**Award Identification Number:**

**Reporting Period:**

|  |  |  |  |
| --- | --- | --- | --- |
| *Agency Name:* |       |  |  |
| *City:* |       | *State:* | *VERMONT* |
| *Contact Person:* |       | *Phone Number:* |       |
| *Email:* |       | *Date of Report:* | Click or tap to enter a date. |

1. List specifically how your agency has spent VSIUGB grant dollars. Please only focus on those activities funded by VSIUGB grant dollars.

2. If training was provided or attended, please answer the following questions for the training session(s) that utilized funding from the Vermont Special Investigation Grant Board. (may use additional pages as necessary).

|  |  |  |
| --- | --- | --- |
| **Location of Training** | **Topic(s) Covered** | **Total # of Attendees**(report # of attendees by discipline)  |
|       |       |       |
|       |       |       |
|       |       |       |

3. Please provide a brief overview of how VSIUGB grant funds impacted your SIU and the services provided to your region.

4. Peer reviews for forensic interviewers are required on at least a quarterly basis. Please provide the number of peer review sessions conducted during this quarter, and also provide the number of participants in attendance.