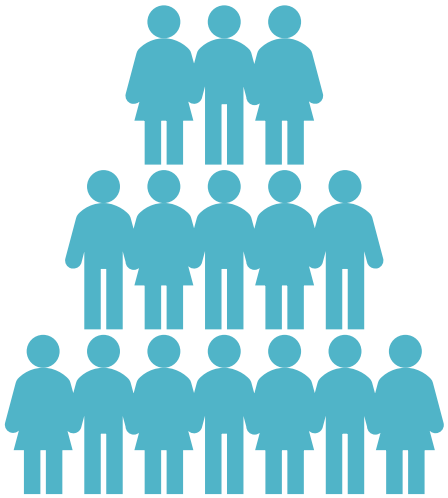
VOCA Performance Measurement Tool (PMT) Training

Quarterly Programmatic Reports for the Victims of Crime Assistance (VOCA) Grant

VOCA REPORTING REQUIREMENTS



ONLY services provided by VOCA-funded staff and during VOCA-funded time should be recorded on the PMT

IMPORTANT!!

Subgrantees will need to develop PMT reporting policies and procedures.

As of October 2025, the PMT Policy will be a required upload

Monitors will review these policies during VOCA Site-Visits.

Subgrantees are subject to OIG Auditors verifying PMT numbers and tracking methods.

PMT Tracking Template

Victim Assistance Data Tracking QUARTER 1	I. Population Demographics			5. Demographics (for NEW individuals identified in Question 3)									
	Complete each reporting period.			A. **Race/Ethnicity**: Enter data for NEW individuals only. Enter a value of **1** in the race/ethnicity category that best describes each client. If the individual does not self-report, mark as **Not Reported**. If the agency does not collect this data, mark as **Not Tracked**.									
Individual ID	New Individual? If NEW INDIVIDUAL, enter a value of 1 below. Do not include anonymous contacts here.	Anonymous Contact? If ANONYMOUS, enter a value of 1 below.	Continuing Individual? If CONTINUING, enter a value of 1 below. If your organization cannot track new individuals, please indicate the individual as a "continuing individual."	American Indian/ Alaska Native	Asian	Black/African-American	Hispanic/Latino	Native Hawaiian/ Other Pacific Islander	White Non-Latino/ Caucasian	Some Other Race	Multiple Races	Not Reported	Not Tracked
Add New Row													
SUM (auto-calculated)	0	0	0	0	0	0	0	0	0	0	0	0	0

We recommend using our data tracking template because it captures all needed data. Other tracking methods are acceptable provided they can capture all requested demographics and can keep track of new individuals.

VOCA PERFORMANCE MEASURES

PMT Reports are Due within 30 days of the end of Each Quarter.

Complete Each section before submitting. Incomplete forms will be sent back and asked to be re-submitted.

Choose Quarter:

Select Quarter Here

Subgrantee Information

Subgrant Number:

Organization Name:

Person Completing Report:

Title:

Email:

Phone Number:

☐ Some of the information above is different than the previous quarter.

PMT Questions 1-3

* 1.TOTAL number of **individuals who received services** during the reporting period:

INSTRUCTIONS: Count all individuals served by your organization with the use of VOCA plus match funds during the reporting period. This number should be an unduplicated count of people served during a single reporting period, regardless of the number of services they received or victimization types with which they presented. DO NOT count anonymous contacts here. They should be reported in question 2. If your organization only had anonymous contacts, enter zero (0).

* 2.TOTAL number of **anonymous contacts** received during the reporting period:

INSTRUCTIONS: Count all anonymous contacts received by your organization through a hotline, online chat, or other service where the individuality of each contact cannot be established. If your organization did not have any anonymous contacts enter zero (0). Only count as a contact if a victimization is reported AND a service was provided.

Questions 1 and 2 are where you list the number of individuals your organization served during the reporting period. This is an **unduplicated number**.

* 3. Of the individuals entered in Question 1, how many were **NEW** individuals who received services from your agency for the first time during the reporting period?

INSTRUCTIONS: Report the number of NEW individuals served with the use of VOCA plus match funds for the first time during the reporting period. This number should be an unduplicated count of identified NEW clients served during a single reporting period, regardless of the number of services they received or victimization types with which they presented.

**For the first quarter of the 12-month grant period, ALL individuals that are continuing to receive services from the previous subgrant period should be counted as NEW.*

Definitions:
Reporting Period= Quarter for which data is being reported
Subgrant Period= 12-Month project period (October 1-September 30)

4. Demographics

Demographics

Only for individuals identified in Question #3. Totals must match information reported in question #3. These will auto calculate by tabbing to the next line. Not Tracked is only for those agencies that do not have a way to track that category but are working on a way to gather the information and will report the numbers soon.

Category	Population	Number of NEW Individuals
A. Race/Ethnicity (self-reported)	American Indian/Alaska Native	
	Asian	
	Black/ African American	
	Hispanic or Latino	
	Native Hawaiian & Other Pacific Islander	
	White Non-Latino/ Caucasian	
	Some Other Race	
	Multiple Races	
	Not Reported	
	Not Tracked	0
	TOTAL (Must Equal Question 3 Above)	

4. Demographics (cont.)

B. Gender (self-reported)	Male	
	Female	
	Not Reported	
	Not Tracked	0
	TOTAL (Must Equal Question 3 Above)	
C. Age (self-reported)	0-12	
	13-17	
	18-24	
	25-59	
	60 and older	
	Not Reported	
	Not Tracked	0
	TOTAL (Must Equal Question 3 Above)	

The totals shown in Question 4 A,B,C must equal the answer to Question 3

5A. Victimization Types

A. Individuals who received services by type of victimization.

Victimization Type	Number of individuals receiving services based on presenting victimization for reporting period
Adult Physical Assault (includes Aggravated and Simple Assault)	
Adult Sexual Assault	
Adults Sexually Abused/ Assaulted as Children	
Arson	
Bullying (Verbal, Cyber or Physical)	
Burglary	
Child Physical Abuse or Neglect	
Child Pornography	
Child Sexual Abuse/Assault	
Domestic and/or Family Violence	
DUI/DWI Incidents	
Elder Abuse or Neglect	
Hate Crime: Racial/Religious/Gender/Sexual Orientation/ Other EXPLANATION REQUIRED:	

5A. Victimization Types (cont.)

Human Trafficking: Labor	
Human Trafficking: Sex	
Identity Theft/Fraud/Financial Crime	
Kidnapping (non-custodial)	
Kidnapping (Custodial)	
Mass Violence (Domestic/International)	
Other Vehicular Victimization (e.g. Hit & Run)	
Robbery	
Stalking/Harassment	
Survivors of Homicide Victims	
Teen Dating Victimization	
Terrorism (Domestic/International)	
Other types of victimization not listed above: EXPLANATION REQUIRED:	
TOTAL (Must be equal to or greater than Questions 1 & 2)	

Property Crimes

5B & 5C. Multiple Victimization Types & Special Classifications

B. Of those individuals receiving services in section A, list the number who presented with more than one type of victimization during the reporting period. If not tracked, enter 0.		☐ Not Tracked

C. Special Classification of Individuals (self-reported)

Deaf/ Hard of Hearing	
Homeless	
Immigrants/Refugees/Asylum Seekers	
Veterans	
Victims with Disabilities: Cognitive/Physical/Mental	
Victims with Limited English Proficiency	
Other EXPLANATION REQUIRED:	

REMEMBER, 5C DATA IS **SELF-REPORTED** BY THE VICTIM.

Victims Compensation Assistance

Direct Services

Number of individuals assisted with a victim compensation application during the reporting period:		*(Add this number to B4 below also)

Number of individuals <u>assisted</u> with a victim compensation application during the reporting period: _____

(Also add this number to B4).

<u>Note: Individuals Assisted showing in this section should not exceed the number of individuals served in Q's 1&2</u>

6 & 7 Direct Services

Direct Services

Number of individuals assisted with a victim compensation application during the reporting period: [ ] *(Add this number to B4 below also)

Note: Individuals Assisted showing in this section should not exceed the number of individuals served in Q's 1&2

Do not check a category below unless numbers will be entered for that category.

- [ ] A. Information & Referral
- [ ] B. Personal Advocacy/Accompaniment
- [ ] C. Emotional Support or Safety Services
- [ ] D. Shelter/Housing Services
- [ ] E. Criminal/Civil Justice System Assistance

B: VOCA guidelines require ALL programs assist victims in seeking compensation: for section B4 as answered in question 6 above.

For each category, report the total number of individuals who received services. For the Subcategories under each category, list the total number of times the services were provided. **Put a zero on the lines that do not apply.** Because some clients may receive multiple services, the total number of times that services were provided within a category may be greater than the number of clients who received those services.

Report anonymous individuals for each category **ONLY** if the victimization and service have been reported.

Numbers in the subcategories must be equal to or greater than the number entered in A, B, C, D, &/or E.

7A Direct Services

A. [ ] **Individuals received services for INFORMATION & REFERRAL**

Enter the number of times each of the following services were provided:

[ ] A1. Information about the criminal justice process

[ ] A2. Information about victim rights, how to obtain notification, etc.

[ ] A3. Referral to other victim service programs

[ ] A4. Referral to other services, supports, and resources (including legal, medical, faith-based organizations, address confidentiality programs, etc.)

*The Total of A1 through A4 should be equal to or greater than A

7B Direct Services

B. [ ] **Individuals received services for PERSONAL ADVOCACY/ACCOMPANIMENT**

Enter the number of times each of the following services were provided:

[ ] B1. Victim advocacy/accompaniment to emergency medical care

[ ] B2. Victim advocacy/accompaniment to medical forensic exam

[ ] B3. Law enforcement interview advocacy/accompaniment

[ ] B4. Individual advocacy (assistance in seeking victim compensation benefits, such as providing an application, brochure, information on how to apply, etc.; applying for public benefits, return of personal property or effects).

[ ] B5. Performance of medical or non-medical forensic exam or interview, or medical evidence collection

[ ] B6. Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)

[ ] B7. Intervention with employer, creditor, landlord, or academic institution

[ ] B8. Child or dependent care assistance (includes coordination of services)

[ ] B9. Transportation assistance (includes coordination of services)

[ ] B10. Interpreter services

*The Total of B1 through B10 should be equal to or greater than B

7C Direct Services

C. [ ] **Individuals received services for EMOTIONAL SUPPORT OR SAFETY SERVICES**

Enter the number of times each of the following services were provided:

[ ] C1. Crisis intervention (in-person, includes safety planning, etc.)

[ ] C2. Hotline/crisis line counseling

[ ] C3. On-scene crisis response (e.g., community crisis response)

[ ] C4. Individual counseling

[ ] C5. Support groups (facilitated or peer)

[ ] C6. Other therapy (traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)

[ ] C7. Emergency financial assistance (includes emergency loans and petty cash, payments for items such as food and/or clothing, changing windows and/or locks, taxis, prophylactic and nonprophylactic meds, durable medical equipment, etc.)

*The Total of C1 through C7 should be equal to or greater than C

7D Direct Services

D. [ ] **Individuals received services for SHELTER/HOUSING SERVICES**

Enter the number of times each of the following services were provided:

[ ] D1. Emergency shelter or safe house

[ ] D2. Transitional housing

[ ] D3. Relocation assistance (includes assistance with obtaining housing)

*The Total of D1 through D3 should be equal to or greater than D

7E Direct Services

E. [ ] **Individuals received services for CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE**

Enter the number of times each of the following services were provided:

[ ] E1. Notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.)

[ ] E2. Victim impact statement assistance

[ ] E3. Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)

[ ] E4. Assistance in obtaining protection or restraining order

[ ] E5. Civil legal attorney assistance with family law issues (e.g., custody, visitation, or support)

[ ] E6. Other emergency justice-related assistance

[ ] E7. Immigration attorney assistance (e.g., special visas, continued presence application, and other immigration relief)

[ ] E8. Prosecution interview advocacy/accompaniment (e.g., accompaniment with prosecutor and victim/witness)

[ ] E9. Law enforcement interview advocacy/accompaniment

[ ] E10. Criminal advocacy/accompaniment

[ ] E11. Other legal advice and/or counsel

*The Total of E1 through E11 should be equal to or greater than E

Common Section 4 Errors

The number you put in Question 6 needs to be reflected in Question 8, Section B

Entering number of individuals instead of number of services or vice-versa

Subgrantee Annual Reported Outcomes

Instruction: OVC requires **narrative** questions be answered once per year.

This page should only be completed with the report due 10/30/27 for quarter ending 9/30/27 and should relate to activities that took place 10/1/26 – 9/30/27.

Subgrantee Annual Reported Outcomes

1. Number of requests for services that were unmet because of organization capacity issues.

Please Explain:

0 of 5000

2. Does your organization formally survey clients for feedback on services received?

- ◯ Yes
- ◯ No (Skip to question 5)

3. How many surveys were distributed? (this includes, but is not limited to, those distributed by hand, mail or electronic methods).

4. How many surveys were completed?

5. Please discuss some of the challenges your victim assistance program faced during the course of the federal fiscal year.

Subgrantee Annual Reported Outcomes cont.

6. Please describe some of the services that victims needed but could not be provided. What were the challenges that prevented those services from being provided?

7. Describe any earned (not paid for) media coverage/episodes during the reporting period and include a link to the coverage or upload below.

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8. Describe any coordinated responses/services for assisting crime victims in the service area during the reporting period.

9. Discuss major issues that either assist or prevent victims from receiving assistance in the service area.

10. Describe ways the organization promoted the coordination of efforts within the community to help crime victims during the reporting period.

11. Describe any notable activities that improved the delivery of services to victims in the service area.

Optional Additions: Quotes from letters submitted by crime victims may be used; or, as an alternative, individual letters with names and other personal details redacted may be uploaded

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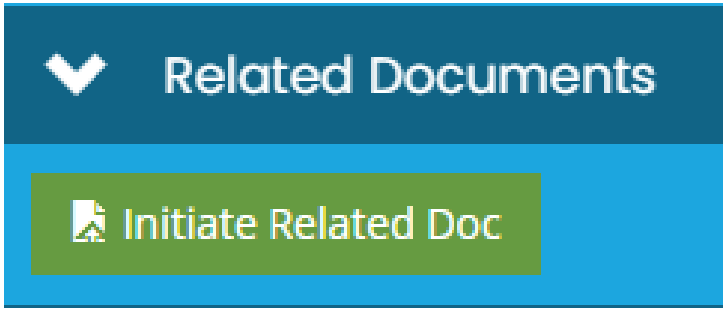
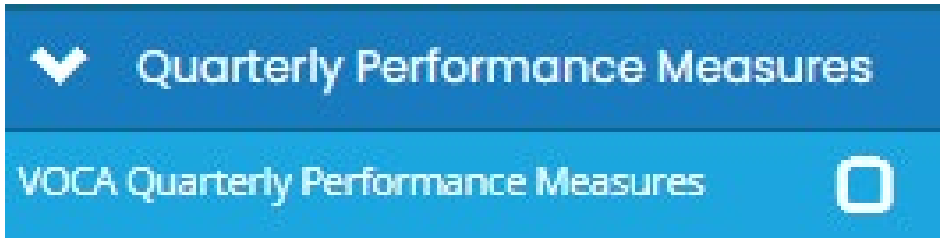
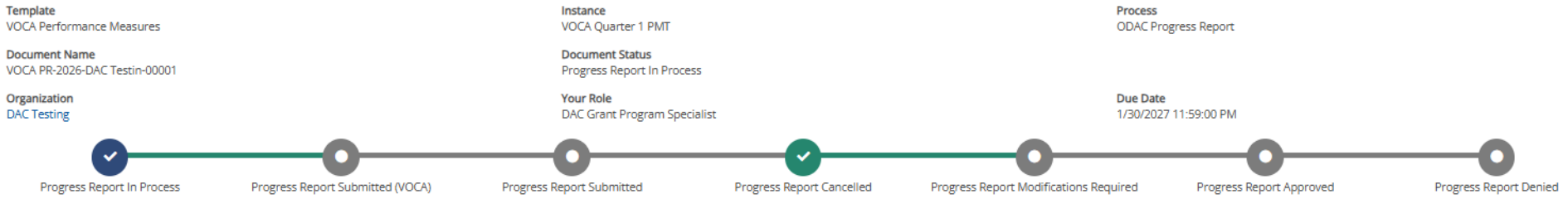
Initiating the PMT and Annual Report in OGX

- From inside of your Application, scroll all the way to the bottom in the left side panel. Under the Related Documents Dropdown select, “Initiate Related Doc”
- You will make sure to select VOCA Quarter * PMT in the Available documents and Proceed.
- Once inside the Document Landing Page you will select “VOCA Quarterly Performance Measures” in the left side Panel.





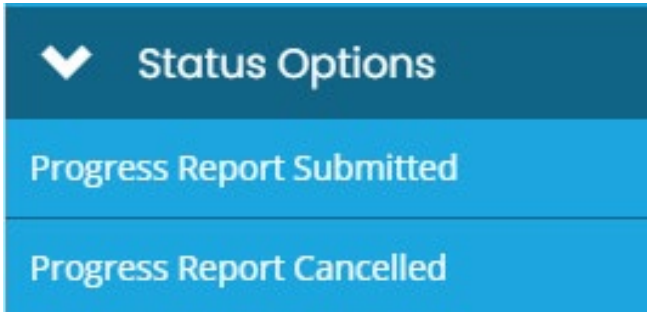


Submitting the PMT and Annual Report in OGX

Once you have completed all of the fields. Make sure the review the document once more to make sure it is all accurate.

Once you are ready to submit make sure you have hit Save in the top right corner of the screen.

Scroll to the bottom of the left side panel and select “Progress Report Submitted



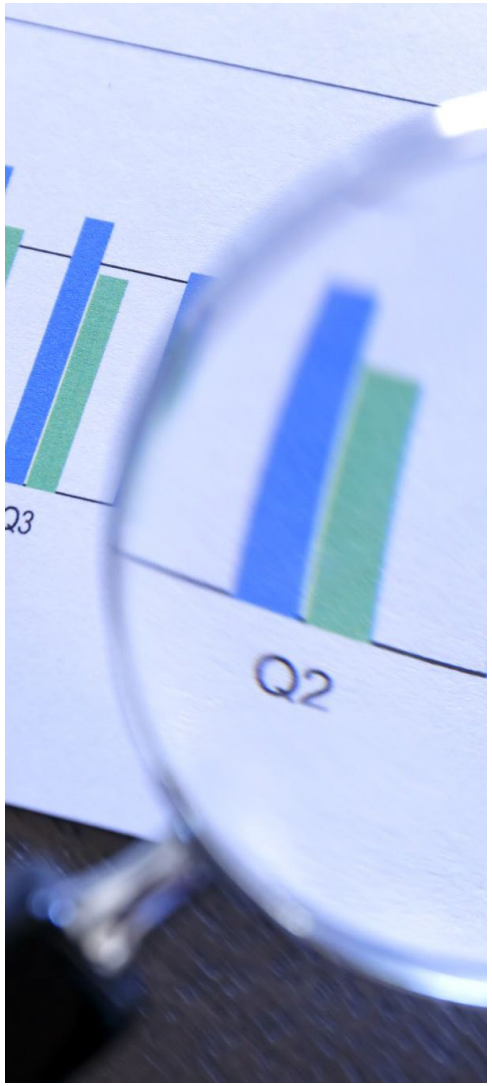
Final Notes

Make sure you keep documentation to back up all numbers you put in the report. Methods of tracking PMT data will be reviewed during on-site monitoring visits

Effective October 1, 2017, the VOCA Board voted to include the PMT on the late reporting list

Due Dates:

- Quarter 1 (Oct-Dec) – January 30, 2026
- Quarter 2 (Jan-Mar) – April 30, 2026
- Quarter 3 (Apr-Jun) – July 30, 2026
- Quarter 4 (Jul-Sept) – October 30, 2026



Questions?

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