**North Carolina Human Trafficking Commission**

**16.23 Grant: Economic Assistance Funds for  
Organizations that Provide Services to Victims  
of Domestic Violence and Sexual Assault**

**Quarterly Progress Report**

Reporting period:  July – September  October – December

January – March  April - June

Year: Click or tap here to enter text.

**Brief Instructions:** This form must be completed quarterly for the grant received as set forth in Section 16.23 of the 2021 Appropriations Act, S.L. 2021-180.

All information should reflect activities for the current reporting period only and the form must be fully completed with regard to all grant-funded activities.

The activities of volunteers or interns should be reported if funds under the grant were used to substantially support their activities.

**Section A**

**General Information**

**Grant Information**

**All grantees must complete this subsection.**

1. Date of report: Click or tap to enter a date.

1. Agency/organization name: Click or tap here to enter text.  
   Address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Zip code: Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

1. Points of contact  
     
   Person completing the report:

First and last name: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Person responsible for the day-to-day coordination of the grant:

First and last name: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Executive Director information:

First and last name: Click or tap here to enter text.

Email address: Click or tap here to enter text.

**Section B**

**Narrative  
 All grantees must complete this subsection.**

1. Report on the status of the goals and objectives for your grant as of the end of the current reporting period, as they were identified in your grant scope of work or as they have been added or revised. Indicate whether the activities related to your objectives for the current reporting period have been completed, are in progress, are delayed, or have been revised. Comment on your successes and challenges and provide any additional explanation you feel is necessary for us to understand what you have or have not accomplished relative to your goals and objectives. If you have not accomplished objectives that should have been accomplished during the current reporting period, you must provide an explanation.
2. **Provide project status for this quarter**

**Goals/Objectives**

|  |
| --- |
| Click or tap here to enter text. |

**Key Activities**

|  |
| --- |
| Click or tap here to enter text. |

**Comments**

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| --- |
| Click or tap here to enter text. |

1. How has this grant impacted service provisions to victims of domestic violence and/or sexual assault?

|  |
| --- |
| Click or tap here to enter text. |

1. What has this grant allowed you to do that you could not do prior to receiving this funding?

|  |
| --- |
| Click or tap here to enter text. |

1. Please provide an estimate of the percentage of the project goal completion.

|  |
| --- |
| Click or tap here to enter text. |

1. If grant funds were used for domestic violence, sexual assault, and/or human trafficking program initiatives, please specify which initiative, and include the county(ies) in which services were provided.

Click or tap here to enter text.

1. Please provide the total number of victims served through your agency in the reporting period.
   1. Total Number of Victims Served in the quarter: \_\_\_\_\_
   2. Total Number of Victims Served in the quarter, broken down into victimization type: (can count a person more than once if they fall into more than 1 category)

\_\_\_\_ Domestic Violence / Intimate Partner Violence

\_\_\_\_ Sexual Assault

\_\_\_\_ Human Trafficking: Sex Trafficking

\_\_\_\_ Human Trafficking: Labor Trafficking

* 1. Total Number of Victims Served **New** this quarter: \_\_\_\_\_
  2. Total Number of Victims Served **New** this quarter, broken down into victimization type: (can count a person more than once if they fall into more than 1 category)

\_\_\_\_ Domestic Violence / Intimate Partner Violence

\_\_\_\_ Sexual Assault

\_\_\_\_ Human Trafficking: Sex Trafficking

\_\_\_\_ Human Trafficking: Labor Trafficking

* 1. Total Number of Victims Served Year-to-Date: \_\_\_\_

(This would be an unduplicated number of victims served for the year by adding the numbers from (c.) New victims in each quarter report.)

* 1. Total Number of Victims Served Year-to-Date, broken down into victimization type: (can count a person more than once if they fall into more than 1 category)

\_\_\_\_ Domestic Violence / Intimate Partner Violence

\_\_\_\_ Sexual Assault

\_\_\_\_ Human Trafficking: Sex Trafficking

\_\_\_\_ Human Trafficking: Labor Trafficking

* 1. \_\_\_\_ Total number of family members or secondary victims served, unduplicated for the year. (This would be if the victim has children that were provided care or another family member that was provided services)

1. If grant funds were used for human trafficking initiatives, please provide the total number of victims serve and include the county(ies) in which services were provided.

Click or tap here to enter text.

1. Provide any additional information that you would like us to know about the data submitted.

|  |
| --- |
| Click or tap here to enter text. |

Should you have questions, need technical assistance, or want to discuss your project and/or grant, please contact the grants managers, direct data questions to the data manager and all other concerns to the grants administrator:

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