



Office of Justice Programs



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 **Grant Management System** 

Effective October 27, 2007, all OJP and OVW grantees must submit their financial status reports in OJP's Grants Management System. Directions on how to use the new module can be found at http://www.ojp.usdoj.gov/funding/FSR_User_Manual.pdf

Applicant Sign In

User ID:

Password:

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NOTICE TO USERS This is a Federal computer system and is the property of the United States Government. It is for authorized use only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Any or all uses of this system and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized site, Department of Justice, and law enforcement personnel, as well as authorized officials of other agencies. By using this system, the user consents to such interception, monitoring, recording, auditing, inspection, and disclosure at the discretion of authorized site or Department of Justice personnel. Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties. By continuing to use this system, you indicate your awareness of and consent to these terms and conditions of use. LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning. [Privacy, Security and Disclaimers](#)

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All programs you are currently participating in are listed below. To reduce the size of program listing, choose from the following criteria and press the **Refresh** button.

Year **Solicitation**

Office of Justice Programs has many other funding opportunities that you may be eligible for. To review these opportunities or to start a new application click on [Funding Opportunities](#).

2004 State Justice Statistics Program (SAC)

Year	Application No.	Status	Correspondence	Action
2008	2008-30015-ND-TL	<ul style="list-style-type: none"> Application submitted and last updated on 11/13/2007 	No Messages Compose message	View

BJA FY 08 Solicited

Year	Application No.	Status	Correspondence	Action
2008	2008-F0248-ND-DD	<ul style="list-style-type: none"> Application not yet submitted, last saved on 11/13/2007 Application Deadline expires on 05/01/2008 	No Messages Compose message	Update Withdraw

OVC FY 07 VOCA Victim Assistance Formula

Year	Application No.	Status	Correspondence	Action

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OVC FY 07 VOCA Victim Assistance Formula

Year	Award Number	Status	Grant Manager	Correspondence	Action
2007	2007-VA-GX-0018	<ul style="list-style-type: none"> Grantee Notified On 07/17/07 Active 	Name: Foster, DeLano Phone:(202) 616-3612 Fax: Other:	3 New Message(s) Compose message	View Award Instructions OVC Performance Report Subgrant Reporting Financial Status Reports (SF-269a) Grant Monitoring Closeout

OVC FY 07 VOCA Victim Compensation Formula

Year	Award Number	Status	Grant Manager	Correspondence	Action
2007	2007-VC-GX-0043	<ul style="list-style-type: none"> Grantee Notified On 05/08/07 Active 	Name: Foster, DeLano Phone:(202) 616-3612	2 New Message(s)	View Award Instructions OVC Performance Report Financial



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Federal Award Number	2007-VA-GX-0018
Award Amount	\$1225000.00
Grantee	Dept. of Corrections State of North Dakota
Grant Manager	DeLano Foster
Project Title	FY 07 VOCA ASSISTANCE GRANT PROGRAM
Reporting Period From	01-Oct-2006
Reporting Period To	30-Sep-2007

Audit Trail:

Description:	Role:	User:	Timestamp:	Note:
Submitted	PO - Grant Manager	Coughlin, Paul J.	11/16/2007 2:12 PM	View Note
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U.S. Department of Justice
Office of Justice Programs
Office for Victims of Crime
Washington, D.C. 20531

**Victims of Crime Act
Victim Assistance Grant Program
Performance Report**

OMB NO.: 1121-0014
Expires: 06/30/2009

Report Timeframe

The state crime victim assistance agency receiving funds under the Victims of Crime Act (VOCA) is required to submit one state performance report annually which includes information on all grants active during the fiscal year. This report is due December 30 of each year. The performance report provides information on the effect the VOCA funds had on services to crime victims in the state. This report should be submitted upon request by the Office for Victims of Crime, 810 Seventh Street, N.W., Washington, D.C. 20531.

Indicate Reporting Period: October 1, 2006 through September 30, 2007

[OVC Performance Report Instructions](#)
[Section I Instructions](#)

Section I - State Identification

State:	ND		
Federal Grant Number:	2007-VA-GX-0018		
Grantee Name:	Dept. of Corrections State of North Dakota		
Street/P.O. Box:	PO Box 5521		
City:	Bismarck		
State:	ND	Zip Code:	58506 - 5521
Contact Person:	Mr. Paul J. Coughlin	Tel.:	(701) 328 - 6195

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Section II - State Funding Information

A. Indicate the annual (during the corresponding state fiscal year) funding amounts allocated to the victim assistance projects in the state:

State Fiscal Year Funding	Fiscal Year
1. Appropriations	\$102
2. Criminal Fines & Penalties	\$102
3. Assessments (e.g. Marriage License, Birth Certificate Fees)	\$102
4. Other (Specify) other type	\$100
Total	\$406

B. Indicate total number of agencies funded from this federal grant.

50

C. Indicate the number of subgrants funded from this federal grant.

100

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[Section III Instructions](#)

Section III - Victim Statistics

A. Indicate the number of victims served by type of victimization:

NOTE: Indicate the number of victims served by VOCA-funded projects during the grant period. Each victim should be counted only once, i.e., a victim of a series of spouse abuse assaults should be counted more than once only as a result of separate and unrelated crimes.

No. of Victims Served		No. of Victims Served	
100	1. Child Physical Abuse	100	7. Adults Molested as Children
100	2. Child Sexual Abuse	100	8. Survivors of Homicide Victims
100	3. DUI/DWI Crashes	100	9. Robbery
100	4. Domestic Violence	100	10. Assault
100	5. Adult Sexual Assault	100	11. Other (Specify) u
100	6. Elder Abuse		
Total		1100	

B. Indicate the number of victims who received the following services (See instructions for definitions of each service):

No. of Victims Served		No. of Victims Served	
100	1. Crisis Counseling	100	8. Emergency Financial Assistance
100	2. Followup	100	9. Emergency Legal Advocacy
100	3. Therapy	100	10. Assistance in Filing Compensation Claims
100	4. Group Treatment/Support	100	11. Personal Advocacy
100	5. Shelter/Safehouse	100	12. Telephone Contact Information/Referral
100	6. Information/Referral (In-person)	100	13. Other (Specify) u
100	7. Criminal Justice Support/Advocacy		
Total		1300	

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Note: Click on the Certification side link to review the certification of your performance report.

[Section IV Instructions](#)

Please provide a narrative description responding to the following questions.

Section IV - Program Implementation

A. What are the major issues, in your state, if any, that hinder victim assistance programs in assisting crime victims in filing for compensation benefits and in understanding state victim compensation eligibility requirements?

Degafdgghtmcmkvblbn,l'vbk;l;gfmokgbmgkmdgkjbgf,vdbkfjgf.hg;ghpir100

B. Briefly describe efforts to promote coordinated public and private efforts within the community to aid crime victims.

jhdfioid

C. Briefly describe efforts taken to serve federal crime victims, i.e. coordination etc.

jrdfuoj

D. Describe any notable activities conducted at the state or subgrant level to improve the delivery of victim services (i.e. needs assessments, program monitoring, and program evaluation). Include training efforts, and use of VOCA approved training funds, if applicable.

ikjfsif

E. Include and/or attach anecdotal information and individual case histories illustrating at least four ways in which VOCA funds have been used to assist crime victims. (Letters from crime victims are helpful.)

kjdsoius

Attachments

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Delete

Add Attachment

F. Identify any emerging issues or notable trends impacting crime victim services in your state.

dfgfd

G. Specifically discuss how your state has used VOCA administrative funds, and the impact of these funds on the state's ability to improve victims services.

yes

Authorized Signature

MM/DD/YYYY

Warren R Emmer

11/16/2007

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Signing Official requires ONLY First Name and

Last. Do not use Middle Initial

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kjdsoius

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To the best of my knowledge and belief, all data in this performance report that I have provided is true and correct, the document has been duly authorized by the governing body of the grantee and the applicant will comply with the attached certifications.

Your typed name, in lieu of your signature represents your legal binding acceptance of the terms of your grant and your statement of the veracity of the representations made in the performance report. The document has been duly authorized by the governing body of the grantee and the grantee will comply with the following:

Prefix	Mr.
Prefix (Other)	
First Name	Paul J.
Middle Initial	
Last Name	Coughlin
Suffix	
Suffix (Other)	
Title	Administrator
Address Line 1	PO Box 5521
Address Line 2	
City	Bismarck
County	Burleigh
State	North Dakota
Zip Code	58506 - 5521
Phone	701 - 328 - 6195
Fax	701 - 328 - 6186
E-mail	pcoughli@state.nd.us

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