

Louisiana Commission on Law Enforcement and Administration on Criminal Justice



VICTIMS OF CRIME ACT PROGRAM Quarterly Progress Reporting Form **VOCA**

All subgrantees receiving VOCA subgrants administered by the Louisiana Commission on Law Enforcement must complete and submit Quarterly Progress Reports to LCLE - **ON THIS FORM**.
No questions should be left blank. Any progress report with blank items is subject to being returned to the subgrantee as "Incomplete". Any request for funds will not be honored until a "Completed and Approved" progress report is submitted to LCLE.

Subgrant Number (Current): C _____ Date: _____

Subgrantee Name: _____

Project Title: _____

Address: _____

City, State, Zip Code: _____

Area Code and Telephone Number: _____

Report Completed By: _____

Reporter Email Address: _____

Project Director: _____

Project Director's Signature: (SIGN IN BLUE) _____

CHECK THE QUARTER IN WHICH THE ACTIVITY OCCURRED

Is this the final report? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Reporting Period	Due to LCLE
January – March	April
April – June	July
July – September	October
October – December	January

If a project ends within a reporting period, the final reports are due to LCLE on or before 15 days at the conclusion of the project.

ALTERATIONS TO THIS LCLE FORM WILL NOT BE ACCEPTED.

For District Office Use Only	For LCLE Office Use Only
District Name: _____	Report Type: <input type="checkbox"/> Quarter Report <input type="checkbox"/> Final Report
District Number: _____	Grants Personnel Recd & Date: _____
Approved By: _____	Program Manager Approval & Date: _____
Date: _____	Data Entered By & Date: _____
	GMIS Final Entry & Date: _____

General Information *All subgrantees must complete this section.*

1. Total Number of Victims *Report each victim that was provided VOCA Program funded services during each reporting period. Keep a running total for every and each quarterly report.*

Type of Victim	Reporting Quarter	Reporting Quarter	Reporting Quarter	Reporting Quarter	Reporting Quarter	Total for all quarters
	Month(s) _____ 20 ____	Month(s) _____ 20 ____	Month(s) _____ 20 ____	Month(s) _____ 20 ____	Month(s) _____ 20 ____	
a. Carry Over from previous report						
b. New Victims						
c. Victims Who Completed the Program						
d. Victims Who Did Not Complete the Program						
TOTAL						

2. Characteristics of Victims *Report the number of victims by Racial / Ethnic, Age, and Gender. Total must equal question for the current reporting period..*

Racial / Ethnic		Number of Victims	Age		Number of Victims	Gender		Number of Victims
a. African-American			i. 0 – 12 years		r. Female			
b. Alaskan Native			j. 13 – 17 years		s. Male			
c. Asian-American			k. 18 – 25 years		t. Unknown			
d. Caucasian			l. 26 – 40 years		Total C			
e. Hispanic			m. 41 – 59 years					
f. Native American			n. 60 – 69 years					
g. Pacific Islander			o. 70 – 79 years					
h. Unknown			p. 80 – 89 years					
Total A			q. 90 + years					
			Total B		TOTAL			

3. Type of Victimization *Report the number of victims by type. Each category cannot total more than the total in question 1 for the current reporting period.*

Type of Victim	Number of Victims
a. Primary	
b. Secondary	
c. Unknown	
TOTAL	

4. Type of Special Needs of Victims *Report the number of special needs of victims. Victims could be qualified for more than one category. Each category cannot total more than the total in question 1 for the current reporting period..*

Type of Special Needs	Number of Victims
a. Children	
b. Elderly	
c. Emotionally Challenged	
d. Medically Challenged	
e. Mentally Challenged	
f. Physically Challenged	
TOTAL	

5. Type of Offender / Relationship to Victims Report the number of victims and their relationship. Victims could qualify for more than one category. Each category cannot total more than the total in question 1 for the current reporting period..

Type of Offender / Relationship	Number of Victims
a. Victim(s) Related to Offender(s) (By - Blood, Marriage, or Former Marriage)	
b. Victim(s) Currently or Formerly in Other Intimate Relationships(s) with Offender(s) (Boyfriend / Girlfriend, Living with or Has Lived with as a Spouse, Have a Child in Common)	
c. Victim(s) Acquainted with Offender(s) (Friends, Neighbors, Co-workers, Schoolmates, Roommates)	
d. Victim(s) Unknown to Offender(s) (Strangers or Other) Specify: _____	
TOTAL	

6. Type of Victimization of Victims Report the number of victims and how they were victimized. Victims could qualify for more than one category. Each category cannot total more than the total in question 1 for the current reporting period..

Type of Victimization	Sub-number of Victims	Total Number of Victims	
a. Child Physical Abuse			
b. Child Sexual Abuse			
c. DUI / DWI Crashes			
d. Domestic Violence			
e. Adult Sexual Assault			
f. Elder Abuse			
g. Adults:			
Molested as Children			
Physically Abused as Children			
Total Adults			
h. Survivors of Homicide Victims			
i. Robbery			
j. Other			
Arson			
Assault			
Battery			
Burglary			
Economic Exploitation			
Federal Crimes: (Specify)			
Human Trafficking			
Identity Theft			
Juvenile Victims of Pornography			
Kidnapping			
Total Other Crimes			
k. Home Invasion			
l. Stalking			
m. Witness Intimidation			
TOTAL			

7. Type of Services Provided to Victims Report the number of victims and how they were provided services. Count each victim only once for the appropriate category. Do Not report the number of times services was provided to the victim. Each category cannot total more than the total in question 1 for the current reporting period..

Type of Services Provided	Sub-number of Victims	Total Number of Victims
a. Counseling		
Adult Individual (Face-to-Face)		
Child Individual (Face-to-Face)		
Crisis		
Total Counseling		
b. Follow-up		
Adult		
Child		
Total Counseling		
c. Therapy		
Adult		
Child		
Total Therapy		
d. Group Treatment / Support		
Adult		
Child		
Total Group Treatment / Support		
e. Shelter / Safe house		
f. Information / Referral (In-person)		
g. Criminal Justice Support / Advocacy		
Support		
Advocacy		
Forensic Interview		
Total Criminal Justice Support / Advocacy		
h. Emergency Financial Assistance		
i. Emergency Legal Advocacy		
j. Assistance in Filing Compensation Claims		
k. Personal Advocacy		
l. Telephone Contact Information / Referral		
m. Other:		
Safety Measure Plan		
Transportation for Victims		
Total		
TOTAL		

8. Total Number of Victims who?

Type of Victim	Total Number
a. Did Not Want to Receive Services	
b. Did Not Want to Report to Law Enforcement	
TOTAL	

9. Personnel Funded *Report the number Personnel Funded by VOCA Grant Funds. Number to equivalent to Full-time Employee.*

Type of Personnel	FTE Number
a. Law Enforcement	
b. Prosecution	
c. Courts	
d. Probation, Parole, and Other Corrections	
e. Private Non-profit Victim Services	
f. Public Sector Victim Services	
g. Health Care Providers	
h. Other Service Providers	
TOTAL	

10. Project Purpose Area *Report the breakdown of the project's purpose areas.*

- If the project has multiple purpose area, show the percentage breakdown to each area in whole numbers and **must** total 100%

Purpose Area	Percentage Number
a. Direct Victim Services	%
b. Training	%
c. Administrative Time (not to exceed 10%)	%
TOTAL <i>(Must equal 100%)</i>	%

11. Volunteers *Report the volunteer information.*

11. A. Number of Volunteers Utilized	Number of Volunteers
a. New	
b. Continued	
Check if Volunteers are not utilized in this grant <input type="checkbox"/>	
TOTAL	

11. B. Records of Volunteers *Check the appropriate answer.*

a. Names	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. Duties	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d. Curriculum	YES <input type="checkbox"/>	NO <input type="checkbox"/>
e. Attendance <i>(Sign-in and Sign-out)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
f. Functions to be Performed	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Briefly describe the functions of the volunteers		

11. C. Type of Training for Volunteers <i>Report the number of attendees and number of training hours for each session..</i>	Number of Attendees	Number of Training Hours
a. Client Confidentially		
b. Crisis Intervention		
c. Cultural Diversity		
d. Policy and Procedure		
e. Other <i>(Specify)</i> _____		

12. Conferences, Seminars, Training, and Staff Development Sessions
Report the Conference, Seminars, Training Sessions, and Staff Development Sessions information.

12. A. Conferences, Seminars, Training , and Staff Development Sessions - Hosted / Sponsored by Other Organizations
Report attended by personnel from your organization. If you need to provided additional information, attach a sheet with information.

Number of Sessions		Number of Hours		Number of Attendees	
Date of Session		Title / Topic			
Date of Session		Title / Topic			
Date of Session		Title / Topic			
Date of Session		Title / Topic			
Date of Session		Title / Topic			

12. B. Conferences, Seminars, Training , and Staff Development Sessions - Hosted / Sponsored by Your Organizations
Report attended by personnel from your organization. If you need to provided additional information, attach a sheet with information.

Number of Sessions		Number of Hours		Number of Attendees	
Date of Session		Title / Topic			
Date of Session		Title / Topic			
Date of Session		Title / Topic			
Date of Session		Title / Topic			
Date of Session		Title / Topic			

12. C. Conferences, Seminars, Training , and Staff Development Sessions - Hosted / Sponsored by Your Organizations
Report the number of personnel in each profession that attended the session in 12. B.

Profession Attended Session	Number of Personnel
a. Law Enforcement	
b. Prosecution	
c. Court Personnel	
d. Probation, Parole, and Other Corrections	
e. Private Non-profit Victim Services	
f. Public Sector Victim Services	
g. Health Care Providers	
h. Other Service Providers	

12. D. Conferences, Seminars, Training , and Staff Development Sessions - Hosted / Sponsored by Other Organizations

Report attended by personnel from your organization. If you need to provided additional information, attach a sheet with information.

Number of Sessions		Number of Hours		Number of Attendees	
Date of Session		Title / Topic			
Date of Session		Title / Topic			
Date of Session		Title / Topic			
Date of Session		Title / Topic			
Date of Session		Title / Topic			

Narratives

If you print this report and then fill out the questions – answer all questions on separate paper.

13. What are the major issues that hinder Victim Assistance Programs in assisting Crime Victims in filing for compensation benefits and in understanding State Victim Compensation eligibility requirements?

14. Briefly describe efforts to promote coordinated public and private efforts within the community to aid crime victims.

15. Briefly describe efforts taken to serve Federal Crime Victims.

16. Describe any notable activities conducted at the State and Subgrant level to improve the delivery of Victim Services
- Needs Assessments, Program Monitoring, Program Evaluation, Training Efforts, and use of VOCA approved Training Funds.

17. Describe or attach an anecdotal information and / or individual case histories illustrating ways VOCA funds have been used to assist Crime Victims.

18. Identify any emerging issues or notable trends impacting crime victim services.

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19. a. Does your VOCA grant conduct religious activities as part of your programs or services?

Yes No

b. Does your VOCA grant provide services to everyone regardless of religion or religious belief?

Yes No

c. Does your VOCA funds conduct inherently religious activities, such as prayer, religious instruction, or proselytization.

Yes No

d. If so are these activities kept separate in time and place from federally funded activities.

Yes No

e. If participating in religious activities, have you ensured all participation in religious activities are voluntary for beneficiaries of federally funded programs.

Yes No

Comments:

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20. What steps were taken during this period, to secure additional funds to continue this project if VOCA funds were no longer available?

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