

**COLORADO DIVISION OF CRIMINAL JUSTICE (DCJ)
CVS 2 Quarterly Report - Narrative Goals & Objectives Form**

Report progress to the specific goals and objectives stated in the Grant Agreement, or based on any changes that were approved by DCJ. The **EIGHTH AND FINAL REPORT** must summarize all eight quarters, including 24-month total numbers that demonstrate progress and statements that explain problems and changes. For a list of expanded instructions and definitions of the services below, visit our website or contact your grant manager.

Please download and save this form to your computer. Once you have saved the form, open the form from its saved location and complete the applicable fields. As you complete the form, please make sure that the content you have provided is visible by simply pressing "tab" or clicking outside of the field. If the inserted text is not fully visible, try condensing your response. Upon entering your electronic signature, you will be prompted to save the document. Please electronically sign.

Once completed and saved, reopen to ensure your responses appear before uploading into ZoomGrants.

GRANTEE:		GRANT NUMBER:	
PROJECT TITLE:		PROJECT DURATION FROM:	TO:
PREPARED BY:			
DATE:	EMAIL ADDRESS:	PHONE:	
WHICH CALENDAR QUARTER OF AWARD PERIOD DOES THIS REPORT COVER?	Q1: Jan 1 to Mar 31, 2019	Q5: Jan 1 to Mar 31, 2020	
	Q2: Apr 1 to Jun 30, 2019	Q6: Apr 1 to Jun 30, 2020	
	Q3: Jul 1 to Sep 30, 2019	Q7: Jul 1 to Sep 30, 2020	
	Q4: Oct 1 to Dec 31, 2019	Q8: Oct 1 to Dec 31, 2020	

GOAL 1:

Objective 1.1

Objective 1.1 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 1.1 Outcomes

Estimated # of Victims and/or Services	Q1: Jan-Mar 2019	Q2: Apr – Jun 2019	Q3: Jul – Sept 2019	Q4: Oct – Dec 2019	Q5: Jan-Mar 2020	Q6: Apr-Jun 2020	Q7: Jul-Sep 2020	Q8: Oct-Dec 2020	24-Month Total

Objective 1.2

Objective 1.2 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 1.2 Outcomes

Estimated # of Victims and/or Services	Q1: Jan-Mar 2019	Q2: Apr – Jun 2019	Q3: Jul – Sept 2019	Q4: Oct – Dec 2019	Q5: Jan-Mar 2020	Q6: Apr-Jun 2020	Q7: Jul-Sep 2020	Q8: Oct-Dec 2020	24-Month Total

Objective 1.3

Objective 1.3 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 1.3 Outcomes

Estimated # of Victims and/or Services	Q1: Jan-Mar 2019	Q2: Apr – Jun 2019	Q3: Jul – Sept 2019	Q4: Oct – Dec 2019	Q5: Jan-Mar 2020	Q6: Apr-Jun 2020	Q7: Jul-Sep 2020	Q8: Oct-Dec 2020	24-Month Total

Objective 1.4

Objective 1.4 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 1.4 Outcomes

Estimated # of Victims and/or Services	Q1: Jan-Mar 2019	Q2: Apr – Jun 2019	Q3: Jul – Sept 2019	Q4: Oct – Dec 2019	Q5: Jan-Mar 2020	Q6: Apr-Jun 2020	Q7: Jul-Sep 2020	Q8: Oct-Dec 2020	24-Month Total

GOAL 2:

Objective 2.1

Objective 2.1 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 2.1 Outcomes

Estimated # of Victims and/or Services	Q1: Jan-Mar 2019	Q2: Apr – Jun 2019	Q3: Jul – Sept 2019	Q4: Oct – Dec 2019	Q5: Jan-Mar 2020	Q6: Apr-Jun 2020	Q7: Jul-Sep 2020	Q8: Oct-Dec 2020	24-Month Total

Objective 2.2

Objective 2.2 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 2.2 Outcomes

Estimated # of Victims and/or Services	Q1: Jan-Mar 2019	Q2: Apr – Jun 2019	Q3: Jul – Sept 2019	Q4: Oct – Dec 2019	Q5: Jan-Mar 2020	Q6: Apr-Jun 2020	Q7: Jul-Sep 2020	Q8: Oct-Dec 2020	24-Month Total

Objective 2.3

Objective 2.3 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 2.3 Outcomes

Estimated # of Victims and/or Services	Q1: Jan-Mar 2019	Q2: Apr – Jun 2019	Q3: Jul – Sept 2019	Q4: Oct – Dec 2019	Q5: Jan-Mar 2020	Q6: Apr-Jun 2020	Q7: Jul-Sep 2020	Q8: Oct-Dec 2020	24-Month Total

Objective 2.4

Objective 2.4 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 2.4 Outcomes

Estimated # of Victims and/or Services	Q1: Jan-Mar 2019	Q2: Apr – Jun 2019	Q3: Jul – Sept 2019	Q4: Oct – Dec 2019	Q5: Jan-Mar 2020	Q6: Apr-Jun 2020	Q7: Jul-Sep 2020	Q8: Oct-Dec 2020	24-Month Total

GOAL 3:

Objective 3.1

Objective 3.1 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 3.1 Outcomes

Estimated # of Victims and/or Services	Q1: Jan-Mar 2019	Q2: Apr – Jun 2019	Q3: Jul – Sept 2019	Q4: Oct – Dec 2019	Q5: Jan-Mar 2020	Q6: Apr-Jun 2020	Q7: Jul-Sep 2020	Q8: Oct-Dec 2020	24-Month Total

Objective 3.2:

Objective 3.2 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 3.2 Outcomes

Estimated # of Victims and/or Services	Q1: Jan-Mar 2019	Q2: Apr – Jun 2019	Q3: Jul – Sept 2019	Q4: Oct – Dec 2019	Q5: Jan-Mar 2020	Q6: Apr-Jun 2020	Q7: Jul-Sep 2020	Q8: Oct-Dec 2020	24-Month Total

Objective 3.3:

Objective 3.3 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 3.3 Outcomes

Estimated # of Victims and/or Services	Q1: Jan-Mar 2019	Q2: Apr – Jun 2019	Q3: Jul – Sept 2019	Q4: Oct – Dec 2019	Q5: Jan-Mar 2020	Q6: Apr-Jun 2020	Q7: Jul-Sep 2020	Q8: Oct-Dec 2020	24-Month Total

Objective 3.4

Objective 3.4 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 3.4 Outcomes

Estimated # of Victims and/or Services	Q1: Jan-Mar 2019	Q2: Apr – Jun 2019	Q3: Jul – Sept 2019	Q4: Oct – Dec 2019	Q5: Jan-Mar 2020	Q6: Apr-Jun 2020	Q7: Jul-Sep 2020	Q8: Oct-Dec 2020	24-Month Total

GOAL 4:

Objective 4.1

Objective 4.1 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 4.1 Outcomes

Estimated # of Victims and/or Services	Q1: Jan-Mar 2019	Q2: Apr – Jun 2019	Q3: Jul – Sept 2019	Q4: Oct – Dec 2019	Q5: Jan-Mar 2020	Q6: Apr-Jun 2020	Q7: Jul-Sep 2020	Q8: Oct-Dec 2020	24-Month Total

Objective 4.2:

Objective 4.2 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 4.2 Outcomes

Estimated # of Victims and/or Services	Q1: Jan-Mar 2019	Q2: Apr – Jun 2019	Q3: Jul – Sept 2019	Q4: Oct – Dec 2019	Q5: Jan-Mar 2020	Q6: Apr-Jun 2020	Q7: Jul-Sep 2020	Q8: Oct-Dec 2020	24-Month Total

Objective 4.3:

Objective 4.3 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 4.3 Outcomes

Estimated # of Victims and/or Services	Q1: Jan-Mar 2019	Q2: Apr – Jun 2019	Q3: Jul – Sept 2019	Q4: Oct – Dec 2019	Q5: Jan-Mar 2020	Q6: Apr-Jun 2020	Q7: Jul-Sep 2020	Q8: Oct-Dec 2020	24-Month Total

Objective 4.4

Objective 4.4 Narrative

Please describe in detail the progress made to accomplish this objective. Be specific; include numbers.

Objective 4.4 Outcomes

Estimated # of Victims and/or Services	Q1: Jan-Mar 2019	Q2: Apr – Jun 2019	Q3: Jul – Sept 2019	Q4: Oct – Dec 2019	Q5: Jan-Mar 2020	Q6: Apr-Jun 2020	Q7: Jul-Sep 2020	Q8: Oct-Dec 2020	24-Month Total

SPECIAL CONDITIONS, PROBLEMS, AND PROJECT CHANGES

1. Special Conditions

List any ADDITIONAL Special Conditions that are included in the Grant Agreement and describe how they are being addressed and progress made, or problems encountered.

2. Problems

Please discuss any problems the project is encountering in meeting the project's goals and objectives and/or the terms of the Grant Agreement.

3. Project Changes

Describe any changes that have occurred, or are being considered, at your agency/program. This section is where you would describe changes in personnel that are funded through the grant or used as match for the grant. Some project changes require you to submit additional forms and get DCJ approval. Contact your grant manager for more information.

REQUIRED FOR VOCA GRANTEES

Volunteers Providing VOCA Eligible Activities

VOCA-funded programs are required to use volunteers. This requirement applies to the VOCA-funded program, not the VOCA-funded project. Did your agency use volunteers this quarter (Do not include volunteers who assist with fundraising)?

YES NO

Do you certify that your agency has a record of all volunteer hours, whether or not they are used as match? **If no, please provide an explanation:**

YES NO

Quarterly Project Data

Have you submitted your "Subgrantee Performance Measures Report (PMT) " located at <https://ovcpmt.ojp.gov>?

YES NO

Demographics of victims/survivors served or partially served must be collected and maintained but are no longer reported on this report. Demographic information includes, but is not limited to, Race/Ethnicity, Gender, Age, Disability, LEP, Immigrants/Refugees/Asylum Seekers, and Rural Residency. Demographic information must be reported on your federal PMT report.

REQUIRED FOR SASP AND VAWA GRANTEES

VAWA and SASP grantees are required to submit their respective Annual Progress Report or "Muskie Report" that details funded activities during the Calendar Year, including crime types and services, and demographic information. Please contact your grant manager for more information.

Demographics of victims/survivors served or partially served must be collected and maintained but are no longer reported on this report. Demographic information includes, but is not limited to, Race/Ethnicity, Gender, Age, Disability, LEP, Immigrants/Refugees/Asylum Seekers, and Rural Residency. Demographic information must be reported on your federal report.

REQUIRED FOR VOCA GRANTEES

Thinking about **your agency's** work with clients after a crime, please indicate how much of a problem (from not a problem to a very big problem) the following issues are:

Clients cannot get help on time with their <u>civil legal</u> needs (for example, they are put on a waitlist to get services).	Not a problem	Small problem	Medium problem	Big problem	Very big problem	N/A
Clients cannot get help on time with <u>emergency financial assistance</u> .	Not a problem	Small problem	Medium problem	Big problem	Very big problem	N/A
Clients cannot get help with their <u>housing</u> needs (for example, they are put on a waitlist to get services).	Not a problem	Small problem	Medium problem	Big problem	Very big problem	N/A
Clients have to go to many different agencies to get help.	Not a problem	Small problem	Medium problem	Big problem	Very big problem	N/A

Thinking about statewide victim service needs, please indicate how much of a problem unmet needs are for:

Civil legal services	Not a problem	Small problem	Medium problem	Big problem	Very big problem
VRA legal services	Not a problem	Small problem	Medium problem	Big problem	Very big problem
Emergency funds for crime victims	Not a problem	Small problem	Medium problem	Big problem	Very big problem
Emergency housing	Not a problem	Small problem	Medium problem	Big problem	Very big problem
Transitional housing	Not a problem	Small problem	Medium problem	Big problem	Very big problem
Long-term/Permanent housing	Not a problem	Small problem	Medium problem	Big problem	Very big problem
Mental health services	Not a problem	Small problem	Medium problem	Big problem	Very big problem
Sexual Assault Response Teams (SARTS)	Not a problem	Small problem	Medium problem	Big problem	Very big problem
Sexual Assault Nurse Examiner (SANE)/ Sexual Assault Forensic Examiner (SAFE) programs	Not a problem	Small problem	Medium problem	Big problem	Very big problem

**DETAILED INSTRUCTIONS FOR COMPLETING
CVS 2 QUARTERLY – NARRATIVE GOALS & OBJECTIVES FORM**

Grantee: This is the agency to which the Grant Agreement was made.

Grant Number: This is the grant number assigned to the project by DCJ. It can be found on the Grant Agreement.

Project Title: This is the name of the project which is identified on the Grant Agreement.

Project Duration: This is the period of the grant award, not the time period for which this is being submitted. It can be found on the Grant Agreement.

Prepared By: This is the person completing this form. Include the person's 10-digit phone number and e-mail address.

Date: This is the date this form is completed.

Goals & Objectives: Populate these sections using the Goals and Objectives found in the Grant Agreement.

Special Conditions: List any special conditions that are included in the Grant Agreement on Exhibit C, under *Additional Program Specific Conditions applicable to this Agreement* and describe how they are being addressed, progress made, and/or problems encountered.

Problems: Please discuss any problems the project is encountering in meeting the Goals and Objectives and/or the terms of the Grant Agreement.

Project Changes: Describe any changes that have occurred, or are being considered at your agency/program that impact the Project, including changes to personnel funded by or used as match on the grant. The following changes require completion of additional DCJ forms for approval:

- ***Change in Signing Authority, Project Director, or Financial Officer:*** Submit an electronic [DCJ Form 4-B](#).
- ***Mailing address, physical location, or phone numbers:*** Report in project changes section, and send an e-mail to your Grant Manager. Any change in mailing address must also be made on a [W-9 form](#).
- ***Proposed changes to objectives:*** Submit for approval on [DCJ Form 4-D](#).
- ***Proposed changed in budget categories:*** Submit [DCJ Form 4-A](#) before expenditures are made and before the grant period ends.

Certification: Be sure to have the Project Director **electronically sign** and date the form. If the Project Director is unavailable, the Signing Authority may sign.

Quarterly Report – Narrative Goals and Objectives Form:

Instructions:

At the beginning of the grant period, write out the project-specific Goals and Objectives that are contained in your approved Grant Agreement. Most objectives will be measurable in a way that allows them to be reported in the **Outcomes Grid**. Please note that the **24-Month Total** is auto calculated once numerical values are entered for each quarter.

EXAMPLE:

Project-Specific Objective: “By the end of the project period, CASA volunteers will provide 450 face-to-face contacts with child victims of sexual abuse and/or who have witnessed domestic violence.”

1st Quarter Narrative: “Volunteers provided 40 face-to-face contacts with child victims of sexual abuse and/or who have witnessed domestic violence.”

2nd Quarter Narrative: “The addition of another volunteer resulted in 50 face-to-face contacts with child victims.”

Estimated # of Victims and/or Services	Q1: Jan-Mar 2019	Q2: Apr – Jun 2019	Q3: Jul – Sept 2019	Q4: Oct – Dec 2019	Q5: Jan-Mar 2020	Q6: Apr-Jun 2020	Q7: Jul-Sep 2020	Q8: Oct-Dec 2020	24-Month Total
450	40	50	35	60	55				240

- At the beginning of the grant period, enter the number of **Estimated # of Victims and/or Services** based on the Goals and Objectives in your Grant Agreement. These numbers represent the estimated number of victims BY TYPE OF SERVICE that you indicated you would serve during the 24-month grant period.
- Enter the number of actual victims and/or services provided each quarter under the column corresponding with the quarter you are currently reporting on.
- Remember to review the column labeled **24-Month Total** to ensure that your quarterly progress is being tracked accurately. If the project is not serving the projected number of victims and/or services, please explain why under the **Problems section** and what steps may be taken to correct this. If the number of victims and/or services is “0”, please type “0” under the column with the corresponding quarter you are currently reporting on.