

Annual Report to Send to FVPSA Administrator

Organization Name: _____

Date Sent: _____

Reporting Period: _____

Please send the following numbers to your FVPSA State Administrator. For each program area from which you collected outcome data, indicate how many surveys were completed, and how many YES responses you received to each of the outcome questions (resources and safety). Do not send percentages; only actual numbers. If you did not collect outcome information for a particular service below, write in N/A (for not applicable).

Shelter

of surveys completed: _____ # of yes responses to resource outcome _____ # of yes responses to safety outcome: _____

Support Services and Advocacy

of surveys completed: _____ # of yes responses to resource outcome _____ # of yes responses to safety outcome: _____

Support Groups

of surveys completed: _____ # of yes responses to resource outcome _____ # of yes responses to safety outcome: _____

Counseling

of surveys completed: _____ # of yes responses to resource outcome _____ # of yes responses to safety outcome: _____

TOTALS

of surveys completed: _____ # of yes responses to resource outcome _____ # of yes responses to safety outcome: _____

(The TOTAL numbers should equal the sum of each column)

