


National Association of VOCA Assistance Administrators



**2024 National Crime Victims' Rights Week**  
**Community Awareness Projects (CAP)**  
**After-Action Report/Reimbursement Request (AAR)**

A recording of this webinar and the PowerPoint slides will be available on the NCVRW CAP Subgrantees Only website (<http://cap.navaa.org>).

The project is supported by Award #OVCA-21-GK-00412-KONF awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The points of view expressed are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

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National Association of VOCA Assistance Administrators



Options, services and hope for crime survivors.  
 HOW WOULD YOU HELP?

A recording of this webinar and the PowerPoint slides will be sent to each program contact via email.

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**Project Contact(s):**

**NAVAA:**  
 Rhonda Dean, Project Director  
[rhonda@navaa.org](mailto:rhonda@navaa.org)

Jaime Yahner, Executive Director  
[jaime@navaa.org](mailto:jaime@navaa.org)

**OVC:**  
 Emily Bauernfeind, OVC Grant Manager  
[Emily.W.Bauernfeind@usdoj.gov](mailto:Emily.W.Bauernfeind@usdoj.gov)

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POLL QUESTION:

What is your responsibility for your 2024 NCVRW Event?



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AGENDA

▶ General Information

▶ Sections of the AAR

- ▶ Tab 1 – Organizational Information
- ▶ Tab 2 – Project Description
- ▶ Tab 3 – Public Awareness Activities and Materials
- ▶ Tab 4 – Reimbursement Request
- ▶ Tab 5 – Impact/Feedback.



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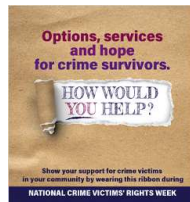
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General Information

- ★ Reimbursement payments are typically made within a few days of the approval of a completed AAR and Reimbursement request.
- ★ Completed AARs must be received by NAVAA no later than **Friday, June 28, 2024**.
- ★ Keep the AAR simple and straightforward.
- ★ Everything described or reported in the narrative or statistical sections of the AAR must be directly linked to items and expenses listed in Section 4, Reimbursement Request of the Report.

*For example, if NCVRW CAP funds are only used to advertise an event but do not directly pay for any of the costs of the event itself, the AAR should only report on the advertisements, not on the event itself.*



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POLL QUESTION:

How familiar are you with the After-Action Report?



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Tab 1: Organizational Information

| 2024 National Crime Victims' Rights Week<br>Community Awareness Projects<br>After-Action/Reimbursement Report |  |
|---|--|
| Section 1: Organizational Information   |  |
| Subgrantee Agency (same as on Subgrantee Award Agreement):  |  |
| Subgrantee Number (found on Subgrantee Award Agreement):  |  |
| Mailing Address: Street Address:  |  |
| City/State/Zip:   |  |
| Name of Person Completing Report:   |  |
| First Name:   |  |
| Last Name:  |  |
| Telephone:  |  |
| Email:  |  |
| Special Instructions - (e.g. if check should be made out to different agency or address)                      |  |

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▶ Tab 1 – Organizational Information

▶ Enter the name of the subgrant agency/organization identified in the Subgrant Award Agreement.

- ▶ In general, reimbursement checks will be made out to the subgrantee's agency and mailed to the person completing the AAR.
- ▶ Space is provided for Special Instructions to indicate whether the check should be made out to a different organization, such as a parent agency or fiscal agent, or mailed to a different person or address.
- ▶ Only one reimbursement check will be issued for each subgrant project and will not be issued to an individual person or to a vendor. Note that the name of the check payee is limited to 41 characters.



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Tab 2: Project Description

The screenshot shows a form with the following sections:

- Section 2: Project Description**
- Provide a brief description of the activities supported with subgrantee funds (200 words max)
- Provide an explanation why any approved subgrantee activities were not implemented (200 words)
- Provide a list of organizations that contributed to the project and identify each one's contribution.
- Organization: \_\_\_\_\_ Contribution: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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Tab 2 - Project Description.

Tab 2a. Enter the specific date(s) of the implementation of the NCVRW CAP funded events/activities. Do not include dates for planning or preparation.

Tab 2b. Briefly describe the events/activities specifically supported with NCVRW CAP funds. Do not include any activities/events NOT funded in whole or in part with NCVRW CAP funds. The described activities must relate directly to items included in the reimbursement request. Avoid using terms or descriptions of unapproved or unallowable activities or costs, even if provided by a co-sponsor, which could raise questions. For example, it is better to describe an event as a "recognition ceremony" rather than an "awards luncheon" even if the food was donated and federal funds were not used to provide the food.

Tab 2c. Explain why any of the approved activities or events was not implemented.

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Tab 3: Project Description

The screenshot shows a table with the following structure:

| 2024 National Crime Victims' Rights Week<br>Community Awareness Projects<br>After-Action/Reimbursement Report |                                |
|---|--------------------------------|
| Section 3: Public Awareness Activities/Materials  |                                |
| Type of event   | Dates and number in attendance |
| ex: Candlelight Vigil/Memorial Ceremony   | ex: 4-23; 150 in attendance    |
| Candlelight Vigil/Memorial Ceremony   |                                |
| Forum/ Symposium  |                                |
| Informative Table/Resource Fair   |                                |
| March/ Run Walk   |                                |
| Recognition/Awards Ceremony   |                                |
| Presentation(s)/ Workshop(s)  |                                |
| Other: (please specify below)   |                                |
|   |                                |
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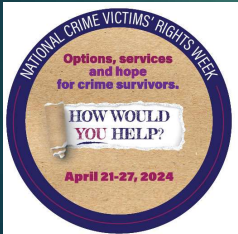
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**Tab 3 – Public Awareness Activities and Materials**

**Tab 3a. Events (including virtual)**

1. List the date(s) of publicly/virtually attended events specifically funded by the NCVRW CAP subgrant.
2. Do not include project planning dates, only the dates of the actual implementation of the event(s). These are events at which people physically attend in person or attend a virtual event.
3. Do not list media or advertising campaigns or other activities which do not involve the public's personal presence or attendance. Enter the total actual or estimated number of people attending each type of event.

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**Tab 3: Project Description**

Identify each speaker paid with subgrant funds, date(s), speaker fee and associated speaker travel costs. Enter total in Section 4, Reimbursement Request.

| Speaker Name/ID | Date(s) | Speaker Fee | Travel Costs   |         |        |      | Total |
|-----------------|---------|-------------|----------------|---------|--------|------|-------|
|                 |         |             | Transportation | Lodging | Ground | M&IE |       |
|                 |         |             |                |         |        |      |       |
|                 |         |             |                |         |        |      |       |
|                 |         |             |                |         |        |      |       |
|                 |         |             |                |         |        |      |       |
|                 |         |             |                |         |        |      |       |
|                 |         |             |                |         |        |      |       |
|                 |         |             |                |         |        |      |       |
|                 |         |             |                |         |        |      |       |
|                 |         |             |                |         |        |      |       |
|                 |         |             |                |         |        |      |       |

Enter Total Speaker Costs here and in Section 4, Reimbursement Request: 5

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**Tab 3 – Public Awareness Activities and Materials**

**Tab 3b. Speakers**

1. Identify speakers whose fee and/or travel costs are being paid with NCVRW CAP funds. (Crime victims who wish to remain anonymous can be identified as "'Victim 1," etc.)
2. For each speaker, enter the date(s), total fee paid, and the amounts paid for transportation (e.g. airfare, mileage reimbursement), lodging, ground transportation (e.g. taxis, shuttles, parking), and meals and incidental expenses (M&IE) and total amount paid.

"Budget Issues" above for restrictions on speaker fees. Travel costs may not exceed Federal rates (see [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem)). The total for all speakers can be entered as "Speaker Costs" in Section 4 Reimbursement Request as a single line item.

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### Tab 3: Project Description

| Mass Media Public Service Announcements (excluding Social Media) |                          | Number of Times Run |
|--|--------------------------|---------------------|
|  | Number of Types Produced |                     |
| Radio  |                          |                     |
| Television   |                          |                     |
| Newspapers   |                          |                     |
| Magazines  |                          |                     |
| Movie Theater  |                          |                     |
| Other (specify):   |                          |                     |
| Other (specify):   |                          |                     |

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### Tab 3 – Public Awareness Activities and Materials

#### Tab 3c. Mass Media/Public Service Announcements

1. In the "Number of Types Produced" column, enter the different or distinct advertisements produced.
2. In the "Number of Times Run" column, enter the total number of times the advertisement appeared. Newspapers and magazines may be print and/or digital editions. **Do NOT use the number of copies, views, exposures, impressions, or circulation figures.**

*For example, if you produced three different radio public service announcements (two 30-second PSAs and one 60-second PSA), enter "3" in the "Number of Types Produced." If each of these three PSAs ran ten times during NCVRW, enter "30" in the "Number of Times Run" column. Space is provided for "Other" but do NOT enter items that are also listed in Section 3i (e.g. do not list "posters" in the "Other Media" section). Do NOT include any social media in this section.*

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### Tab 3: Project Description

| Other Mass Media/Public Service Announcements (excluding Social Media) |                              |
|--|------------------------------|
|  | Number of Each Type Produced |
| Billboards   |                              |
| Bus Signs  |                              |
| Street Signs/Markers   |                              |
| Other Mass Media/Public Service Announcements                          |                              |
| Other (specify):   |                              |
| Other (specify):   |                              |

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### Tab 3: Project Description

| Social Media Outlets                                 |  |
|--|--|
| Total Number of Posts - pertaining directly to NCVRW |  |
| Facebook   |  |
| Twitter  |  |
| Instagram  |  |
| TikTok   |  |
| YouTube  |  |
| Snapchat   |  |
| Other (specify):                                     |  |
| Other (specify):                                     |  |
| Total Number - pertaining directly to NCVRW          |  |
| Number of websites created/used*                     |  |
| Number of media interviews given                     |  |
| Number of press releases issued                      |  |
| Number of media interviews given                     |  |
| Number of other media contacts - please specify:     |  |

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### Tab 3 - Public Awareness Activities and Materials

**Tab 3d. Other Mass Media (excluding social media)**

- Enter the number of each of these media produced. Again, do not use the number of views, exposures or impressions, just the number actually produced.

**Tab 3e. I, & g.**

- Enter the number of websites, media interviews, press releases and other media contacts **only** if they directly relate to NCVRW CAP project funded activities/event.

**Tab 3i. Printed/Promotional Items**

- Enter the total quantity of each different type of item produced with NCVRW CAP funds and the total quantity of those items actually produced. Exclude the total quantity produced in connection with NCVRW CAP activities/events. Remember, items purchased with NCVRW CAP funds are to be used only in conjunction with this year's NCVRW events and activities; they are not intended to replenish an agency's supply of materials or used for extended periods of time.

**Tab 3j. Social Media**

- Indicate whether and how any social media was used, including any paid social media advertisements.

**Tab 3k. Other activities**

- Describe any project activities or materials not included in any of the previous sections.

NATIONAL CRIME VICTIMS' RIGHTS WEEK

Options, services and hope for crime survivors.

HOW WOULD YOU HELP?

April 21-27, 2024

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### Tab 4: Project Description

2024 National Crime Victims' Rights Week  
Community Awareness Projects  
After-Action/Reimbursement Report

Section 4: Reimbursement Request  
Itemize each expenditure. Attach source documentation for each line item(s) costing \$300 or more.  
Attach approved Budget Modification, if applicable.

| Item Description | Quantity | Unit Cost | Amount |     |
|------------------|----------|-----------|--------|-----|
|                  |          |           | \$ -   | 1   |
|                  |          |           | \$ -   | 2   |
|                  |          |           | \$ -   | 3   |
|                  |          |           | \$ -   | 4   |
|                  |          |           | \$ -   | 5   |
|                  |          |           | \$ -   | 6   |
|                  |          |           | \$ -   | 7   |
|                  |          |           | \$ -   | 8   |
|                  |          |           | \$ -   | 9   |
|                  |          |           | \$ -   | 10  |
|                  |          |           | \$ -   | 11  |
|                  |          |           | \$ -   | 12  |
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|                  |          |           | \$ -   | 97  |
|                  |          |           | \$ -   | 98  |
|                  |          |           | \$ -   | 99  |
|                  |          |           | \$ -   | 100 |

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**Tab 4 – Reimbursement Request**

1. Enumerate every specific expense item for which reimbursement is requested and which was included in an approved budget/budget modification. **Attach a copy of any approved budget modification.**
2. To the extent possible, list items in the same order as they appear in the approved budget or budget modification. The total of Section 3b Speaker Costs can be listed as a single line item (e.g. "Total Speaker Costs").



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**Tab 4 – Reimbursement Request**

3. Include a description for each expense item. Any set-up and/or shipping charges can either be included in the unit cost or itemized on a separate line. Here are two examples:

| Item Description                                    | Quantity | Unit Cost | Amount  |
|---|----------|-----------|---------|
| 1. T-shirt setup (\$25) and shipping charges (\$15) | 200      | \$7.70    | \$1,540 |

| Item Description                                    | Quantity | Unit Cost | Amount  |
|---|----------|-----------|---------|
| 1. T-shirts   | 200      | \$7.50    | \$1,500 |
| 2. T-shirt setup (\$25) and shipping charges (\$15) |          |           | \$40    |

4. **CHECK YOUR MATH SO THAT EACH LINE ITEM CAN BE ACCURATELY CALCULATED!** Either way, the Quantity times the Unit Cost must equal the Amount and the sum of all line item Amounts must equal the Total Direct Costs.
5. Be prepared to explain how each expense item relates to a specific event or activity described in the narrative. The total amount requested cannot exceed the approved budget.



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**Tab 4 – Reimbursement Request**

6. If indirect costs are claimed, enter the indirect cost rate as shown on the Subgrant Award Agreement. Multiply the indirect cost rate times total direct costs and enter the amount of indirect costs.
7. Enter the Total Request (Total Direct Costs plus Indirect Costs, if applicable). Do **NOT** exceed the total amount in the Subgrant Award Agreement or approved modified budget.
8. Use the space provided for any additional calculations or explanations.
9. **Copies of original source documentation, such as invoices, bills, receipts or checks for each line item of \$300 or more must be submitted with the AAR. Documentation of all expenses must also be retained and submitted upon request.**



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### Tab 5: Impact/Feedback

**Section 5: Impact/Feedback**  
 Briefly describe the type and level of activities/events that would NOT have been possible without NCVRW CAP funds. To the extent possible, use quantifiable measures (100 words)

Describe items documenting implementation and how the documentation is being submitted (100 words)

Submit documentation showing the project was implemented, such as press releases or photographs of project materials, events and activities showing NCVRW colors. Do NOT send actual samples of non-paper or oversized items. **DOCUMENTATION EXCEED TEN (10) PAGES.**

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### Tab 5 – Impact/Feedback

1. Briefly provide any measures or indicators of the impact or reach of the project, such as the number of people attending an event.
2. Documentation is required to substantiate that the approved project was actually implemented.

**We are specifically looking to see that the funded activities and items relate to this year's NCVRW by showing the use of NCVRW elements, such as NCVRW dates, colors, theme and/or logo.**

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### Tab 5 – Impact/Feedback

3. Documentation usually consists of copies of news articles that mention the NCVRW activities, press releases, event programs, photographs, etc.
  - Photos should show the use of NCVRW colors, theme and/or logo, particularly on mass media ads, printed materials and appropriate promotional or giveaway items purchased with subgrant funds.
  - **Please do not send us multiple pictures of people attending NCVRW events, especially if the pictures do not show the use of NCVRW identifying elements.**
  - Documentation should preferably be on letter-sized pages and should not exceed ten (10) pages. Use screen captures instead of simply listing links to internet addresses. **Do not send actual samples of non-paper or oversized items.** Please try to reduce the image size of photos to 640 x 480 pixels (this can be easily done using a free program, such as IrfanView).

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**Tab 5: Impact/Feedback**

What specific suggestions would you offer to improve the NCVRW CAP Application and Implementation Program? (100 words)

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**FEEDBACK**

**Tab 5 – Impact/Feedback**

- Documentation can be emailed as attachments with the AAR, sent as separate attachments/emails or, if need be, mailed/shipped separately to NAVAA, 3928 8<sup>th</sup> Place, Des Moines, IA 50313
- Use the space provided to describe the types of documentation submitted and how the documentation is being submitted (if not attached to the AAR).
- Provide your comments, suggestions and feedback on 1) this year's NCVRW theme, color and logo; 2) the materials contained in the OVC Resource Guide; 3) whether and how you may have used the NCVRW theme video; and 4) how we can improve the NCVRW CAP program.

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- The AAR must be signed (either manually or electronically) by an authorized agency representative.
- The AAR and documentation can be attached to an email addressed to [rhonda@navaa.org](mailto:rhonda@navaa.org) or mailed/shipped to NAVAA, 3928 8<sup>th</sup> Place, Des Moines, IA 50313.
- Rhonda Dean will contact you if any additional information or clarification is needed.
- Be certain to retain a copy of the AAR for your records.



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### Tab 6: Certification of AAR

**Section 6: Certification**

*I certify the information contained in this 2024 After-Action Report/Reimbursement Request is true, accurate and complete.*

|   |  |      |
|---|--|------|
| Typed/Printed Name of Authorized Representative | Title  | Date |
| Signature of Authorized Representative          | <input type="checkbox"/> <b>Electronic Signature</b> - In accordance with federal law, in lieu of handwritten signature, by marking this box with an "X", the Authorized Representative certifies this document to be true, accurate and complete to the same degree as a handwritten signature. |      |

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### POLL QUESTION:

Would you participate in Q&A sessions beginning the first week in May with questions and technical assistance for completing the After-Action Report (AAR)?




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### POLL QUESTION:

What was most helpful for you to execute your project?




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► Send any suggestions for improvements to make this process easier for future subgrantees to [cap@navaa.org](mailto:cap@navaa.org).

► If you would like to submit those anonymously, mail those to NAVAA, 3928 8<sup>th</sup> Place, Des Moines, IA 50313

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### QUESTIONS?

► Email questions as you are completing the AAR to [rhonda@navaa.org](mailto:rhonda@navaa.org).

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