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)