

OVC TTAC
OFFICE FOR VICTIMS OF CRIME Training and Technical Assistance Center
ORGANIZATION TRACKING FORM

The purpose of this form is to document information about each organization under the OVC Initiative and to track changes to the organization during the reporting period. Please include information on all staff, including volunteers, in the organization who work with human trafficking clients under the OVC Initiative. Be sure to update the organization's information on a regular basis.

Name of Organization: _____

Partner Type:

- Key Partner
- Informal Partner
- Neither

Please mark one category that best describes the organization:

- | | |
|---|---|
| <input type="checkbox"/> Federal Agencies Other Than Law Enforcement | <input type="checkbox"/> Mental Health/Substance Abuse Providers |
| <input type="checkbox"/> Federal Law Enforcement | <input type="checkbox"/> Faith-based Organizations/Religious Institutions |
| <input type="checkbox"/> State and Local Government Agencies Other Than Law Enforcement | <input type="checkbox"/> Housing/Shelter |
| <input type="checkbox"/> State/Local Law Enforcement | <input type="checkbox"/> Legislators/Lawmakers |
| <input type="checkbox"/> Victim Service Providers | <input type="checkbox"/> Civic/Business Community |
| <input type="checkbox"/> Immigrant/Ethnic Service Providers | <input type="checkbox"/> Schools/Educational Institutions |
| <input type="checkbox"/> Legal Providers | <input type="checkbox"/> Vision/Dental Providers |
| <input type="checkbox"/> Prosecutors | <input type="checkbox"/> Trade/Professional Affiliation Associations |
| <input type="checkbox"/> Medical/Public Health Providers | <input type="checkbox"/> Other (specify): _____ |

Date When the Organization First Began Working With the OVC Initiative: _____
(mm/dd/yyyy)

Current Status of the Organization in the OVC Initiative:

- Active
- Inactive

If inactive, please mark the date that the organization became inactive: _____
(mm/dd/yyyy)

Please mark the organization's jurisdiction:

- Local
- State
- Federal
- International

Please mark the organization's affiliation:

- Government
- Nonprofit/Non-Governmental Organization

If there has been a change in the organizations within your OVC Initiative, please explain why.

Date Form Completed: _____
(mm/dd/yyyy)