



VOCA Subgrant Award Report + Crime Type Allocations Subgrant Award Report

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Overview

The Subgrant Award Report form is required for all new/opening grants during the Year End report period.

The Subgrant Award Report (SAR) is a requirement for subgrantees that receive Victims of Crime Act (VOCA) funding from the Office for Victims of Crime (OVC) to deliver victim assistance services. The SAR collects basic information on subgrantees and the program activities that will be implemented with VOCA plus match funds. OCVS will submit this data in the federal OVC PMT system on behalf of the subgrantee.

1. OCVS has 90 days to submit the SAR after the subaward's start date. Subgrantees should submit this form to OCVS by **December 11, 2024**.
2. Completion of the SAR gives subgrantees access to submit quarterly OVC PMT reports.
3. Subgrantees must complete a SAR for each subgrant award of VOCA funding.
4. The report requires two levels of data:
 - o Profile of the subgrantee recipient receiving VOCA funds.
 - o Information on the activities that the VOCA-funded subgrantee program will implement.
5. Changes or revisions to the award that occur before the end of the project period must be made in the SAR within 30 days of the change taking effect.
6. 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.

This information is used by US DOJ to understand the overall percentage of VOCA funding used to support victim services in the United States and U.S. Territories.

Unless otherwise specified, questions refer to all of your agency's VOCA subawards, if you receive multiple subawards.



Subgrant Award Report

Some values may be prepopulated, but may be updated.

1. Subgrantee Organization/Tribal Name

(This is the agency providing the direct services to victims of crime, not a pass-through or conduit agency.)

- A. Organization Name: [prepopulated]
- B. Organization/Tribal Address: [prepopulated]
- C. City: [prepopulated]
- D. State: [prepopulated]
- E. ZIP: [prepopulated]

2. Subgrantee Organization/Tribal Point of Contact

(the main person who will be entering the OVC PMT data each quarter)

- A. Name: [prepopulated]
- B. Email Address: [prepopulated]
- C. Phone Number: [prepopulated]

3. Subgrantee Organization Type

INSTRUCTIONS: Check the box that best describes the type of government, agency, or organization identified in question 1. Please select only one response.

- A. Government Agencies Only
 - Corrections
 - Courts
 - Juvenile justice
 - Law Enforcement
 - Prosecutor
 - Other government agency _____
- B. Nonprofit Organization Only
 - 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

- 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)
- Other: _____

D. Campus Organizations Only

- Campus-based victims services
- Law enforcement
- Physical or mental health service program
- Other: _____

4. OVC Crime Victim Assistance Funds Awarded

- A. State-Assigned Subgrant Number: [prepopulated – cannot be edited]
- B. Federal Award Amount: [prepopulated – cannot be edited]
** federal funds only, no match*
- C. Project Start Date: [prepopulated – cannot be edited]
** the date the VOCA-funded project begins*
- D. Project End Date: [prepopulated – cannot be edited]
** the date the VOCA funded project ends*



5. Purpose of the VOCA Subaward (check all that apply) [prepopulated in continuation years only]

- Continue a VOCA-funded victim project funded in a previous year
- Expand or enhance an existing project not funded by VOCA in the previous year
- Start up a new victim services project
- Start up a new Native American victim services project
- Expand or enhance an existing Native American project

6. VOCA Funding Allocations – Priority (A-C) and Underserved (D)

OCVS will calculate these allocations based on the method you select in the Crime Type Allocations form (continuation award years) or Year 1 Crime Type Allocation Estimates form (competitive award years).

7. Subgrantee Agency Service Area(s)

INSTRUCTIONS: List the counties that cover the service area affected by the VOCA-funded program or project (plus federal match).

Your service area is considered the counties where your agency actively does outreach or has an outreach office.

Subgrantee Agency Service Area(s) – Wisconsin (check all that apply)

- | | | |
|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Florence | <input type="checkbox"/> Marathon |
| <input type="checkbox"/> Ashland | <input type="checkbox"/> Fond Du Lac | <input type="checkbox"/> Marinette |
| <input type="checkbox"/> Barron | <input type="checkbox"/> Forest | <input type="checkbox"/> Marquette |
| <input type="checkbox"/> Bayfield | <input type="checkbox"/> Grant | <input type="checkbox"/> Menominee |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Green | <input type="checkbox"/> Milwaukee |
| <input type="checkbox"/> Buffalo | <input type="checkbox"/> Green Lake | <input type="checkbox"/> Monroe |
| <input type="checkbox"/> Burnett | <input type="checkbox"/> Iowa | <input type="checkbox"/> Oconto |
| <input type="checkbox"/> Calumet | <input type="checkbox"/> Iron | <input type="checkbox"/> Oneida |
| <input type="checkbox"/> Chippewa | <input type="checkbox"/> Jackson | <input type="checkbox"/> Outagamie |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Ozaukee |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Juneau | <input type="checkbox"/> Pepin |
| <input type="checkbox"/> Crawford | <input type="checkbox"/> Kenosha | <input type="checkbox"/> Pierce |
| <input type="checkbox"/> Dane | <input type="checkbox"/> Kewaunee | <input type="checkbox"/> Polk |
| <input type="checkbox"/> Dodge | <input type="checkbox"/> La Crosse | <input type="checkbox"/> Portage |
| <input type="checkbox"/> Door | <input type="checkbox"/> Lafayette | <input type="checkbox"/> Price |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Langlade | <input type="checkbox"/> Racine |
| <input type="checkbox"/> Dunn | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Richland |
| <input type="checkbox"/> Eau Claire | <input type="checkbox"/> Manitowoc | <input type="checkbox"/> Rock |



- | | | |
|------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Rusk | <input type="checkbox"/> Taylor | <input type="checkbox"/> Washington |
| <input type="checkbox"/> St. Croix | <input type="checkbox"/> Trempealeau | <input type="checkbox"/> Waukesha |
| <input type="checkbox"/> Sauk | <input type="checkbox"/> Vernon | <input type="checkbox"/> Waupaca |
| <input type="checkbox"/> Sawyer | <input type="checkbox"/> Vilas | <input type="checkbox"/> Waushara |
| <input type="checkbox"/> Shawano | <input type="checkbox"/> Walworth | <input type="checkbox"/> Winnebago |
| <input type="checkbox"/> Sheboygan | <input type="checkbox"/> Washburn | <input type="checkbox"/> Wood |

Counties served out of state (optional): _____

8. Subaward Match (financial support from other sources)

INSTRUCTIONS: All VOCA awards must be matched (20%) either with in-kind or cash match, except for VOCA subgrants made in the Virgin Islands, Puerto Rico, American Samoa, Guam, Northern Marianas and Palau, and tribal organizations. This is computed by dividing the amount of the award from item 4B by .80 and subtracting the amount of the award from the figure obtained. For example, a \$30,000 award divided by .80 equals \$37,500, less \$30,000 award equals \$7,500 match.

Tribal Organization match may be 0%.

Enter 0 for in-kind and cash match if you received a match waiver.

- A. Value of in-kind match: [prepopulated – cannot be edited]
 - B. Cash match: [prepopulated – cannot be edited]
 - C. Total match: [prepopulated – cannot be edited]
- Match waiver was received [prepopulated – cannot be edited]

9. Use of VOCA and Match Funds

INSTRUCTIONS: For this subgrant, 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. Check all that apply.

For definitions of services, click [here](#).

- A. Information and Referral
 - Information about the criminal justice process
 - Information about victim rights, how to obtain notifications, etc.
 - Referral to other victim service programs



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- 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
 - Interpreter services
 - Victim advocacy/accompaniment to medical forensic exam
 - Law enforcement interview advocacy/accompaniment
 - Individual advocacy (e.g., assistance in applying for public benefits, return of personal property or effects)
 - Performance of medical or nonmedical forensic exam or interview, or medical evidence collection
 - Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)
 - Intervention with employer, creditor, landlord, or academic institution
 - Childcare or dependent care assistance (included coordination of services)
 - Transportation assistance (includes coordination of services)
- C. Emotional Support and Safety Services
 - Crisis intervention (in-person, includes safety planning, etc.)
 - Hotline/crisis line counseling
 - On-scene crisis response (e.g., community crisis response)
 - Individual counseling
 - Support groups (facilitated or peer)
 - Other therapy (traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)
 - Emergency financial assistance (includes emergency loans and petty cash, payment for items such as food and/or clothing, changing locks, taxis, prophylactic and nonprophylactic medications, durable medical equipment, etc.)
- D. Shelter/Housing Services
 - Emergency shelter or safe house
 - Transitional housing
 - Relocation assistance (includes assistance with obtaining housing)
- E. Criminal/Civil Justice System Assistance
 - Notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.)
 - Criminal advocacy/accompaniment
 - Other legal advice and/or counsel
 - Victim impact statement assistance
 - Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)
 - Civil legal assistance in obtaining protection or restraining order



- Civil legal assistance with family law issues (e.g. custody, visitation, or support)
 - Other emergency justice-related assistance
 - Immigration 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)
 - Law enforcement interview advocacy/accompaniment
- F. Assistance in Filing Compensation Claims
- Assists potential recipients in seeking crime victim compensation benefits

10. Types of Victimizations

Check the types of victimization that the VOCA-funded project will serve. This should correspond with crime type allocations provided in the Crime Type Allocations or Year 1 Crime Type Allocation Estimates forms. It will also be reflected in quarterly OVC PMT reports. "Other" refers to a type that is not associated with any of the types provided in this list. Provide an explanation for any victimization type listed as "other."

For definitions of victimizations, click [here](#).

- | | |
|---|---|
| <input type="checkbox"/> Adult Physical Assault
(includes Aggravated and Simple Assault) | <input type="checkbox"/> Sexual Orientation/Other:
_____ |
| <input type="checkbox"/> Adult Sexual Assault | <input type="checkbox"/> Human Trafficking: Labor |
| <input type="checkbox"/> Adults Sexually Abused/Assaulted as Children | <input type="checkbox"/> Human Trafficking: Sex |
| <input type="checkbox"/> Arson | <input type="checkbox"/> Identity Theft/Fraud/Financial Crime |
| <input type="checkbox"/> Bullying (Verbal, Cyber, or Physical) | <input type="checkbox"/> Kidnapping (noncustodial) |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Kidnapping (custodial) |
| <input type="checkbox"/> Child Physical Abuse or Neglect | <input type="checkbox"/> Mass Violence
(Domestic/International) |
| <input type="checkbox"/> Child Pornography | <input type="checkbox"/> Other Vehicular Victimization
(e.g., Hit and Run) |
| <input type="checkbox"/> Child Sexual Abuse/Assault | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Domestic and/or Family Violence | <input type="checkbox"/> Stalking/Harassment |
| <input type="checkbox"/> DUI/DWI Incidents | <input type="checkbox"/> Survivors of Homicide Victims |
| <input type="checkbox"/> Elder Abuse or Neglect | <input type="checkbox"/> Teen Dating Victimization |
| <input type="checkbox"/> Hate Crime:
Racial/Religious/Gender/ | <input type="checkbox"/> Terrorism
(Domestic/International) |
| | <input type="checkbox"/> Other Victimization: _____ |



11. Budget and Staffing

INSTRUCTIONS: Indicate below the requested information based on the subgrantee's current fiscal year (fiscal year that started October 1). Report the total budget available to the victim services agency 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.

Items A, B, and C: Use your best estimate of your board-approved budget for all of your victim services programs only (including programs not funded by VOCA).

Examples:

- A domestic violence shelter should report their whole budget because it all goes to victim services.
- A hospital with a CAC should report the budget for the CAC only.
- An umbrella organization that has multiple programs should report the budget for victim services programs only.

If your agency receives funding from sources with different fiscal years, use your best estimate for funding on the fiscal year your agency uses (which may be different than VOCA).

Items D, E, and F: Report these items for this VOCA subgrant only. If your agency receives multiple subgrants, refer to the top of this page for the grant number to be sure you are reporting correctly.

Enter 0 instead of leaving the field blank if there is no applicable answer.

Please enter WHOLE numbers only. If you have a decimal, please round to the closest whole dollar amount.

The values of 11B including the new fiscal year VOCA subaward amount **MUST** add up to equal 11A. The value of 11A must be greater than or equal to the new fiscal year VOCA subaward amount (11B1).

A. Total budget for all victimization programs/services for this subgrantee: _____

The amount reported is for the current fiscal year. Include the subaward amount listed in B1.

B. Annual funding amounts allocated to all victimization programs and/or services for the current fiscal year:

Identify by source the amount of funds allocated to the victimization programs/services budget of the subgrantee agency. **DO NOT COUNT FUNDS IN**



MORE THAN ONE CATEGORY. OTHER FEDERAL included all federal funding except the VOCA subaward amount listed in B1.

- 1) **VOCA Subaward:** [prepopulated – cannot be edited]
- 2) **Other State/Territory** (ex: DCF state funding, SAVS, CAC Passthrough, WI Act 241): _____
- 3) **Other Local** (ex: United Way, county funding, unrestricted, donations):

- 4) **Other Federal** (ex: VAWA SASP, VAWA STOP, ARPA, CJA, other VOCA grants): _____
- 5) **Other Non-Federal** (any other victim services funds):

C. Total number of paid staff for all subgrantee victimization programs and/or services: _____

Count each staff member once. Both full and part time staff should be counted as one staff member. DO NOT prorate based on FTE.

Count direct services staff only.

D. Number of staff hours funded through this VOCA award (plus match) for subgrantee's victimization programs and/or services: _____

Total COUNT of hours to work by all staff supporting the work of this VOCA subaward plus match.

Refer to your VOCA budget in Egrants to assist with completing this question.

E. Number of volunteers supporting the work of this VOCA subgrant: _____

COUNT each individual volunteer once. DO NOT prorate based on FTE.

F. Number of volunteer hours supporting the work of this VOCA subgrant: _____

Total count of hours to work by all volunteers supporting the work of this VOCA subaward plus match. Should correspond to VOCA budget.

12. Overall Comments (optional)



Resources

Instructions Overview (Year End Report) – see OCVS VOCA Website

Crime Type Allocations Methods and Instructions – see OCVS VOCA Website

Crime Type Allocations Example Based on PMT Victimitizations – see OCVS VOCA Website

Year 1 Crime Type Allocation Estimates Overview and Instructions – see OCVS VOCA Website

[OVC PMT Dictionary and Terminology Resource](#) – definitions of victimizations and service types

[VOCA – OVC PMT Mapping](#) – mapping victim services to OVC PMT