Commonwealth of Virginia

Virginia Department of Criminal Justice Services

**VOCA New Initiative Grant Program**

**QUARTERLY NARRATIVE REPORT FORM**

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

 **[ ]  Quarter 1 (October 1 – December 31) [ ]  Quarter 2 (January 1 – March 31)**

**[ ]  Quarter 3 (April 1 – June 30)** **[ ]  Quarter 4 (July 1 – September 30)**

**INFORMATION & INSTRUCTIONS:**

* **This form seeks narrative information about successes achieved and challenges confronted by your VOCA New Initiative project during the preceding quarter.**
* **This form is to be completed and uploaded to GMIS.**
* **This form is to be completed in addition to data submitted directly to the federal Performance Measurement Tool (PMT)**
* **Complete this form for the quarterly reporting period marked above.**
* **Report only on VOCA New Initiative *funded* services and activities.**

**1.** Please provide a brief description or examples of any services which were requested, but could not be met because of organizational capacity (staffing etc.) issues:

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Note: On annual basis, at the end of the 12 month reporting period, PMT will require that subgrantees provide the number of requests for service that were unmet during the year, along with a brief explanation. If available, quarterly and year to date data can be reported below.

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

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

[ ]  Yes [ ]  No *(proceed to Question 5)*

Note: On annual basis, at the end of the 12 month reporting period, PMT will request that subgrantees provide the number of surveys distributed and the number completed. If available, quarterly and year to date data can be reported below.

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

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

**4.** Number of surveys **completed**:

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

**5.** Please provide one brief case study that illustrates and describes the services provided with VOCA funding. **Please do not use victim names or include any other identifying information.**

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**6**. Please describe any emerging issues or notable trends affecting crime victim services in your service area (e.g. issues which either assist or prevent victims from receiving services etc.).

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**7**. Please describe any efforts taken to serve victims of federal crime during the reporting period.

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**8**. As appropriate, please discuss any other challenges your program faced during the course of the reporting period.

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