Commonwealth of Virginia

Virginia Department of Criminal Justice Services

**VOCA Victim Services Grant Program (VSGP):**

**QUARTERLY NARRATIVE REPORT**

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| --- | --- | --- | --- |
| **Grant Number:** |  | | |
| **Program Name:** |  | | |
| **Name of Person Completing Report:** | |  | |
| **Contact Information (phone & email):** | |  | |
| **Reporting Period: Fiscal Year** | | | **2021** |

**Quarter 1 (July 1 – September 30)  Quarter 2 (October 1 – December 31)**

**Quarter 3 (January 1 – March 31)  Quarter 4 (April 1 – June 30)**

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| **Brief Project Description:** |  |

**INFORMATION & INSTRUCTIONS:**

* **This form seeks narrative information about your Victim Services Grant Program (VSGP) project during the preceding quarter.**
* **This form is to be completed and uploaded to the Virginia Department of Criminal Justice Services (DCJS)** [Grants Management Information System](https://grants.dcjs.virginia.gov/) **(GMIS) by the 15th day following the end of each quarter.**

***This form is to be completed in addition to data submitted directly to the federal*** [*Performance Measurement Tool*](https://ojpsso.ojp.gov/) ***(PMT). A copy of your PMT data should also be uploaded to DCJS GMIS by the 15th day following the end of each quarter.***

* **Complete this form for the quarterly reporting period marked above.**
* **Report only on *VSGP-funded* services and activities.**
* **Please direct any questions or technical assistance requests to your DCJS grant monitor.**

QUARTERLY NARRATIVE QUESTIONS

1. On an annual basis, the PMT will require that grantees provide the number of requests for services that were unmet during the year, along with a brief explanation. If available, quarterly and year-to-date data can be reported below.

Number of requests for services that were unmet because of organizational capacity issues:

|  |  |
| --- | --- |
| Number during reporting period |  |
| Fiscal year-to-date total number |  |

Please explain:

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1. Does your organization formally survey clients for feedback on services received?

Yes  No *(proceed to Question 4)*

1. On an annual basis, the PMT will request that grantees provide the number of surveys distributed and the number of surveys completed. If available, quarterly and year-to-date data can be reported below.

Number of surveys **distributed** *(includes, but is not limited to, those distributed by hand, mail, or electronic methods)*:

|  |  |
| --- | --- |
| Number during reporting period |  |
| Fiscal year-to-date total number |  |

Number of surveys **completed**:

|  |  |
| --- | --- |
| Number during reporting period |  |
| Fiscal year-to-date total number |  |

1. Discuss some of the challenges or changes to your program faced during the course of the reporting period. Be sure to include challenges and changes related to COVID-19.

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1. Provide one brief case study that illustrates and describes the services provided with VSGP funding. **Do not use victim names or include any other identifying information.**

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1. Describe any emerging issues or notable trends affecting crime victim services in your service area.

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1. Describe any issues, trends, and promising practices related to COVID-19.

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1. If the program assisted victims of federally investigated or prosecuted crimes, please provide the number of **federal crime victims** below.

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| --- | --- |
| Number during reporting period |  |
| Fiscal year-to-date total number |  |