

<b>Section 1. Agency Information</b>	
Grant Number:	
Grant Name:	
Person to Contact for Corrections:	
Contact's Phone Number for Corrections:	
Contact's Email Address for Corrections:	
Grant Contact:	
Authorized Official:	
Primary Prevention Coordinator:	
Primary Prevention Coordinator Email:	
	<b>OAG Grant-Funded Purpose Areas</b> (check all that apply): <input type="checkbox"/> Educational Seminars <input type="checkbox"/> Training Programs for Professionals <input type="checkbox"/> Preparation of Informational Materials <input type="checkbox"/> Training programs for students and campus personnel <input type="checkbox"/> Education to increase awareness about drugs used in sexual assault. <input type="checkbox"/> Other efforts to increase awareness or help prevent sexual assault
<b>Section 2. Primary Prevention Planning/Activities</b>	
<b>In the space below, describe community mobilization efforts.</b>	
<b>In the space below, describe primary prevention planning activities. List partners and key stakeholders.</b>	
<b>In the space below, describe organizational policy and norms change activities.</b>	
<b>In the space below, describe community readiness activities.</b>	
<b>Optional: In the space below, describe primary prevention activities of the agency staff and/or volunteers that are not funded by SAPCS-Federal funds.</b>	



<b>Section 3. Rape/Sexual Violence Prevention &amp; Education Activities</b>																									
<b>Prevention &amp; Education Activities</b>	<b>1st Quarter</b>			<b>2nd Quarter</b>			<b>3rd Quarter</b>			<b>4th Quarter</b>															
Strategic Planning															0%										
Coalition Building															0%										
Community Mobilization															0%										
Policy & Norms Change															0%										
Educational Seminars															0%										
Training Program for Professionals															0%										
Education & Training for Students & Campus Personnel															0%										
Education on Date Rape Drugs															0%										
Preparation of Informational Materials															0%										
<b>Total Must Equal 100%</b>															<b>0%</b>										
<b>Section 4. Approved Activities: Professional Training, Educational Sessions, Informational Materials. Complete applicable sections.</b>																									
	FY2009 Projected Targets	Sept. 2008	Oct. 2008	Nov. 2008	1st Qtr Total	1st Qtr %	Dec. 2008	Jan. 2009	Feb. 2009	2nd Qtr Total	2nd Qtr %	Mar. 2009	Apr. 2009	May 2009	3rd Qtr Total	3rd Qtr %	Jun. 2009	Jul. 2009	Aug. 2009	4th Qtr Total	4th Qtr %	YTD	YTD%		
<b>Professional Training</b>	<b>1st Quarter</b>			<b>2nd Quarter</b>			<b>3rd Quarter</b>			<b>4th Quarter</b>			<b>YTD</b>												
Professional Trainings Conducted				0	0%				0	0%				0	0%				0	0%	0	0%	0	0%	
Total Number of Participants				0	0%				0	0%				0	0%				0	0%	0	0%	0	0%	
<b>For the Professional Training Conducted, specify the number of trainings by type below.</b>																									
Single topic/Single session training				0					0					0					0		0		0	0%	
Multi-topic/Single Session training				0					0					0					0		0		0	0%	
Multi-topic/Multi-Session training				0					0					0					0		0		0	0%	
Other (please Specify)				0					0					0					0		0		0	0%	
<b>Total Must Equal Number of Professional Trainings</b>				0		0	0	0	0		0	0	0	0		0	0	0	0		0	0	0	0	0%
<b>In the space below, list types of professionals trained and topics covered in professional trainings.</b>																									
<b>In the space below, address the following: rationale for conducting RPE training with the professional groups or organizations selected; trained professional group's capacity to impact the primary prevention of Sexual Violence; efforts aimed at changing organizational capacity, practices, and policies to prevent sexual violence; efforts made to ensure that RPE trainings were primary prevention focused; successes and challenges associated with implementing training sessions.</b>																									

Office of the Attorney General  
FY2009 SAPCS-Federal Performance Report

Educational Sessions	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter				YTD					
Educational Sessions Conducted				0	0%				0	0%				0	0%				0	0%	0	0%
Total Number of Participants				0	0%				0	0%				0	0%				0	0%	0	0%
Elementary School Students				0	0%				0	0%				0	0%				0	0%	0	0%
Middle/Junior High School Students				0	0%				0	0%				0	0%				0	0%	0	0%
High School Students				0	0%				0	0%				0	0%				0	0%	0	0%
College/University Students				0	0%				0	0%				0	0%				0	0%	0	0%

**For the Educational Sessions Conducted, specify the number of trainings by type below.**

Single topic/Single session training				0					0					0					0		0	0%
Multi-topic/Single Session training				0					0					0					0		0	0%
Multi-topic/Multi-Session training				0					0					0					0		0	0%
Other (please Specify)				0					0					0					0		0	0%
<b>Total Must Equal Number of Education Sessions</b>				0					0					0					0		0	0%

**In the space below, list topics for educational sessions and additional audiences.**

  
  
  
  

**In the space below, address the following: rationale for conducting educational sessions with the audience(s) selected; efforts made to ensure that RPE educational sessions were primary prevention focused and evidence based; effort to apply any of the nine (9) prevention principles as described in the SAPCS-Federal Application Kit; efforts aimed at changing behaviors or norms; successes and challenges associated with implementing educational sessions.**

  
  
  
  
  
  
  
  
  
  

Informational Materials	FY2009 Projected Targets				1st Qtr Total	1st Qtr %	FY2009 Actual				2nd Qtr Total	2nd Qtr %	FY2009 Actual				3rd Qtr Total	3rd Qtr %	FY2009 Actual				4th Qtr Total	4th Qtr %	YTD	YTD%
	Sept. 2008	Oct. 2008	Nov. 2008				Dec. 2008	Jan. 2009	Feb. 2009				Mar. 2009	Apr. 2009	May 2009				Jun. 2009	Jul. 2009	Aug. 2009					
Total Number of Informational Units Distributed					0	0%					0	0%					0	0%					0	0%	0	0%
Total Number of Informational Units Developed					0	0%					0	0%					0	0%					0	0%	0	0%

**In the space below, list topics (i.e. pamphlets, posters, etc) of primary prevention informational materials distributed using SAPCS-Federal funds.**

  
  
  
  

**In the space below, list types and topics for primary prevention informational materials developed. Share how informational materials are linked to your broader sexual violence prevention efforts.**

<b>Section 5. Tracking of CDC Life Stages</b>																							
<b>CDC Life Stages</b>		<b>1st Quarter</b>			<b>2nd Quarter</b>			<b>3rd Quarter</b>			<b>4th Quarter</b>			<b>YTD</b>									
Infant/Toddlers (0-3 years old)														0%									
Children (4-11 years old)														0%									
Adolescent (12-19 years old)														0%									
Adult (20-49) years old														0%									
Older Adult (50+)														0%									
<b>Total: Must Equal 100%</b>		0%			0%			0%			0%			0%									
<b>Section 6. RPE Faith-based Activities</b>																							
	FY2009 Projected Targets	Sept. 2008	Oct. 2008	Nov. 2008	1st Qtr Total	1st Qtr %	Dec. 2008	Jan. 2009	Feb. 2009	2nd Qtr Total	2nd Qtr %	Mar. 2009	Apr. 2009	May 2009	3rd Qtr Total	3rd Qtr %	Jun. 2009	Jul. 2009	Aug. 2009	4th Qtr Total	4th Qtr %	YTD	YTD%
<b>Describe partnerships with faith based</b>		<b>1st Quarter</b>			<b>2nd Quarter</b>			<b>3rd Quarter</b>			<b>4th Quarter</b>			<b>YTD</b>									
Number of Partnerships with Faith Based Organizations					0				0			0			0				0			0	
Number of Presentations to Clergy					0				0			0			0				0			0	
Number of Clergy Trained					0				0			0			0				0			0	
Number of Presentations to Youth Groups in Faith Based Organizations					0				0			0			0				0			0	
Number of Youth Group Participants					0				0			0			0				0			0	
<b>Describe partnerships with faith based organizations and detail training/presentation topics.</b>																							

Section 7. Professional Training and Educational Sessions Outcomes														
<b>Outcome 1:</b>	State Outcome being measured here.			Increase in knowledge of the factors that allow sexual assault and/or sexual violence to occur.										
	State Outcome Measure Instrument here.													
<b>Target Level (%)</b>	<b>1st Quarter</b>			<b>2nd Quarter</b>			<b>3rd Quarter</b>			<b>4th Quarter</b>			<b>YTD</b>	
Number of Instruments Given to Participants			0			0			0			0		0
Number of Instruments Completed by Participants			0			0			0			0		0
Participants Reporting Desired Outcome			0			0			0			0		0
<b>Performance Level (%)</b>	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
<b>Outcome Narrative:</b>														
<b>Outcome 2:</b>	State Outcome being measured here.													
	State Outcome Measure Instrument here.													
<b>Target Level (%)</b>	<b>1st Quarter</b>			<b>2nd Quarter</b>			<b>3rd Quarter</b>			<b>4th Quarter</b>			<b>YTD</b>	
Number of Instruments Given to Participants			0			0			0			0		0
Number of Instruments Completed by Participants			0			0			0			0		0
Participants Reporting Desired Outcome			0			0			0			0		0
<b>Performance Level (%)</b>	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
<b>Outcome Narrative:</b>														
<b>Outcome 3 (Optional):</b>	State Outcome being measured here.													
	State Outcome Measure Instrument here.													
<b>Target Level (%)</b>	<b>1st Quarter</b>			<b>2nd Quarter</b>			<b>3rd Quarter</b>			<b>4th Quarter</b>			<b>YTD</b>	
Number of Instruments Given to Participants			0			0			0			0		0
Number of Instruments Completed by Participants			0			0			0			0		0
Participants Reporting Desired Outcome			0			0			0			0		0
<b>Performance Level (%)</b>	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
<b>Outcome Narrative:</b>														

<b>Section 8. List successes and challenges you encountered during the reporting period.</b>	
<b>The following information is required by the Office of the Attorney General (OAG).</b>	
<b>Section 9. Volunteer Involvement: Describe how your agency utilized volunteers during this reporting period.</b>	
<b>Section 10. Project Impact Narrative: Describe the impact primary prevention activities had on the participants and/or the community.</b>	
<b>Section 11. Data Verification</b>	
Data verification required by Authorized Official or Grant Contact: By initialing and dating, I attest that the data and information contained in this report is true and accurate to the best of my knowledge and understanding.	<b>Initials/Date:</b>