

# Sign in at

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To access this page, you have to log in to NCAI.

Username

Password

Log In

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HELLO TEST USER.

To complete your Stage 2 application click [here](#).

Quarter 1 program reports are available through the Program tab. Quarter 1 reports are due January 8, 2021. Please refer to the help document located [here](#) and short video [here](#) for information on how to complete the report.

#### What's New/System Updates

- A Financial Management Capacity and Required Certifications form is available for download, completion and upload as required in your Letter of Agreement. This form will assist NCAI in assessing any technical assistance needs and is a required part of the compliance review. This document is due to be uploaded two weeks after you receive your LOA (due date listed [here](#) will be updated once your LOA is sent). Instructions for accessing and uploading the document can be found [here](#).
- Step-by-step instructions for submitting a reimbursement request can be found [here](#).

#### Incomplete Sub-Grants

No Incomplete Sub-Grants Found

#### Incomplete Reimbursements

No Reimbursements Found



To access the program report, select the “Program Tab” and then “Program Reports” drop down option.

Program Reports

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Quarter 1 program reports are available through the Program tab. Quarter 1 reports are due January 8, 2021. Please refer to the help document located [here](#) and short video [here](#) for information on how to complete the report.

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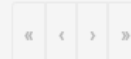
## PROGRAM REPORTS

For this program, there are quarterly and annual reports

### All Reports

Id	Year	Month	Status	Submitted
VS-00092	2020	Oct - Dec	Requested	
VS-00093	2021	Jul - Sep	Requested	

1 - 2 of 2



Click on the program report related to the reporting period you are completing.



VS-00092

The reporting period and page will remain at the top of each page.

Reporting Period: Oct - Dec, 2020  
Page 1 of 4

Page does not automatically save. Be sure to click 'Save' at the bottom before navigating away from this report.

The purpose of these Program Reports is to provide information for the applicable reporting period. This information will be used for the applicable reporting period. Please contact [support@firstpic.org](mailto:support@firstpic.org) if you have any questions about completing or submitting this report.

**Note:** The page does not automatically save. To save the information you have entered, click 'Save' at the bottom of the page before navigating away from the report.

on for the applicable reporting period. This information will be used for the applicable reporting period. Please contact [support@firstpic.org](mailto:support@firstpic.org) if you have any questions about completing or submitting this report.

1. Please provide the total number of contacts received during this reporting period.  
*Anonymous contacts should be included.*

2. Total number of anonymous contacts received during this reporting period <sup>?</sup>

3. Is your organization able to track new individuals served for this reporting period? (If 'no', you will move on to question 6.)

*For the first reporting period, ALL individuals should be counted as new. <sup>?</sup>*

No ▾

If "Yes" is answered to question 3, questions 4 and 5 will appear.

Please contact [support@firstpic.org](mailto:support@firstpic.org) if you have any questions about completing or submitting this report.

Save

Next

To navigate through the program report, select the "Next" button at the bottom of each page.

Select the "Save" button to retain the data entered within the report.

3. Is your organization able to track new individuals served for this reporting period? (If 'no', you will move on to question 6.)

*For the first reporting period, ALL individuals should be counted as new.* ?

Yes ▾

New Individuals

4. Of the number of individuals entered in question 1, how many were NEW individuals who received services from your program for the first time during this reporting period?

*For the first reporting period, ALL individuals should be counted as new.*

The total number of individuals entered in Question 4 must equal the total number entered in each demographic category.

5. Demographics

The total number of individuals in each demographic category should equal the number of NEW individuals reported in Question 4. This data is used for statistical purposes to comply with Federal regulations.



## Race/Ethnicity

A. Do you track Race/Ethnicity?

Yes ▾

Please enter a number for each field. Enter a Zero (0) if no individuals were served within a demographic category.

If an individual did not report, enter the total in the "Not Reported" field.

Individuals who self-report in more than one race and/or ethnicity category should be counted in the "Multiple Races" category. See [Appendix A](#) for definitions of each race/ethnicity category.

American Indian/Alaska Native

Asian

Black/African American

Hispanic or Latino

Native Hawaiian and Other Pacific Islander

If "Yes" is answered to any of the demographics questions, an additional subset of questions will appear that require numerical answers

**Important:** The sum total of all values entered in the demographics category, must equal the total number entered in Q4 (New Individuals)

Gender Identity

B. Do you track Gender Identity?

Yes ▾

Please enter a number for each field. Enter a Zero (0) if no individuals were served within a demographic category.  
If an individual did not report, enter the total in the "Not Reported" field.


Number of Males

Number of Females

Number of Other Individuals

If available, please provide a description for individuals listed in the Other category.

Number of Not Reported



If you enter a number other than “0” for Number of Other Individuals, you must provide a description in the following field.

Age

C. Do you track Age?

Yes ▾

Please enter a number for each field. Enter a Zero (0) if no individuals were served within a demographic category.  
If an individual did not report, enter the total in the "Not Reported" field.

0-12

13-17

18-24

25-59

60 and Older





## 6. Types of Victimizations

Enter data for ALL individuals who received services during this reporting period for each type of victimization.  
If you do not track a type of victimization, enter N/T. If no victims were served in a category, enter Zero (0).

### A. Number of individuals who received services based on the presenting victimization during this reporting

An individual MAY be counted in more than one victimization type, but should not be counted more than once with  
See [Appendix B](#) for definitions of each victimization type.

Adult Physical Assault

Adult Sexual Assault

Adults Sexually Abused/Assaulted as Children

Arson

Bullying (Verbal, Cyber, or Physical)

1. A value should be entered for each service option
2. If a service was applicable to those served, enter Zero (0)
3. If a particular service was not tracked, enter N/T

Select 'Appendix B' to see a definition for each service type.



## 6. Types of Victimizations

Enter data for ALL individuals who received services during this reporting period for each type of victimization.  
If you do not track a type of victimization, enter N/T. If no victims were served in a category, enter Zero (0).

### A. Number of individuals who received services based on the presenting victimization during this reporting period

Hate Crimes

Please provide an explanation of any hate crimes reported (i.e. Racial/Religious/Gender/Sexual Orientation/Other)

A value for Hate Crime Explanation is required if Hate Crime is greater than 0.

If further explanation is not provided, an error message will appear at the bottom of the page.

Certain selections require further explanation to be provided.

Hate Crimes

Please provide an explanation of any hate crimes reported (i.e. Racial/Religious/Gender/Sexual Orientation/Other)

Please contact [support@firstpic.org](mailto:support@firstpic.org) if you have any questions about completing or submitting this report.

[Previous](#)[Save](#)[Next](#)

Once updated click the “Save” and then “Next”



## 7. Victim Compensation

**Number of individuals assisted with a victim compensation application during this reporting period.**

Please report the number of individuals who received assistance with completing a victim compensation application during this reporting period, even if they did not submit the application. Simply providing an individual with an application does NOT qualify as assistance.

## 8. Types of services provided by your organization during this reporting period:

### Information & Referral Services

**A. Did you provide Information & Referral services?**

No ▾

### Personal Advocacy Services

**B. Did you provide Personal Advocacy/Accompaniment services?**

No ▾

### Emotional Support Services

**C. Did you provide Emotional Support or Safety Services?**

No ▾

If you answer “Yes” to any questions in this category, an additional set of questions will need to be completed, however if you answer “No” to any of the questions you will simply move forward with the report.

Navigate to the next slide to see an example answer set if “Yes” is answered for any selection in question 8.



Information & Referral Services

A. Did you provide Information & Referral services?

Yes ▾

Enter a number into each field. Enter Zero (0) if no services were provided for a subcategory.

Enter the **NUMBER OF INDIVIDUALS** who received Information & Referral Services:

Enter the **NUMBER OF TIMES** services were provided in each subcategory:

A1. Information about the criminal justice process

A2. Information about victim rights, how to obtain notifications, etc.

A3. Referral to other victim service programs

A4. Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address-confidentiality programs, etc.)

An example set of questions if “Yes” is answered for any selection in question 8.

Quarterly Program Report Narrative Questions

Please complete the following questions to the best of your ability. All questions marked with an \* are required. Your answers will help the NCAI Fund and our TA providers identify needs for technical assistance and training.

9a. Please describe ongoing successes in your program: \*

9b. Are there challenges or barriers your victim services program has faced, internal or external, that you did not anticipate? Please describe. \*

Question 9b will NOT display for the Jul-Sep 2021 (semi-annual) or Apr-Jun 2022 (Final) reports.

Training and Technical Assistance

10a. Please describe additional topics for training or technical assistance you would like to receive. What types of information, resources, tools (such as templates, or assistance) would your program benefit from? \*

Add details here.

10b. What is your preferred method of technical assistance delivery (i.e., webinars, in-person training, regional trainings, peer-to-peer, etc.)? \*

Add details here.

11. Are you on track to fiscally and programmatically complete your program as outlined in your grant application or most recent program plan?

Please answer YES or NO and if no, please explain. \*

No

Please Explain: \*

If “Yes” is answered for question 11, “Please Explain” is not required and you will move directly to Question 12.

11. Are you on track to fiscally and programmatically complete your program as outlined in your grant application or most recent program plan?

Please answer YES or NO and if no, please explain. \*

Yes ▾

12. What are specific challenges or barriers facing victims of crime during this time of COVID-19, or natural disasters?

13. Are there issues that are out of scope of the current funding stream that are an ongoing need in your community?

Once the report is completed, select Save and then Submit.

Please contact [support@firstpic.org](mailto:support@firstpic.org) if you have any questions about completing or submitting this report.

Previous

Save

Submit

The following errors must be corrected before submitting this program report. Use the "previous" button to navigate to the appropriate page. Please click "submit" again after reconciling all errors.

Page 1 Q5a: Total tracked for Race/Ethnicity does not match Q4 (Number of New Individuals tracked).

Page 1 Q5b: Total tracked for Gender does not match Q4 (Number of New Individuals tracked).

Page 1 Q5c: Total tracked for Age does not match Q4 (Number of New Individuals tracked).

If there are any errors within the report, they will appear at the bottom of the page. In order to correct the errors, select the Previous button to address errors.



PROGRAM REPORTS

All Reports				
Id	Year	Month	Status	Submitted
VS-00092	2020	Oct - Dec	Submitted	12/28/2020

After all errors have been corrected and the report submitted, you will be redirected to the Program Reports List Page and the report will show a status of “Submitted”.

