

OFFICE FOR VICTIMS OF CRIME
ANTITERRORISM AND EMERGENCY ASSISTANCE PROGRAM
PERFORMANCE MEASURES

Track and Report AEAP Funds Separately from VOCA Formula Funds or Other Funding Sources

If you previously reported quarterly Victims of Crime Act (VOCA) formula state compensation or assistance metrics, and later received AEAP funding to support the same victim, your VOCA metrics may need to be corrected in the PMT. If you are a subgrantee, contact the grantee to adjust past reports by unlocking the previous reports and resubmitting. Please ensure that victims supported with Antiterrorism and Emergency Assistance Program (AEAP) funds are reported under this program, and victims supported under formula funds are reported under those programs.

The following pages detail the questions and performance measures for the Office for Victims of Crime's (OVC) *Antiterrorism and Emergency Assistance Program (AEAP)* and ONLY AEAP measures.

PROGRAM GOAL AND OBJECTIVES

OVC is authorized to provide emergency relief for the benefit of victims in cases of domestic terrorism or mass violence occurring within the United States. The objective of this program is to improve services and assistance by providing supplemental funding to assist victims of domestic terrorism and mass violence. This support provides supplemental resources in relation to the jurisdiction's crisis response efforts, consequence management activities, criminal justice actions, and training and technical assistance.

STRUCTURE OF THE QUESTIONNAIRE

This questionnaire is split in to two sections: Crime victim assistance and crime victim compensation. If your agency received AEAP supplemental funding for both victim assistance and victim compensation, please respond to all questions in both sections. If your agency received AEAP supplement funding for **either** victim assistance **or** victim compensation, please respond to all questions in the applicable section only.

ROLES AND RESPONSIBILITIES FOR COMPLETION

OVC expects that your agency will assign a point of contact to gather and report performance data. Agency points of contact should work with other staff as needed to gather the required information when it is due.

REPORTING PERIODS

Please confer with your OVC grant manager to establish reporting periods and submission deadlines. If you have any questions about the performance measures, please call the PMT Helpdesk at 1-844-884-2503, or send an e-mail to ovcpmt@usdoj.gov.

Reporting Period for THIS submission:

Grant Number:

Beginning on:

Ending on:

Comments:

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I. CRIME VICTIM ASSISTANCE

The questions within this section are related to victim assistance. If your agency provided victim assistance services using AEAP supplement funding, please respond to the questions in this section. Questions should be answered as they relate to victim assistance services provided by your agency and any partners using AEAP funds

NOTE: Grantees should track AEAP-supported metrics separately from VOCA formula or other funding sources.

1. **Number of applications for assistance received:**

Instruction: Enter the number of applications processed requesting assistance due to this act of mass violence or terrorism.

2. **Number of individuals approved for assistance:**

*Instruction: Enter the number of individuals who were approved for assistance **from your AEAP grant only**. Please do not include individuals who received assistance from your state's VOCA assistance grant.*

3. **Number of applications for assistance denied:**

4. **Reasons for denial**

*Instructions: For each reason shown below, indicate the number of applications that were **NOT** approved for assistance. Please select only one reason per application, which represents the key reason for the denial. The number should equal the total number indicated in question 3.*

Reason for Application Denial	Number of Applications Denied
A. Not eligible for assistance	
B. Issue not related to the crime	
C. Not applicable for assistance	
D1. Other (if other, please explain)	
D2. Other explanation:	

5. **Total number of individuals who received services by service type, AND the number of times each service was provided during the reporting period.**

Instructions: For each main category (items A, B, C, D, and E), enter the number of individuals who received services during the grant period. For each subcategory (e.g. items A1, A2, A3), enter the number of times that service was provided during the reporting period. Zero is a valid response. Please note, because some individuals may receive multiple services, the total number of times that services were provided within a subcategory may be greater than the number of individuals who received those services.

A. INFORMATION & REFERRAL

*Enter the **number of individuals** who received services in this category:*

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Enter the **number of times** services were provided in each subcategory:

A1. Information about the criminal justice process

A2. Information about victim rights, how to obtain notifications, etc.

A3. Referral to other victim service programs

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

B. PERSONAL ADVOCACY/ACCOMPANIMENT

Enter the **number of individuals** who received services in this category:

Enter the **number of times** services were provided in each subcategory:

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 (*e.g., assistance in applying for public benefits, return of personal property or effects*)

B5. Performance of medical or nonmedical 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*)

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B9. Transportation assistance (*includes coordination of services*)

B10. Interpreter services

C. EMOTIONAL SUPPORT OR SAFETY SERVICES

Enter the **number of individuals** who received services in this category:

Enter the **number of times** services were provided in each subcategory:

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 (*e.g., traditional, cultural, or alternative healing; art, writing, or play therapy, etc.*)

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

D. SHELTER/HOUSING SERVICES

Enter the **number of individuals** who received services in this category:

Enter the **number of times** services were provided in each subcategory:

D1. Emergency shelter or safe house

D2. Transitional housing

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D3. Temporary placement (*e.g., short-term housing, hotel stay*)

D4. Relocation assistance (*includes assistance with obtaining housing*)

E. CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE

*Enter the **number of individuals** who received services in this category:*

*Enter the **number of times** services were provided in each subcategory:*

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. Civil legal assistance in obtaining protection or restraining order

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

E6. Other emergency justice-related assistance

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

E8. Prosecution interview advocacy/accompaniment (*includes accompaniment with prosecuting attorney and with victim/witness*)

E9. Law enforcement interview advocacy/accompaniment

E10. Criminal advocacy/accompaniment

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E11. Other legal advice and/or counsel

6. Types of outreach activities, and number of people contacted

Instructions: Outreach activities include any attempts to make victims and the general public aware of services available to victims of the incident. Select all applicable outreach activities. Enter the number of occurrences and the number of individuals reached for each selected activity. See Appendix A for guidance on how to report the number of occurrences and number of individuals reached.

Select applicable outreach activities	Number of occurrences	Number of individuals reached
<input type="checkbox"/> Community presentations		
<input type="checkbox"/> Mailers		
<input type="checkbox"/> Email announcements		
<input type="checkbox"/> Phone calls/contacts		
<input type="checkbox"/> Public awareness posters/advertisements		
<input type="checkbox"/> Websites		
<input type="checkbox"/> Social media content		

7. Number of new or enhanced collaborative partnerships

a. Number of collaborative partnerships formed

*Instruction: Enter the number of **new** partnerships formed during the reporting period as a result of the AEAP grant to develop new programs and essential services to aid victims of terrorism and mass violence.*

b. Number of collaborative partnerships enhanced

*Instruction: Enter the number of **existing** partnerships (i.e., collaborative efforts that existed prior to receiving the AEAP grant) that were enhanced or improved as a direct result of the AEAP grant.*

8. Number of new or enhanced policies, practices, procedures, and/or protocols

a. Number of new policies, practices, procedures, and/or protocols established

*Instruction: As a result of this incident, enter the number of **new** policies, practices, procedures, and/or protocols that were established or adopted as part of this grant program. This could include activity at the grantee organization or at partner organizations.*

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b. Number of existing policies, practices, procedures, and/or protocols enhanced

*Instruction: As a result of this incident, enter the number of **existing** policies, practices, procedures, and/or protocols that were altered or enhanced as a result of this grant program. This could include activity at the grantee organization or at partner organizations.*

9. Were feedback surveys distributed to, and collected from, individuals receiving assistance?

- Yes (if yes, please continue)
 No (if no, please skip questions 8 and 9)

10. Total number of feedback surveys completed:

11. Number of survey respondents who indicated satisfaction with services provided:

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II. CRIME VICTIM COMPENSATION

The questions within this section are related to victim compensation. If your agency provided victim compensation using AEAP supplement funding, please respond to the questions in this section. Questions should be answered as they relate to victim compensation provided by your agency and any partners using AEAP funds.

NOTE: Grantees should track AEAP-supported metrics separately from VOCA formula or other funding sources.

12. Are you (the state or agency receiving AEAP funds) providing compensation funds using your state’s current established guidelines or procedures for compensation?

Instruction: Based on your process, please indicate A or B below.

- a. **Yes**, AEAP funding is being provided following our state’s current procedures guiding the compensation approval process.
- b. **No**, AEAP funding is being provided outside of our state’s current procedures guiding the compensation approval process.

13. Number of applications for compensation received

Instruction: Enter the number of applications processed requesting reimbursement of expenses incurred by the claimant due to acts of mass violence or terrorism.

14. Number of applicants who received funding for compensation

*Instruction: Enter the number of applicants whose applications were approved to receive compensation funds **from your AEAP grant only**. Please do not include compensation funds disseminated from your state’s VOCA compensation grant.*

15. Number of applications for compensation denied:

16. Reasons for denial

*Instruction: For each reason shown below, indicate the number of applications that were **NOT** approved for compensation. Please select only one reason per application, which represents the key reason for the denial. The number should equal the total number indicated in question 15.*

Reason for Application Denial	Number of Applications Denied
A. Late filing <i>(if applicable)</i>	
B. Failure to report to police <i>(if applicable)</i>	
C. Incomplete information	
D. Contributory misconduct	

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E. Ineligible crime type (e.g., request not compensable or allowed by policy, no property damage)	
F. Ineligible application (e.g., applicant not an eligible party, unjust enrichment, duplicate application, no economic loss)	
G1. Other (if other, please explain)	
G2. Other explanation	

17. Total amount paid per expense category

Instruction: Using the table below, indicate the total amount of AEAP funding paid for each expense type. \$0 is a valid response, and represents a true value of zero. Please see Appendix B for definitions of expense types.

Expense Type	Amount Paid
A. Crime scene clean up	
B. Dependent care	
C. Economic support	
D. Funeral/burial	
E. Medical/dental (except mental health)	
F. Mental health	
G. Relocation	
H. Replacement services	
I. Travel	
J1. Other (if other, please explain)	
J2. Other explanation:	

18. Amount of AEAP funding provided directly to service providers

Instructions: Enter the amount of AEAP funding provided directly to service providers. Service providers include any person, group, agency, or organizations providing services of any nature (e.g., medical, legal, etc.) to victims of the incident of mass violence or terrorism.

19. Amount of AEAP funding provided to applicants as reimbursement

Instruction: Enter the amount of AEAP funding provided directly to individuals for reimbursement of services rendered due to the incident of mass violence or terrorism.

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APPENDIX A: REPORTING ON OUTREACH ACTIVITIES

Instructions: See below for guidance on what to report for each of your selected outreach activities. Regarding the number of individuals reached, an approximate number is acceptable, if the exact number is unavailable.

- a. Community presentations—** For number of occurrences, report the number of presentations conducted. For the number of individuals reached, report the total number of individuals who attended.
- b. Mailers—** For number of occurrences, report the number of times flyers/mailers were sent out. For the number of individuals reached, report the total number of flyers/mailers sent.
- c. Email announcements—** For number of occurrences, report the number of email announcements sent out. For the number of individuals reached, report the total number of people on the distribution lists.
- d. Phone calls/contacts—** For number of occurrences, report the number of phone calls/contacts made. For the number of individuals reached, report the total number of people reached.
- e. Public awareness posters/advertisements—** For number of occurrences, report the number of public awareness posters/advertisements displayed. For the number of individuals reached, report the total number of views. If an advertising firm helps you place these public awareness posters/advertisements, they may be able to provide you with the estimate of how many individuals view the poster/advertisement.
- f. Websites—** For number of occurrences, report the number of websites posted. For the number of individuals reached, report the total number of views/visits.
- g. Social media content—** For number of occurrences, report the number of times information was posted on social media. For the number of individuals reached, report the total number of views/visits.

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APPENDIX B: EXPENSE TYPES

- a. **Crime scene clean up**— This includes all expenses related to cleaning a crime scene.
- b. **Dependent care**— This includes individuals (of any age) who may require in-home care that is not medical in nature, including children and/or elders.
- c. **Economic support**— This includes payments made to cover lost wages, loss of support, education benefits, annuities, and other related subsistence payments.
- d. **Funeral/burial**— This includes payments made for funeral, burial, and all other related expenses.
- e. **Medical/dental (except mental health)**— This includes all medical/dental-related expenses, including doctors, dentists, hospitals, physical therapy, ambulance, and other medically related expenses such as transportation costs, prosthetic devices, and pharmaceuticals.
- f. **Mental health**— This includes mental health treatment, both in-patient and out-patient, including psychiatric care, counseling, therapy, and medication management.
- g. **Relocation**— This includes financial assistance for relocation to another place as is consistent with state law.
- h. **Replacement services**— This includes costs for clothing, bedding, or property seized as evidence or rendered unusable as a result of the investigation.
- i. **Travel**— This includes costs to seek medical treatment or other travel-related costs consistent with state law.
- j. **Other**— This includes payments made for services other than those listed in items a–i, please identify the type of service.