

# Program Performance Report (PPR) and Instructions for NC Division for Women and Youth FVPSA Grantees

Enter the below information into the Online form at [FVPSA 2024-2025 Reporting](#) . If you have any questions about this form or need technical assistance, please email your FVPSA Grant Managers.

## *General program information*

| Program Name | City & state | City, Zip Code | County or counties served | Executive director or equivalent's Name | Number of Shelter facilities | Number of non-shelter service sites | Grantee Type | Underserved or culturally- and linguistically specific population | Website |
|--------------|--------------|----------------|---------------------------|---|------------------------------|-------------------------------------|--------------|---|---------|
|              |              |                |                           |   |                              |                                     |              |   |         |

**How many counties do you serve in North Carolina? If you serve as a statewide agency, indicate your response below:**

## *Section A – General Program Information*

|  |  |
|--|--|
| Total domestic violence program budget |  |
| FVPSA grant amount                     |  |
| Number of shelter facilities           |  |
| Number of non-shelter service sites    |  |

[Total Domestic Violence Program Budget: This is the sum of the total annual budgets for each local domestic violence program at the same point in time. Each local domestic violence program will report its total budget that is used to provide the services to victims included in this report. This number could include additional funding from other sources, or it may be the same as the FVPSA grant amount listed in the FVPSA grant amount. The FVPSA State Administrator then totals each of the entries from the local programs and enters the number here. For example, the total program budget would include all funding sources, i.e., FVPSA dollars and state dollars to provide shelter to victims. Grant dollars set aside to provide separate services to sexual assault victims **would not be included** here. In addition, a domestic violence program that is located within a larger social service agency would only include its budget for domestic violence programming. For example, a local domestic violence program that receives \$50,000 in FVPSA funds, \$20,000 from the state for DV services and \$10,000 from a private funder would report \$80,000 as its total domestic violence program budget.]

[FVPSA Grant Amount: List total amount of FVPSA funds received within your current fiscal year.]

[Number of Shelter Facilities: This is a count of shelter facilities providing immediate housing to victims of domestic violence and their children **managed by** the domestic violence program. This normally includes only communal living spaces and other buildings owned or rented by the program. This number **should not** include safe homes, motels or shelter beds provided by other programs. Although this count of shelter facilities only includes property managed by the program, Section B Clients Served in Shelter below asks programs to count the number of clients who were provided shelter whether that be in a building managed by the program or a hotel or safe home.]

[Non-Shelter Services Sites: List the total number of service sites (i.e., office locations) where a program provides non-residential services. This may include the coordination of shelter for victims through hotels and safe homes where there is not a shelter facility. This number should be one (1) if the program has a single program site with no shelter facility. If a program maintains satellite locations, they should be counted here, i.e., one main office and two satellite offices should be reported as three (3) sites. This is not a count of the number of hotels and safe homes used.]

## **Section B – People Served - Total**

[If the grantee has concerns that providing the data below will allow a report reader to personally identify a victim, please use the boxes for “not specified” or “unknown” for that client’s data.]

### **Clients Served in Shelter**

|                            |            |
|----------------------------|------------|
| Number of Children/Youth   |            |
| Adults:                    |            |
| Number of Women            |            |
| Number of Men              |            |
| Number Not-specified/Other |            |
| Total                      | [Auto Sum] |

[Clients Served in Shelter: Number of new domestic violence victims (clients) seen for the first time during this reporting period who received shelter services (including a shelter facility managed by the program, safe home or hotel). Clients should be counted once regardless of the number of times served during the fiscal year. For example, if a client spent 30 days in the shelter in November, exited the shelter and then came back to the shelter in March, then she would only be counted one time. Clients who received shelter should only be counted in this element and not counted in Clients Served with Non-Shelter Services even though they may have received non-shelter services also. Clients who were referred to another domestic violence shelter program should not be counted here. The count will be within program only and should not be unduplicated across programs statewide.]

### **Clients Served with Non-Shelter Services**

|                            |            |
|----------------------------|------------|
| Number of Children/Youth   |            |
| Adults:                    |            |
| Number of Women            |            |
| Number of Men              |            |
| Number Not-specified Other |            |
| Total                      | [Auto Sum] |

[Clients Served with Non-Shelter (supportive services only): Number of new domestic violence victims (clients) seen for the first time during this reporting period who received only non-shelter services. Include only clients that received supportive services only and no shelter by your program. Calls to a crisis line or hotline should not be counted here and

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should be counted in Section C instead. Count should be within program only and not unduplicated across programs statewide.]

**Age**

|                   |            |
|-------------------|------------|
| 0-12              |            |
| 13-17             |            |
| Unknown Child Age |            |
| 18-24             |            |
| 25-59             |            |
| 60+               |            |
| Unknown Adult Age |            |
| Total             | [Auto Sum] |

[Age: Report the ages of the clients served, including children and youth. These age demographic totals should equal the program’s numbers totaled in Clients Served in Shelter and Clients Served with Non-Shelter. For example, if the program served 30 women, 62 children and 2 men (94 total), the total for all the ages should also add up to 94.]

**Race/Ethnicity**

|   |  |
|---|--|
| Black or African American               |  |
| American Indian/ Alaska Native          |  |
| Asian                                   |  |
| Hispanic or Latino                      |  |
| Native Hawaiian/ Other Pacific Islander |  |
| White                                   |  |
| Unknown/Other                           |  |

[Race/Ethnicity: Report the race and/or ethnicity of the clients served, including children and youth. Clients may self-identify in more than one category, e.g., White, and Hispanic.]

**Other Demographics**

|   |  |
|---|--|
| Number needing language services, such as interpretation  |  |
| Number self-identifying as lesbian, gay, bisexual, transgender, queer, or Two Spirit (LGBTQ/Two Spirit) |  |
| Number of youth age 13-17 receiving services due to being a victim of dating violence                   |  |

[Language Services: Provision of interpretation and/or translation. Provision of English as a second language class.]

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[LGBTQ/Two Spirit: This is a count of clients who self-identify as lesbian, gay, bisexual, transgender, queer, or Two Spirit.]

[Teen dating violence: This is a count of all of the youth age 13-17 receiving services due to being a victim of dating violence in their own relationships. These youth could be receiving services on their own, as an emancipated minor or other minor eligible to receive services or could be a youth who accompanies their parent to shelter and self-identifies as needing their own services.]

### Section C – Shelter Services and Crisis Calls

|  |  |
|--|--|
| Shelter Nights   |  |
| Unmet Requests for Shelter   |  |
| Crisis/Hotline Calls   |  |
| Number of crisis/hotline calls that were digital communications (online chat and text messaging) |  |
|  |  |

[Shelter Nights: Indicate the number of shelter nights for each person who arrives and is provided a bed, including on-site shelter, safe home, or hotel room. Include victims of domestic violence and their dependents. Count the number of people housed times the number of nights. For example, a victim and her 3 children stay in the shelter or safe house for 5 nights; this means 4 people x 5 nights = 20 shelter nights.

Shelter includes onsite shelter managed by the domestic violence program, program-sponsored hotel rooms and safe homes (residences of volunteers who offer their private homes for short-term crisis situations) or other temporary housing that your program arranges. Nights that a victim stays in a shelter not managed by your program should not be counted (e.g., a shelter in a nearby county).]

[Unmet Requests for Shelter: Count the number of unmet requests for shelter due to program shelter, safe homes or sponsored hotel rooms being at capacity or unavailable. Count adult victims of domestic violence only. This count **should not** include individuals who were not served because their needs were inappropriate for the services of your program, e.g., homelessness not related to domestic violence. Count the total number of times requests for shelter were declined, even if the program provided other services.]

[Crisis/Hotline Calls: Calls received on any agency line that relate to an individual or family in need of some kind of service. A program does not have to have a dedicated hotline to count these calls. Count all calls including repeat callers and calls from third parties such as a family member. **Do not** count calls about donations or for general information about program or violence issues unrelated to a specific individual or family, calls from the media, etc.]

### Section D – Services to Victims

|  |  |
|--|--|
| Number of children/youth receiving crisis intervention |  |
|--|--|

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|   |  |
|---|--|
| Number of children/youth receiving victim advocacy services   |  |
| Number of children/youth receiving individual or group counseling/support group                               |  |
| Number of adult victims receiving crisis intervention   |  |
| Number of adult victims receiving victim advocacy services  |  |
| Number of adult victims receiving individual or group counseling/support group                                |  |
| Number of adult victims receiving criminal/civil legal advocacy   |  |
| Number of adult victims receiving medical accompaniment   |  |
| Number of adult victims receiving transportation services   |  |
| Number of adult victims receiving accessibility accommodations or disability assistance                       |  |
| Number of adult victims who were referred for external services (i.e., medical, legal, social services, etc.) |  |

[Report the number of clients who received each service. Count each client only once for each type of service that the client received.]

[Individual/Group Counseling: Individual or group counseling or support provided by a volunteer, staff, or advocate.]

[Crisis intervention: Process by which a person identifies, assesses, and intervenes with an individual in crisis so as to restore balance and reduce the effects of the crisis in her/his life. In this category, report crisis intervention that occurs in person and/or over the telephone with an established client. This does not include hotline calls where the caller isn't a client receiving services.]

[Victim Advocacy Services: Actions designed to help the victim/survivor obtain needed resources or services including employment, housing, shelter services, health care, victim's compensation, etc.]

[Criminal/Civil Legal Advocacy: Assisting a client with civil legal issues, including preparing paperwork for protection orders; accompanying a client to a protection order hearing, or other civil proceeding; and all other advocacy within the civil justice system. This also includes accompanying a client to an administrative hearing, such as unemployment, Social Security, TANF, or food stamp hearing. Assisting a client with criminal legal issues including notifying the client of case status, hearing dates, plea agreements, and sentencing terms; preparing paperwork such as victim impact statements; accompanying a client to a criminal court proceeding or law enforcement interview; and all other advocacy within the criminal justice system.]

[Medical Accompaniment: Accompanying a domestic violence victim to, or meeting a victim at, a hospital, clinic, or medical office.]

[Transportation Services: Provision of transportation, either directly or through bus passes, taxi fares, or other means of transportation.]

[Accessibility Accommodations or Disability Assistance: Providing a modification or adjustment to physical site, environment, service or program that ensures a victim of domestic violence or their children can with dignity approach, enter, participate in/or use safely that site, environment, service or program.]

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## Section E – Community Education

### Adults/General Population

|                         |  |
|-------------------------|--|
| Number of Presentations |  |
| Number of Participants  |  |

[Adults/General Population: Count the total number of presentations or trainings about domestic violence and/or services related to victims of domestic violence and their children. In addition, count the number of individuals in attendance. Some examples may be a training for health professionals or a workshop for tribal leaders. Include all presentations for a mixed-age audience. This number does not include health fairs, media interviews or advertising.]

### Youth Targeted Education

|                         |  |
|-------------------------|--|
| Number of Presentations |  |
| Number of Participants  |  |

[Youth Targeted: Count the total number of presentations or trainings about domestic violence, dating violence, healthy relationships, or available services for victims. In addition, count the number of individuals in attendance. Some examples may be a presentation to youth in school on healthy relationships or a workshop for youth at a Safety Day event.]

## Section F – Narrative Responses (Bullet or attachment, writing out number or using #) Can we create a template for them)

H-01 - For services supported in whole or in part by your FVPSA grant, **please share examples such as** stories about a client (without sharing any personally-identifying information), service or community initiative that could be shared with other stakeholders.

H-02 - What does the FVPSA grant allow you to do that you wouldn't be able to do without this funding?

H-03 - Describe any efforts supported in whole or in part by your FVPSA grant to meet the needs of underserved populations in your community, including populations underserved because of ethnic, racial, cultural or language diversity, sexual orientation or gender identity or geographic isolation. Describe any ongoing challenges.

H-04 - Describe prevention and outreach activities, supported in whole or in part by your FVPSA grant, during the program year.

H-05 - Provide information on the evaluation of the effectiveness of activities in achieving the purpose of the grant. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key activities, and outcomes of the funded activities as well as if the collected data was used to inform adjustments or improvements to funded activities.

H-06 – Describe any community collaborations or partnerships that contribute to increasing access to services for family violence, domestic violence, and/or dating violence victims and their children?

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H-07 - (Optional) Provide any additional information that you would like us to know about your FVPSA-supported domestic violence program, i.e., the unmet needs of victims in your community, other funding sources used for programming or service trends that are emerging in your community.

H-08 – Describe efforts to meet the needs of survivors with disabilities and monitor the accessibility of shelters and supportive services in your state/territory/tribe.

[These responses should be entered directly into the Online Data Collection System in the associated text boxes. This allows FVPSA to review all of the responses from the grantees at one time. FVPSA understands that this may affect the formatting of the responses and makes it more difficult to read. If you are concerned about this, you may provide a separate attachment as a pdf or Word file, but this would be in addition to entering the information directly into the text boxes.]

### Section G – Service Outcome Data

|      | Survey Type                          | Know more about community resources |   |                               | Know more ways to plan for safety |   |                               |
|------|--------------------------------------|-------------------------------------|---|-------------------------------|-----------------------------------|---|-------------------------------|
|      |                                      | Number of Surveys Completed         | Number of Yes Responses to Resource Outcome | Percent Responses [auto-calc] | Number of Surveys Completed       | Number of Yes Responses to Safety Outcome | Percent Responses [auto-calc] |
| I-01 | Shelter survey                       |                                     |   |                               |                                   |   |                               |
| I-02 | Support services and advocacy survey |                                     |   |                               |                                   |   |                               |
| I-03 | Counseling survey                    |                                     |   |                               |                                   |   |                               |
| I-04 | Support group survey                 |                                     |   |                               |                                   |   |                               |
| I-05 | TOTAL                                |                                     |   |                               |                                   |   |                               |

[Domestic violence programs should be collecting outcome information from their clients served. A manual and instructions from the Documenting Our Work Project are available online at the Outcomes webpage from the National

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Resource Center on Domestic Violence at <http://nrcdv.org/FVPSAOutcomes>. There are two mandated questions that must be asked of clients.

Because of the services I received, I feel:

- I know more about community resources (yes or no).
- I know more ways to plan for my safety (yes or no).

Outcome information may be collected for each service – shelter, support services and advocacy, counseling, and support group. However, at a minimum, FVPSA requests outcome information on shelter services from programs that provide shelter services.

For each service, count the number of surveys completed and the number of yes responses to each question. It is expected that the number of surveys completed would be the same for each, but there may be instances when it differs, e.g., a client doesn't answer one of the questions.

- I know more about community resources (Resource Outcome).
- I know more ways to plan for my safety (Safety Outcome).]

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