

Victim of Crime Act (VOCA)
SAR
Performance Measure Outcomes (PMT)

Sub-grantee Contact Information: Please fill out the information below. The Point of Contact (POC) is the Project Director or the staff person responsible for reporting and managing the VOCA grant.

Agency Name:
Address:
City:
Zip code:
Point of Contact (POC) Name:
POC Email:
POC Phone:

Sub-grantee Organization Type: Review the four organization types below. Please select the organization type that best describes applicant agency. Please circle the type of entity under the organization type that best describes applicant agency. You may only select one organization type and one entity type.

Campus Organization Only	Government Agency
Campus-Based Victims Services	Corrections
Law Enforcement	Courts
Physical or mental health service program	Juvenile Justice
Other	Law Enforcement
	Prosecutor
	Other

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Nonprofit Organization Only	Federally Recognized Tribal Government, Agencies, and Organization Only
Child Abuse Service Organization (i.e. Child Advocacy Center)	Child Abuse Service Organization (i.e. Child Advocacy Center)
Coalition (state DV & or SA Coalition)	Court
Domestic & Family Violence Organization	Domestic & Family Violence Organization
Faith-Based Organization	Faith-Based Organization
Organization Provides Domestic & Family Violence & Sexual Assault Services	Juvenile Justice
Organization by &/or for underserved victims of crime (i.e. drunk driving, homicide, elder abuse)	Law Enforcement
Sexual Assault Services Organization (i.e. Rape Crisis Center)	Organization Provides Domestic & Family Violence & Sexual Assault Services
Multiservice Agency	Prosecutor
Other	Sexual Assault Services Organization
	Other Justice-Based Agency
	Other Agency that is NOT Justice Based (i.e. human services, health, education)
	Organization by &/or for a specific traditionally underserved community
	Organization by &/or for underserved victims of crime (i.e. drunk driving, homicide, elder abuse)
	Other

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Sub-grantee Information-

State-assigned Sub-award Number: (i.e. 16-VO1-987451)
Sub-award amount:\$ (MBCC award amount only. Do not list the 20% match here.)
Project Start Date: July 1, 20_____
Project End Date: June 30, 20_____

Sub-award Purpose: Please check the box that best describes your subaward purpose.

- A. Continue a VOCA-funded victim project funding 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

Priority and Underserved Requirements: Please indicate below the dollar amount of your sub-award that is expended to support the following categories and the sub-categories. The total of all categories must be equal to the sub-award amount awarded by the state.

A. Child Abuse: \$ _____
A1. Child physical abuse/neglect: \$ _____
A2. Child sexual abuse: \$ _____

B. Domestic and Family Violence: \$ _____
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C. Sexual Assault: \$ _____
C1. Child Sexual Assault: \$ _____
C2. Adult Sexual Assault: \$ _____

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D. Underserved: \$ _____

D1. Underserved (DUI, DWI crashes): \$ _____

D2. Underserved (assault): \$ _____

D3. Underserved (adults molested as children): \$ _____

D4. Underserved (elder abuse): \$ _____

D5. Underserved (robbery): \$ _____

D6. Underserved (survivors of homicide victims): \$ _____

D7. Other underserved (other violent crimes): \$ _____

D8. Please briefly describe “other underserved-other violent crimes” :

D9. Other Underserved (non-violent crimes): \$ _____

D10. Please briefly describe “other underserved non-violent crimes”: