

**Virginia Department of Criminal Justice Services  
SEXUAL ASSAULT GRANT PROGRAM  
PROJECT PROGRESS REPORT**

Program Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Reporting Period: Fiscal Year 20\_\_\_\_\_

1<sup>st</sup> Half of Year  2<sup>nd</sup> Half of Year  
(7/1 – 12/31) (1/1 – 6/30)

**I. NUMBER OF NEW VICTIMS SERVED THIS SEMI-ANNUAL REPORTING PERIOD**

\_\_\_\_\_ Victims

**II. NUMBER OF NEW VICTIMS SERVED BY LOCALITY**

Number	Locality	Number	Locality
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	Unknown
_____	_____	_____	<b>TOTAL (Should = I. Victims)</b>

**III. REFERRAL SOURCES FOR NEW VICTIMS**

_____ (A) Law Enforcement	_____ (E) Mental Health
_____ (B) Other Criminal Justice Professional	_____ (F) Victim-Initiated
_____ (C) Victim/Witness	_____ (G) Other
_____ (D) Medical/Hospital	_____ (Specify) _____
	_____ <b>TOTAL (Should = I. Victims)</b>

**IV. CHARACTERISTICS OF NEW VICTIMS**

Sex	Race	Age In Years	Disability
_____ (A) Males	_____ (A) White	_____ (A) Under 13	_____ (A) Handicapped
_____ (B) Females	_____ (B) Black	_____ (B) 13 - 17	_____ (B) Non-Handicapped
_____ (C) Unknown	_____ (C) Hispanic	_____ (C) 18 - 29	_____ (C) Unknown
	_____ (D) Asian	_____ (D) 30 - 44	
	_____ (E) Native American	_____ (E) 45 - 64	
	_____ (F) Unknown	_____ (F) Over 65	
_____ <b>TOTAL</b>	_____ <b>TOTAL</b>	_____ <b>TOTAL</b>	_____ <b>TOTAL</b>

(Totals Should = I. Victims)

**V. NEW VICTIMS SERVED BY TYPE OF VICTIMIZATION (one victimization per victim)**

	Number of Victims
(A) Adult Sexual Assault	_____
(B) Adults Molested As Children	_____
(C) Child Sexual Abuse	_____
(D) Other (Specify) _____	_____
(E) Other (Specify) _____	_____
<b>TOTAL (Should = I. Victims)</b>	_____



**IX. NUMBER OF NEW AND CARRY OVER VICTIMS WHO RECEIVED THE FOLLOWING SERVICES**

**Directions:** List the number of victims who received specific services. Count only the first time a service is provided to each victim. (Please note: not every victim will receive every service.)

<b>REQUIRED SERVICE OBJECTIVES</b>			
	<b>Current Semi-Annual Period</b>	<b>Year to Date</b>	<b>Annual Target</b>
<b>1. Crisis Intervention</b>			
<b>2. Follow-up Contact</b>			
<b>3. Emergency Assistance</b>			
A. Shelter/ Safe House			
B. Financial Assistance			
C. Protection			
<b>4. Assistance with Compensation Claims</b>			
<b>5. Information and Referrals</b>			
A. In Person			
B. By Telephone			
<b>6. Personal Advocacy</b>			
A. Companion Service			
B. Other			
<b>7. Criminal Justice Support/ Advocacy</b>			

<b>OPTIONAL SERVICE OBJECTIVES</b>			
	<b>Current Semi-Annual Period</b>	<b>Year to Date</b>	<b>Annual Target</b>
<b>8. Group Support</b>			
<b>9. Therapy</b>			
<b>OTHER (Specify):</b>			

## **X. NARRATIVE**

Attach a narrative that briefly describes progress on VOCA-funded activities only. Do not report on activities that are funded by other sources (e.g. prevention work).

### **1. PROGRAM ACCOMPLISHMENTS**

Report any projects, tasks, or initiatives that show the program's success: e.g. new court procedures enacted, the adoption of new policies, increased media attention, etc.

### **2. PROGRESS ON OTHER PROGRAM OBJECTIVES**

Report any progress on the Other Program Objectives, as described in your grant application: e.g. the first objective under goal one has been met, but the second objective has not been met because activities were delayed six months.

### **3. CASE STUDIES**

Describe one to two noteworthy cases, or cases requiring a large amount of staff time. Do not use victims' names or any other identifying information in the case studies.

### **4. ASSISTANCE TO FEDERAL CRIME VICTIMS**

Describe any efforts to serve federal crime victims. A federal crime victim is a person who is the victim of a federal criminal offense; i.e. an act that the U.S. Congress has classified as a crime. In some instances, a crime is automatically a violation of federal law if it occurs on federal property (e.g. a military installation), or involves federally protected populations (e.g. Native Americans). Any federal crime, if reported, will be prosecuted in the federal criminal justice system.

### **5. VICTIMS' COMPENSATION**

Relate any successes or problems encountered in assisting clients in obtaining awards from the Criminal Injuries Compensation Fund.

### **6. PROGRAM CHANGES**

Explain anything that may benefit or impede service delivery to victims in your locality: for example, new resources, personnel, procedures, or equipment. Always include the names of staff persons joining or leaving the agency.

### **7. TRENDS**

Identify any emerging issues or trends affecting crime victims services in your locality: for example, you've noticed a sharp increase in a certain type of victim served; the local hospital refuses to perform PERK examinations, etc.

### **8. MATERIALS DEVELOPED**

Describe any materials that were created for the program: e.g. brochures, forms, evaluation instruments, etc.

### **9. TRAINING RECEIVED**

Report on the training staff and volunteers have received, including content and evaluative remarks.

### **10. PLANS FOR NEXT SIX MONTHS**

Describe anything the program hopes to accomplish: e.g. Sexual Assault Awareness Month activities, etc.

**If you need any training, consultations, technical assistance, or other resources, please contact the staff of the Victims Services Section personally.**

(Note: Please refer to the "Sexual Assault Grant Program Codebook" for more information on completing this report.)

**For further information, contact:**

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