

**MSDH SUBGRANT INVENTORY SCHEDULE/**

**OFFICE AGAINST INTERPERSONAL VIOLENCE MID- GRANT REPORT**

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| **SUBGRANTEE:** |  Agency/Organization Name |
| **SUBGRANT** **(Name of Program):** |  State Domestic Violence Shelter Funds |
| **PERIOD FROM:** |  07.01.2023 | **PERIOD TO:** |  06.30.2024 |
| **CONTACT PERSON:** |  | **EMAIL:** |  |
| **REPORT TYPE:** | MID GRANT STATUS REPORT | **# OF PAGES:** |   |

# Equipment Listing

List on the following page(s) equipment purchased (in whole or in part) with subgrant funds received from MSDH. Equipment included on this form should meet one or more of the following requirements:

* A purchase price of $1,000 or more
* A useful life of 1 year or more
* The following items regardless of purchase price or useful life - weapons, cameras, and camera equipment (greater than or equal to $250), two-way radio equipment, televisions (greater than or equal to $250), lawn maintenance equipment, cellular telephones, computer, and computer equipment (greater than or equal to $250), chain saws, air compressors, welding machines, generators, motorized vehicles.

# MID Grant Options

1. The subgrantee plans to keep the equipment item for use in project-related purposes.
2. If federally funded, the subgrantee plans to keep the equipment item for use in another federal program.
3. The subgrantee plans to dispose of the equipment item in accordance with its organizational policy.

4- The subgrantee plans to transfer the equipment item to MSDH.

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| Subgrantee CFO or designee |  | Date |
| MSDH Program Director |  | Date |

**SUBGRANTEE:**

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| **SECTION ONE****EQUIPMENT DESCRIPTION****(Include Serial #, Model #, and Inventory #)** | **PURCHASE** **DATE** | **ORIGINAL** **COST** | **% OF SUBGRANT FUNDS USED FOR PURCHASE** | **CURRENT CONDITION** | **MID GRANT OPTION** |
| New | Good | Fair | Poor | 1 | 2 | 3 | 4 |
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***Attach additional pages if needed.*** *Form 1*

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| ***SECTION TWO – REIMBURSEMENTS*** |
| **Year 1 Amount Paid to Agency for the Subgrant** | Report the amount reimbursed by OAIV for the subgrant period | **Amount of Unspent Funds at the End of the year 1 budget subgrant period** | Report the amount of funds remaining in the subgrant that were not expended during the period.  |
| **Reason(s) awarded funds were not expended during the year 1 subgrant budget period** | Report any specific challenges/barriers that were encountered that contributed to the full amount of the subaward not being expended during the period.  |

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| ***SECTION THREE – YEAR 1 PERFORMANCE INDICATORS for OAIV FUNDED PROGRAMS*** |
| **Employee Retention Rate**  | The employee retention rate is reported by calculating the number of separations (both voluntary and involuntary) for the program divided by the number of employees in the program.  |
| **Diversity of Workforce** | Please provide a breakdown by race and gender of the workforce of the program for year 1.  |
| **Overtime Costs** | Report all overtime costs for the program during year 1 of the subgrant period.  |
| **Training Hours of OAIV Funded Staff** | Report the total number of training hours for the staff funded by OAIV funds during year 1 for the program.  |
| **Average length of stay for residential services** | The average length of stay is reported by calculating the sum of the number of residential days of service divided by the number of admissions during year 1 of the subgrant period. If you are unable to report using this methodology, please report your average length of stay and your methodology for the calculation.  |
| **Average length of service(s) for nonresidential community-based services** | The average length of service is reported by calculating the sum of the number of days service provided by the number of admissions to the service during year 1 of the subgrant period. If you are unable to report using this methodology, please report your average length of stay and your methodology for the calculation. |
| ***SECTION FOUR - REPORTING REQUIREMENTS FOR FEDERALLY FUNDED PROGRAMS*** |
| Have all required federal reporting (such as the “Muskie” annual reporting for VAWA programs and the Performance Management Tool for VOCA programs) been completed AND submitted for the subgrant period? \_\_\_\_\_\_\_ **Yes** \_\_\_\_\_\_\_\_ **No** |
| Have submitted all documents to support compliance with OAIV special conditions for the subgrant period? Please see OAIV Additional Provisions: #1, #2 and #10\_\_\_\_\_\_\_ **Yes** \_\_\_\_\_\_\_\_ **No****If no, a justification must be provided on company letter head and signed by authorized official such as Executive Director, Board President, or Agency Head.** |

**(Name of subgrantee) certifies that all activities for the related subgrant have been completed as authorized by the Mississippi State Department of Health, Office of Interpersonal Violence (MSDH/OAIV). (Name of subgrantee) certifies that all reimbursement requests for the subgrant period have been submitted to MSDH/OAIV. Additionally, (Name of subgrantee) relinquishes any claim to the amount of unspent funds identified in section two of this document.**

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| **Closeout Report Prepared By:** |  | **Closeout Report Approved By:** |
| *Printed Name, Title, and Date* |  | *Printed Name, Title, and Date* |
| *Signature and Date* |  | *Signature and Date* |
| *Printed Name, Title, and Date* |  | *Printed Name, Title, and Date* |
| *Signature and Date* |  | *Signature and Date* |

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| ***Attachment A- Scope of Work*** ***ACHIEVEMENT OF GOALS AND OBJECTIVES REPORTING****All items from your approved subgrant for funding must be reported on. Additionally, you must report only on the items that were approved by OAIV in your latest signed subgrant agreement. If the intended outcomes were not achieved, an explanation must be provided.*  |
| **Priority Area (s)** |  |
| **Goal 1** |  Insert the first goal provided from your subgrant for funding. This format should carry forward for any additional goals.  |
| **Objective 1.1** | Insert the first objective provided from your approved subgrant for funding. This format should carry forward for any additional objectives.  |
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| Activities/Strategies | Staff Responsible | How it will be Measured | Completion Date | Outcome |
| 1. Activities/ Strategies (This format should carry forward for any additional activities/strategies.)

Insert the activities/strategies provided from your application for funding.  | Date of Completion (This format should carry forward for any additional outcomes.)Report the date each activity/strategy was completed.  | Outcome (This format should carry forward for any additional outcomes.) | Actual Date activity was completed | *Status of outcome-*  Report the outcome of each activity/strategy. *(If the intended outcomes were not achieved, an explanation must be provided.* |
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| **Priority Area (s)** |  |
| **Goal 2** |  |
| **Objective 1.1** |  |
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| **Activities/Strategies** | **Staff Responsible** | **How it Will be Measured** | **Completion Date** | **Outcome(s)** |
| 1. Activities/ Strategies (This format should carry forward for any additional activities/strategies.)

Insert the activities/strategies provided from your application for funding.  | Date of Completion (This format should carry forward for any additional outcomes.)Report the date each activity/strategy was completed.  | Outcome (This format should carry forward for any additional outcomes.) | Actual Date activity was completed | *Status of outcome-*  Report the outcome of each activity/strategy. *(If the intended outcomes were not achieved, an explanation must be provided.* |
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| **Priority Area (s)** |  |
| **Goal 3** |  Insert the goal provided from your approved subgrant for funding. This format should carry forward for any additional goals.  |
| **Objective 1.1** | Insert the first objective provided from your approved subgrant for funding. This format should carry forward for any additional objectives.  |
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| Activities/Strategies | Staff Responsible | How it will be Measured | Completion Date | Outcome |
| 1. Activities/ Strategies (This format should carry forward for any additional activities/strategies.)

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