  |
| **Period #3:**  Describe any trends/emerging issues and unmet needs affecting domestic violence victims or services in your community. |  |
| **Period #1:**  Share any notable activities conducted by your agency to improve services to domestic violence survivors. |  |
| **Period #2:**  Share any notable activities conducted by your agency to improve services to domestic violence survivors. |  |
| **Period #3:**  Share any notable activities conducted by your agency to improve services to domestic violence survivors. |  |
| **Period #4:**  **Describe what you learned based on the results/outcomes you reported in Section II above. What programmatic or organizational changes will you make in FY 2025 based on your results/outcomes?** |  |

**Section IV**

|  |  |
| --- | --- |
| **In Case Studies, include titles of staff that provided services. Only include staff supported by the VDSS Domestic Violence Services for Underserved Populations Grant. Describe the services in narrative form, and/or a generic list of services provided.** | |
| **Period # 1 Case study** |  |
| **Period # 2 Case study** |  |
| **Period # 3 Case study** |  |
| **Period # 4 Case study** |  |
| **Period # 1 Celebrations!!!** |  |
| **Period # 2 Celebrations!!!** |  |
| **Period # 3 Celebrations!!!** |  |
| **Period # 4 Celebrations!!!** |  |