**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* | **☐** | **7/1 - 12/31/2024** **1st reporting period** | | **☐** | **1/1- 6/30/2025** **2nd reporting period and**  **FY22 year end** | | | |
| **Report Due Date:** | **January 31, 2025** | | | **July 31, 2025** | | | | |
| **New address or name change?**  **If yes, please submit a new W-9 form.** |  | | **Staff changes? Provide name & position. New hire or resignation?** | | |  | |  |
| **Number of bi-lingual/ bi-cultural staff paid for by this grant** |  | | | | | | | |
| **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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HIGH LEVEL OUTCOME:** |  | | | |
| **ACTIVITIES:**  *Explain the service/initiative as outlined on the official workplan.* | ***Annual Goal***  As stated on the workplan | **OUTPUT**  *What the program did.*  **# Served**  **# Services**  **Service**  **Frequency** | *If not on target, explain obstacles and if a Plan of Action has been developed.* | **Results of Impact Evaluation:**  *If not using statewide measures, please indicate local measure, such as surveys, tracking data, etc.*  ***Please note:*** *Impact data obtained for the first reporting period may 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 (17) |
| 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) |

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| --- | --- | --- | --- | --- |
| **Check one:** | **☐** | **July 1, 2024 – December 31, 2024 1st reporting period** | **☐** | **January 1, 2025– June 30, 2025 2nd reporting period**  **FY25 year end** |

**Attachment D.1 Workplan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Complete the section below using the High-Level Outcomes, Activities, Outputs and Evaluation/Measures from your FY25 Workplan. | | | |
| **HIGH LEVEL OUTCOME:** |  | | | |
| **ACTIVITIES:**  *Explain the*  *service/initiative.*  *(as outlined in official workplan)* | ***Annual Goal***  (as outlined in workplan) | **OUTPUT**  *What the program did.*  **# Served**  **# Services**  **Service**  **Frequency** | **On Target for the report period? Y/N**  *If not on target, explain obstacles & plan of action.* | **Results of Impact Evaluation:**  *If not using statewide measures, please indicate local measures, such as surveys, tracking data, etc.*  ***Please note:*** *Impact data obtained for the first reporting period may 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 |  |  |  |  |
| Cumulative Annual Data |  |  |  |  |

**Attachment D.2 - Underserved Population Workplan**

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| **HIGH LEVEL OUTCOME:** |  | | | |
| **ACTIVITIES:**  *Explain the service/initiative.*  *(as outlined in official workplan)* | ***Annual Goal***  *(as outlined in official workplan)* | **OUTPUT**  *What the program did.*  **# Served**  **# Services**  **Service**  **Frequency** | **On Target for the report period? Y/N**  *If not on target, explain obstacles & plan of action.* | **Results of Impact Evaluation:**  *If not using statewide measures, please indicate local measures, such as surveys, tracking data, etc.*  ***Please note:*** *Impact data obtained for the first reporting period may 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 |  |  |  |  |
| Cumulative Annual Data |  |  |  |  |

**Attachment D.3 Primary Prevention Workplan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HIGH LEVEL OUTCOME:** |  | | | |
| **ACTIVITIES:**  *Explain the service/initiative.*  *(as outlined in official workplan)* | ***Annual Goal***  *(as outlined in official workplan)* | **OUTPUT**  *What the program did.*  **# Served**  **# Services**  **Service**  **Frequency** | **On Target for the report period? Y/N**  *If not on target, explain obstacles & plan of action.* | **Results of Impact Evaluation:**  *If not using statewide measures, please indicate local measures, such as surveys, tracking data, etc.*  ***Please note:*** *Impact data obtained for the first reporting period may 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 |  |  |  |  |
| Cumulative Annual Data |  |  |  |  |

**Section III** - Complete the narrative.

|  |  |
| --- | --- |
| 1. **Period #1 –** Specific underserved populations that are being targeted for outreach and services. Is this the same population that was proposed in your original application? If not, how was this population selected? |  |
| 1. **Period #2 –** Specific underserved populations that are being targeted for outreach and services. Is this the same population that was proposed in your original application? Ifnot,how was this population selected? |  |
| 1. **Period # 1**-Please describe any difficulties, capacity issues or barriers your agency has in serving your identified underserved populations. What does your agency need to increase capacity and ability to serve the population? |  |
| **2) Period #2-**Please describe any difficulties, capacity issues or barriers your agency has in serving your identified underserved populations. What does your agency need to increase capacity and ability to serve the population? |  |
| 1. **Period #1** - What specific strategies were utilized this reporting period to reach your identified underserved populations? Elaborate on programs or activities conducted with targeted underserved populations as outlined in your workplan. |  |
| **3) Period #2 -** What specific strategies were utilized this reporting period to reach your identified underserved populations? Elaborate on programs or activities conducted with targetedunderserved populations as outlined in your workplan. |  |
| 1. **Period #1 – Primary Prevention** **(if funded)**   What specific strategies were utilized this reporting period to conduct Primary Prevention initiatives? Elaborate on all Primary Prevention programs or activities conducted as outlined in your workplan. Describe successes or challenges. |  |
| **4) Period #2 – Primary Prevention (if funded)**  What specific strategies were utilized this reporting period to conduct Primary Prevention initiatives? Elaborate on all Primary Prevention programs or activities conducted as outlined in your workplan. Describe successes or challenges. |  |
| **5)** **Period #1**- Please describe any difficulties, capacity issues or barriers your agency has in conducting your primary prevention activities. What does your agency need to increase capacity and ability to serve the population? |  |
| **5)** **Period #2**- Please describe any difficulties, capacity issues or barriers your agency has in conducting your primary prevention activities. What does your agency need to increase capacity and ability to serve the population? |  |
| 1. **Period #1 -** Trends/emerging issues impacting domestic violence victims or services in your community. Explain any unmet needs and provide a description of the impact. |  |
| **6) Period #2 -** Trends/emerging issues impacting domestic violence victims or services in your community. Explain any unmet needs and provide a description of the impact. |  |
| 1. **Period #1 -** Notable activities conducted by your agency to improve victim services. |  |
| **7) Period #2 -** Notable activities conducted by your agency to improve victim services. |  |

**Section IV**

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| --- | --- |
|  | **In Case Studies, include titles of DSS-funded staff that provided services. Only include staff supported by the VDSS Prevention and Services Grant. Describe the services in narrative form, and/or a generic list of services provided.** |
| **Period #1 Case study 1** |  |
| **Period #2 Case study 1** |  |
| **Period #1 Celebrations!!!** |  |
| **Period # 2 Celebrations!!!** |  |