



2ND JUDICIAL DISTRICT

NARRATIVE REPORT

Grantee Agency:	Grant Number:
Project Title:	Project Director:
Prepared by: <i>(Name, Mailing Address, Telephone & Email)</i>	
Report Covers Project Activity During the Following Period: <input type="checkbox"/> Jan. 1-June 30, 2026 (Six Month Report) <input type="checkbox"/> July 1-December 31, 2026 (Year End Report with Six Month Report information included)	

AWARD INFORMATION:

Total 2 nd JD VALE Award:	
Amount Received YTD:	

VICTIM DEMOGRAPHIC INFORMATION:

In an effort to start comparing various funding resources, we are asking local VALE programs to fill out a Jot form to capture demographic data points. The information that you share on behalf of your organization will be sent to the Local VALE administrator and the Office for Victims Programs (OVP) at the Division of Criminal Justice.

The information requested is intentionally aggregate information only to protect the individual victims that you are serving.

Link to submit data: [Local VALE Data Report \(jotform.com\)](http://jotform.com)

TOTAL NUMBER OF CRIME VICTIMS SERVED (2nd JD ONLY):

Total number of victims projected to be served in grantee contract:	
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NUMBER OF VICTIMS OF CRIME SERVED (2ND JD ONLY):

	Jan.-June 30 th	July-December 31 st
Child Physical Abuse		
Child Sexual Abuse		
Domestic Violence		
Adult Sexual Assault		
Victims of Vehicular Assault or Vehicular Homicide, DUI/DWI Crashes or Careless Driving Resulting in Death		
Survivors of Homicide Victims		
Assault		
Adults Molested as Children		
Elder Abuse		
Robbery		
Other Violent Crimes: Hate/Bias Crime, Gang Violence, etc.		
Other, please specify:		
Total number of victims served with this award money by agency during reporting period:		

GOALS & OBJECTIVES:

List your organization’s goals and objectives as outlined in your VALE grant application. Please include a statement in your narrative that measures your Total to Date figure against your Yearly Target Goal. If your response is longer than what is visible in the form box, you must scroll to view all text.

Goal 1:

Objective 1.1:

Six Month Evaluation (Jan-June):

Year End Evaluation (July-December):

Objective 1.2:

Six Month Evaluation (Jan-June):

Year End Evaluation (July-December):

Objective 1.3:

Six Month Evaluation (Jan-June):

Year End Evaluation (July-December):

Goal 2:

Objective 2.1:

Six Month Evaluation (Jan-June):

Year End Evaluation (July-December):

Objective 2.2:

Six Month Evaluation (Jan-June):

Year End Evaluation (July-December):

Objective 2.3:

Six Month Evaluation (Jan-June):

Year End Evaluation (July-December):

Goal 3:

Objective 3.1:

Six Month Evaluation (Jan-June):

Year End Evaluation (July-December):

Objective 3.2:

Six Month Evaluation (Jan-June):

Year End Evaluation (July-December):

Objective 3.3:

Six Month Evaluation (Jan-June):

Year End Evaluation (July-December):

Goal 4:

Objective 4.1:

Six Month Evaluation (Jan-June):

Year End Evaluation (July-December):

Objective 4.2:

Six Month Evaluation (Jan-June):

Year End Evaluation (July-December):

Objective 4.3:

Six Month Evaluation (Jan-June):

Year End Evaluation (July-December):

PLANNING:

Please describe any discrepancies or delays in implementing your stated goals and objectives. *If you have indicated one or more will not be met, include how your agency plans to meet all goals and objectives.*

PROBLEMS OR CRITICAL EVENTS:

What, if any, unforeseen challenges have occurred that have or could impact your goals?

COMMUNITY LIAISON AND NETWORKING:

During the reporting period, how did you collaborate with other programs offering similar or like services?

COMMENTS:

Use this section to include any additional information relevant to the progress of the VALE grant.

Agency or Project Director

Date

Please send 1 copy via email to VALEBD@DENVERDA.ORG.