Commonwealth of Virginia

Virginia Department of Criminal Justice Services

**Sexual Assault & Domestic Violence Grant Program (SADVGP):**

**QUARTERLY NARRATIVE REPORT**

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

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

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

**INFORMATION & INSTRUCTIONS:**

* **This form seeks narrative information about your Sexual Assault & Domestic Violence Grant Program (SADVGP) 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 (GMIS).**

***This form is to be completed in addition to data submitted directly to the federal Performance Measurement Tool (PMT). A copy of your PMT data should also be uploaded to DCJS GMIS.***

* **Complete this form for the quarterly reporting period marked above.**
* **Report only on *SADVGP-funded* services and activities.**

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:

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| --- | --- |
| 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**:

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

1. Discuss some of the challenges your program faced during the course of the reporting period.

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1. Report progress on the Other Program Objectives, as described in your grant application. Please list each Objective and describe your progress during this reporting period.

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1. Provide one brief case study that illustrates and describes the services provided with SADVGP 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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