

**Office for Victims of Crime  
Victim Assistance Formula Grants Program  
SUBGRANT AWARD REPORT (SAR)**

---

The **Subgrant Award Report (SAR)** is a requirement for state agency recipients (i.e., grantees) that receive Victims of Crime Act (VOCA) funding from the Office for Victims of Crime (OVC) to deliver victim assistance services. Grantees use the SAR to collect basic information on subgrantee recipients and the program activities that will be implemented with VOCA plus match funds. Submit this data in the OVC PMT.

1. Grantees have 90 days to submit the SAR after the subaward's start date.
2. Grantees need to complete a SAR for each subgrant award of VOCA funding.
3. Grantees should submit information via the OVC PMT starting October 5, 2015.
4. The report requires two levels of data:
  - A. Profile of the subgrantee recipient receiving VOCA funds.
  - B. Information on the activities that the VOCA-funded subgrantee program will implement.
5. A SAR created with start dates that fall within the annual reporting period (federal fiscal year) will be associated with performance data submitted for that federal fiscal year.

**Office for Victims of Crime  
Victim Assistance Formula Grants Program  
SUBGRANT AWARD REPORT (SAR)**

---

The grantee should complete a SAR each time it makes a subaward for each federal award active during the period.

**FEDERAL AWARD NUMBER**

**INSTRUCTIONS:** Provide the federal grant award number(s) from which this subaward is made. Note: If funds are awarded from more than one federal VOCA grant award to this subgrantee recipient, grantees must complete and submit a SAR for each award.

**1. Subgrantee Organization/Tribal Name**

A. Organization Name

B. Organization/Tribal Address

C. City

D. State

E. Zip Code

**2. Subgrantee Organization/Tribal Point of Contact**

A. Subgrantee POC Name

B. POC Phone Number (XXX-XXX-XXXX)

C. POC E-mail Address

**3. Subgrantee Organization Type**

**INSTRUCTION:** Check the box that best describes the type of government, agency, or organization (A, B, C, and D) identified in item #1.

A. **Government Agencies Only:** Which designation best describes this government agency (select one response)?

- Courts
- Juvenile justice
- Law enforcement
- Prosecutor
- Other government agency

**Office for Victims of Crime  
Victim Assistance Formula Grants Program  
SUBGRANT AWARD REPORT (SAR)**

---

- B. Nonprofit Organization Only:** Which designation best describes this nonprofit organization (**select one response**)?
- Child abuse service organization (e.g., child advocacy center)
  - Coalition (e.g., state domestic violence or sexual assault coalition)
  - Domestic and family violence organization
  - Faith-based organization
  - Organization provides domestic and family violence and sexual assault services
  - Organization by and/or for underserved victims of crime (e.g., drunk driving, homicide, elder abuse)
  - Sexual assault services organization (e.g., rape crisis center)
  - Multiservice agency
  - Other type of nonprofit organization serving victims of crime

- C. Federally Recognized Tribal Governments, Agencies, and Organizations Only:** Which designation best describes this tribal agency or organization (**select one response**)?
- Child abuse service organization (e.g., child advocacy center)
  - Court
  - Domestic and family violence organization
  - Faith-based organization
  - Juvenile justice
  - Law enforcement
  - Organization provides domestic and family violence and sexual assault services
  - Prosecutor
  - Sexual assault services organization (e.g., rape crisis center)
  - Other justice-based agency
  - Other agency that is NOT justice-based (e.g., human services, health, education)
  - Organization by and/or for a specific traditionally underserved community
  - Organization by and/or for underserved victims of crime (e.g., drunk driving, homicide, elder abuse)

- D. Campus Organizations Only:** Which designation best describes this campus organization (**select one response**)?
- Campus-based victims services
  - Law enforcement
  - Physical or mental health service program
  - Other:

Description

**4. OVC Crime Victim Assistance Funds Awarded**

\$ Amount

- A. Project start date
- (mm/dd/yyyy)

- B. Project end date
- (mm/dd/yyyy)

- C. State-assigned award number (optional)
- Number

**Office for Victims of Crime  
Victim Assistance Formula Grants Program  
SUBGRANT AWARD REPORT (SAR)**

---

**5. Purpose of the VOCA Subaward** *(Check all that apply)*

- A. Continue a VOCA-funded victim project funded in a previous year
- B. Expand or enhance an existing project not funded by VOCA in the previous year
- C. Start up a new victim services project
- D. Start up a new **Native American** victim services project
- E. Expand or enhance an existing **Native American** project

**6. Priority and Underserved Requirements**

**INSTRUCTIONS:** *This is determined by the state for each SAR. Please identify ANY or ALL of the VOCA grant that will be used to meet required categories.*

- A. Child abuse *(includes services for child physical abuse/neglect and child sexual assault/abuse)*

\$ Amount

- B. Domestic and family violence

\$ Amount

- C. Adult sexual assault

\$ Amount

- D. Underserved *(includes DUI/DWI crashes, survivors of homicide victims, assault, adults molested as children, elder abuse, robbery, other violent crimes)*

\$ Amount

Please briefly explain how your state or territory defines "underserved."

*This is determined by the state for all SARs. It will auto-populate all SARs created for the same time period.*

Explanation (pre-populated for each SAR)

**7. Subgrantee Agency Service Area(s)**

**INSTRUCTIONS:** *Select the counties that cover the service area for this organization.*

Select counties (by state)

**8. Subaward Match** *(financial support from other sources)*

- A. Value of in-kind match

\$ Amount

- B. Cash match

\$ Amount

- C. Total match

\$ Amount *(auto-calculated)*

- D. Match waiver (full or partial)

**INSTRUCTIONS:** *Check box to indicate a match waiver was received.*

**Office for Victims of Crime  
Victim Assistance Formula Grants Program  
SUBGRANT AWARD REPORT (SAR)**

---

**9. USE of VOCA and MATCH FUNDS:**

**INSTRUCTIONS:** For this subaward, check the category of service and subcategory that best identifies the types of services or activities that will be provided by the VOCA-funded project, as described below. Note: Report only those program activities that will be implemented with VOCA funds. Do not report services offered by another agency.

**A. INFORMATION & REFERRAL**

- Information about the criminal justice process
- Information about victim rights, how to obtain notifications, etc.
- Referral to other victim service programs
- Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.)

**B. PERSONAL ADVOCACY/ACCOMPANIMENT**

- Victim advocacy/accompaniment to emergency medical care
- Victim advocacy/accompaniment to medical forensic exam
- Law enforcement interview advocacy/accompaniment
- Individual advocacy (assistance in applying for public benefits, return of personal property or effects)
- Performance of medical forensic exam or interview, or medical evidence collection
- Immigration assistance (e.g., special visas, continued presence application, other immigration relief)
- Intervention with employer, creditor, landlord, or academic institution
- Child and/or dependent care assistance (provided by agency)
- Transportation assistance (provided by agency)
- Interpreter services
- Assistance with victim compensation application

**C. EMOTIONAL SUPPORT OR SAFETY SERVICES**

- Crisis intervention (in-person, includes safety planning, etc.)
- Hotline/crisis line counseling
- Individual counseling
- On-scene crisis response (e.g., community crisis response)
- Therapy (traditional, cultural, or alternative healing; art, writing, or play therapy; etc.)
- Support groups (facilitated or peer)
- Emergency financial assistance (includes emergency loans, taxis, prophylactic and nonprophylactic meds, durable/medical equipment, etc.)

**D. SHELTER/HOUSING SERVICES**

- Emergency shelter or safe house
- Transitional housing
- Relocation assistance

**E. CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE**

- Notification of criminal justice events (case status, arrest, court proceedings, case disposition, release, etc.)
- Victim impact statement assistance
- Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)
- Civil legal attorney assistance in obtaining protection or restraining order
- Civil legal attorney assistance with family law issues (e.g., custody, visitation, or support)
- Other emergency justice-related assistance
- Immigration attorney assistance (e.g., special visas, continued presence application, and other immigration relief)
- Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness)

**Office for Victims of Crime  
Victim Assistance Formula Grants Program  
SUBGRANT AWARD REPORT (SAR)**

- Law enforcement interview advocacy/accompaniment
- Criminal advocacy/accompaniment
- Other legal advice and/or counsel

**10. Budget and Staffing**

**INSTRUCTIONS:** Indicate below the requested information based on the subgrantee's current fiscal year. Report the total budget available to the victim services program, by source of funding. Do not report the entire agency budget, unless the entire budget is devoted to victim services programs. For example, if VOCA funds are awarded to support a victim advocate unit in a prosecutor's office, only report the budget for the victim advocate unit. NOTE: Do not include in-kind match; do not report sums of less than \$1.

Information Requested	Response	Explanation (as needed)
A. Indicate the fiscal year of the subgrantee organization	<input type="checkbox"/> Oct. – Sept. <input type="checkbox"/> July – June <input type="checkbox"/> Other; please define	
B. Total budget for all victimization programs/services for this subgrantee	\$ Amount	<i>The amount reported is for the current fiscal year</i>
C. Annual funding amounts allocated to all victimization programs and/or services for the current fiscal year	STATE/TERRITORY: \$ Amount LOCAL: \$ Amount OTHER FEDERAL: \$ Amount OTHER NON-FEDERAL: \$ Amount	<i>Identify by source the amount of funds allocated to the victimization programs/services budget of the subgrantee agency</i>
D. Total number of paid staff for all subgrantee victimization program and/or services	Number	<i>Total number of paid full-time equivalent staff (FTE) for the current fiscal year</i>
E. Number of FTE staff funded through this VOCA award (plus match) for subgrantee's victimization programs and/or services	Number	<i>Total number of VOCA-funded staff by FTE for the current fiscal year</i>
F. Number of volunteer hours supporting the work of this VOCA award (plus match) for subgrantee's victimization programs and/or services	Number	<i>Total count of hours to be worked by all volunteers supporting the work of this VOCA subaward plus match</i>