

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C11-1-007

APPLICANT: Natchitoches Domestic Violence Education & Support Grp

PROJECT TITLE: Child Advocacy Program

PROJECT FUNDS :

FUND: \$ 25,348 80.00%

MATCH: \$ 6,337 20.00%

TOTAL: \$ 31,685 100.00%

PROJECT DURATION: 12 months

START DATE: 09/01/2011

END DATE: 08/31/2012

Continuation of C00-1-019

PROJECT SUMMARY:

This project will provide safety, education and support to domestic violence child victims in the rural underserved areas of Natchitoches and Red River Parishes via a full-time child advocate position by offering the following services: 24-hour residential shelter, advocacy, education, counseling, safety planning crisis hotline, youth groups, referrals, needs assessments, protective orders, emergency financial assistance, childcare and transportation, etc. A full-time child advocacy program with D.O.V.E.S. shelter is needed to help child victims with safety, education and support so they may progress toward normalization after victimization and end the cycle of violence.

RECOMMENDATION: FUND X DENY   

SPECIAL CONDITIONS :

1. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.
2. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.



**LOUISIANA COMMISSION  
ON LAW ENFORCEMENT  
AND THE ADMINISTRATION  
OF CRIMINAL JUSTICE**

**CRIME VICTIM ASSISTANCE  
FORMULA GRANT PROGRAM**

CFDA #16.575

FOR LCLE USE ONLY: Project ID: C11-1-007 CVA Purpose Area:

<b>1. TITLE OF PROJECT</b> Child Advocacy Program		<b>2. <input type="checkbox"/> NEW PROJECT</b> <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: <u>C10-1-021 012</u>	
<b>3. PROJECT DURATION</b> Total Length: Months ( <i>Not to exceed 12 Months</i> ) Desired Start Date: 9/1/2011 Desired End Date: 8/31/2012		<b>4. PROJECT FUNDS</b> Federal Funds: 25,348 Cash Match: 5000 In-Kind Match: 1338 Total Project: 31,686	
<b>5A. APPLICANT AGENCY INFORMATION</b> Agency Name: D.O.V.E.S., Inc. Physical Address: 830 Fourth Street (unpublished) City: Natchitoches, LA Zip: 71457- Mailing Address: P.O. Box 1277 City: Natchitoches, LA Zip: 71457- Phone: (318) 352-9394 FAX: (318) 238-3239 Email: dovesprogram@yahoo.com		<b>5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY</b> Authorized Official: Melody Minturn Title: Executive Director Agency Name: D.O.V.E.S., Inc. Address: P.O. Box 1277 City: Natchitoches, LA Zip: 71457- Phone: (318) 652-0814 FAX: (318) 238-3239 Email: dovesprogram@yahoo.com	
Fed Employer Tax Id: 72 - 1426406 DUNS: 14599 - 2587		CCR CAGE/CAGE: 14599258 OCR Expiration Date: 3/4/2011	

<b>6. IMPLEMENTING AGENCY</b> Name: Melody Minturn Title: Executive Director Agency: D.O.V.E.S., Inc. Address: P.O. Box 1277 City: Natchitoches, LA Zip: 71457- Phone: (318) 352-9394 FAX: (318) 238-3239 Email: dovesprogram@yahoo.com	<b>7. PROJECT DIRECTOR</b> Name: Melody Minturn Title: Executive Director Agency: D.O.V.E.S., Inc. Address: P.O. Box 1277 City: Natchitoches, LA Zip: 71457- Phone: (318) 352-9394 FAX: (318) 238-3239 Email: dovesprogram@yahoo.com	<b>8. FINANCIAL OFFICER</b> Name: Julie Brewton Title: Board Treasurer Agency: D.O.V.E.S., Inc. Address: P.O. Box 1277 City: Natchitoches, LA Zip: 71457- Phone: (318) 352-9394 FAX: (318) 238-3239 Email: dovesprogram@yahoo.com
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**9. BRIEF PROJECT DESCRIPTION:** (*Please do not exceed space provided below.*)

Safety, education & support will be provided through this project to domestic violence child victims via a full time child advocate position in the rural underserved areas of Natchitoches Parishes by offering the following services:

24 hour residential shelter, advocacy, education, counseling, safety planning, crisis hotline, youth groups, referrals, lethality and needs assessments.

In order for child domestic violence survivors to progress toward safe living and normalization after being victimized and end the cycle of violence, a full time child advocacy program within D.O.V.E.S. shelter is needed.

**VOCA PURPOSE AREAS**

Please Check Type of Victimization Served (Check all that apply):

<input type="checkbox"/>	Sexual Assault
<input checked="" type="checkbox"/>	Domestic Abuse
<input type="checkbox"/>	Child Abuse
<input checked="" type="checkbox"/>	Previously Underserved

State Type of Previously Underserved: Rural, poor, minority, uneducated, unweid, disabled, etc.

**PROJECT BUDGET SUMMARY**

**INSTRUCTIONS:** The Checklist is self-explanatory. In Project Summary, applicable budget category totals will be automatically entered from each of the Detailed Project Budget Summaries. Provide source of Cash and/or In-Kind Match. In last table, check the type of victimization types that this project will address.

**CHECKLIST:**

Are all budgeted items allowable per Program Guidelines?	YES: <input checked="" type="checkbox"/>	NO: <input type="checkbox"/>
Were instructions followed to determine allowable personnel/contractual costs?	YES: <input checked="" type="checkbox"/>	NO: <input type="checkbox"/>
Are all line item computations correct?	YES: <input checked="" type="checkbox"/>	NO: <input type="checkbox"/>
Do line items add to category totals?	YES: <input checked="" type="checkbox"/>	NO: <input type="checkbox"/>
Have category totals been rounded to nearest dollar?	YES: <input checked="" type="checkbox"/>	NO: <input type="checkbox"/>

Each category amount listed in the table below must equal category totals shown on Pages 3 through 11.

Person Completing Budget Section: Melody Minturn Title: Executive Director  
Phone: (318) 652-0814 Fax: (318) 238-3239 E-Mail: dovesprogram@yahoo.com

**PROJECT BUDGET SUMMARY**

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	23548	0	1338	24886
SECTION 200. FRINGE BENEFITS	\$1,800.00	0	N/A	\$1,800.00
SECTION 300. TRAVEL	0	0	0	0
SECTION 400. EQUIPMENT	0	0	0	0
SECTION 500. SUPPLIES	0	0	0	0
SECTION 600. CONTRACTUAL	0	0	N/A	0
SECTION 700. RENOVATION COSTS	0	0	0	0
SECTION 800. OTHER DIRECT COSTS	0	\$5,000.00	0	\$5,000.00
<b>TOTAL:</b>	<b>\$25,348.00</b>	<b>\$5,000.00</b>	<b>1338</b>	<b>\$31,686.00</b>

Provide Source of Cash Match: \$5,000 donation for FY 20011-12

Provide Source of In-Kind Match: \$1,338 worth of volunteer hours donated to the child advocacy program at fair market value.

**SECTION 100. PERSONNEL**

Enter Position Titles and Names of the employees for each position funded through this grant. For further information and direction, please refer to the application instructions.

**FULL-TIME EMPLOYEES:**

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Child Advocate	Tequila Johnson	FT	1962	100	12	2354400	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				0	<input type="checkbox"/>	<input type="checkbox"/>
		FT				0	<input type="checkbox"/>	<input type="checkbox"/>
		FT				0	<input type="checkbox"/>	<input type="checkbox"/>
		FT				0	<input type="checkbox"/>	<input type="checkbox"/>
		FT				0	<input type="checkbox"/>	<input type="checkbox"/>
		FT				0	<input type="checkbox"/>	<input type="checkbox"/>
		FT				0	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						2354400	F = Fed Funds C = Cash Match	

**PART-TIME OR OVERTIME EMPLOYEES:**

POSITION TITLE	EMPLOYEE NAME	FT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH	
								F	C
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							0	F = Fed Funds C = Cash Match	

**VOLUNTEERS:**

DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions.	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
1,338 worth of volunteer hours donated to the child advocacy program at fair market value: for example, \$10 an hour x 133.8 hours of program assistance (clerical, organization, project activities, cleaning, events, group, etc).	1338	\$1.00	\$1338.00
			0
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$1338.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	23548
CASH MATCH	
IN-KIND MATCH	1338
PERSONNEL TOTAL	24886

**SECTION 100. PERSONNEL (Continued) - BRIEFLY EXPLAIN**

Yes  No Are job descriptions for each position attached? If not, explain:

Yes  No Are resumes for each position attached? If not, explain:

A) Need for each position shown above; justify need for overtime:

A full time child advocate is needed based upon last year's program statistics. From August 2010-August 2011, DOVES served 277 child victims of domestic violence. Of those children, this grant supported comprehensive crisis intervention services to 90. DOVES met & exceeded its projected 12 month goal of serving 85 children within a 4 month period. No other grant but this grant supports DOVES child advocacy program. A single child advocate for so many child victims is barely adequate. These children's needs cannot practically be met outside this area because they belong to vulnerable families whose rural underserved. These children's needs cannot practically be met outside the Natchitoches Parish area because they belong to vulnerable families whose rural underserved issues are now compounded by statewide budget cuts and the economic affect of the gulf coast oil crisis.

B) The basis for determining the salary of each position:

The requested salary is comparable to the starting employee payscale of many LCADV programs; it was also determined by the pay scale of local social services agencies and direct service employees standards as well as the employee's appropriately rated dv program experience, education, skills, training and qualifications.

C) Project duties of each position requested:

Requirements of the Child Advocate(s) will be --

- 1- Perform dv screenings via entry forms, do safety plans (per age appropriateness), & needs assessments.
- 2- Conduct counseling individually or via group sessions/trust-building activities.
- 3- Offer advocacy, shelter, critical needs assistance, & referrals.
- 4- Provide dv educational awareness & community outreach endeavors.

D) Indicate if personnel will be new or existing personnel. If existing, indicate if position has been backfilled. If this is a continuation application, indicate the personnel's original status. [Existing personnel is an employee that currently works for the agency, but will now be working on grant activities. If so, the position from which the employee was moved must be filled. If employee is same from the previous grant, indicate if the employee was originally hired for that position.]

This is a continuation application that will be using the employee originally hired for this position from the previous grant period.

**SECTION 200. FRINGE BENEFITS (Employer's Share Only)**

Enter the individual Name(s) of the employees receiving fringe benefits for each position funded through this grant. There are two sets of each benefit below to allow budgeting for eight employees. For further information and direction, please refer to the application instructions.

Check:  All Fringe Benefits Will Be Paid by Applicant Agency  Additional Fringe Benefits Will Be Paid by Applicant Agency

EMPLOYEES' NAMES					EMPLOYEES' NAMES: (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1. Tequila Johnson	.062		\$23,547	\$1,459.914	5.	.062			0.0
2.	.062			0.0	6.	.062			0.0
3.	.062			0.0	7.	.062			0.0
4.	.062			0.0	8.	.062			0.0
MEDICARE					MEDICARE				
SALARY	RATE		TOTAL		SALARY	RATE		TOTAL	
1. Tequila Johnson	.0145		\$23,547	\$341.4315	5.	.0145			0.0
2.	.0145			0.0	6.	.0145			0.0
3.	.0145			0.0	7.	.0145			0.0
4.	.0145			0.0	8.	.0145			0.0
HEALTHLIFE INSURANCE					HEALTHLIFE INSURANCE				
Provide monthly insurance rates	RATE	MONTHS	THEM DEDUCTED TO PROJECT	TOTAL	Provide monthly insurance rates	RATE	MONTHS	THEM DEDUCTED TO PROJECT	TOTAL
1.				0	5.				0
2.				0	6.				0
3.				0	7.				0
4.				0	8.				0
WORKMAN'S COMPENSATION					WORKMAN'S COMPENSATION				
RATE			SALARY	TOTAL	RATE			SALARY	TOTAL
1.				0	5.				0
2.				0	6.				0
3.				0	7.				0
4.				0	8.				0
UNEMPLOYMENT TAX					UNEMPLOYMENT TAX				
Based on the FUTA or LSA	RATE	TYPE	SALARY	TOTAL	Based on the FUTA or LSA	RATE	TYPE	SALARY	TOTAL
1.		CHECK TYPE:		0	5.		CHECK TYPE:		0
2.				0	6.				0
3.		<input type="checkbox"/> FUTA		0	7.		<input type="checkbox"/> FUTA		0
4.		<input type="checkbox"/> SLITA		0	8.		<input type="checkbox"/> SLITA		0
PUBLIC/PRIVATE RETIREMENT					PUBLIC/PRIVATE RETIREMENT				
RATE			SALARY	TOTAL	RATE			SALARY	TOTAL
1.				0	5.				0
2.				0	6.				0
3.				0	7.				0
4.				0	8.				0
OTHER:					OTHER:				
RATE			SALARY	TOTAL	RATE			SALARY	TOTAL
1.				0	5.				0
2.				0	6.				0
3.				0	7.				0
4.				0	8.				0
FRINGE BENEFITS TOTAL (A):				\$1,801.345	FRINGE BENEFITS TOTAL (B):				0.0

PLEASE NOTE: IF MORE THAN EIGHT EMPLOYEES CHARGED TO THIS PROJECT, PLEASE COMPLETE AN ADDITIONAL PAGE.

Fringe Benefits Total (A+B): \$1,801.345

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$1,800
CASH MATCH	
TOTAL FRINGE BENEFITS	\$1,800.00

**SECTION 800. OTHER DIRECT COSTS**

Identize each type: e.g., audit, rent (show square footage and cost per square foot), phone charges, utilities, printing, duplicating, registration fees for conferences/workshops, etc. Prorate telephone and utility bills. Show method of determining cost. Please refer to application instructions for direction.

TYPE OF OTHER DIRECT COST	METHOD OF DETERMINING COST	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
				\$0.00			
Unemployment Insurance	Portion of previous year's costs	1.00	\$2,400.00	\$2,400.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				0.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Costs: food, travel	Portion of previous year's costs	4.00	\$50.00	\$200.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead: Phone	\$100 pr month x 12 months =	12.00	\$100.00	\$1200.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Overhead: Utilities	\$100 pr month x 12 months =	12.00	\$100.00	\$1200.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$5,000.00			

F - Federal Funds  
C - Cash Match  
IK - In-Kind Match

**BRIEFLY EXPLAIN:**

A) Need for each type listed; and  
Annual undesignated \$5,000 donation to DOVES represents this grant's cash match & will be used to purchase above items needed for project:  
- Project needs overhead to service victims at shelter facility: @ utilities & phone, etc.  
- Plus unemployment insurance is needed for security & support of staff who help victims served by this project.  
- Project needs emergency funds for victims in need of food, transportation, etc.

B) Its relationship to project.

The above listed items are related to the child advocacy project by the fact that emergency costs, overhead & insurance are needed to serve victims of domestic violence in a safe & operational facility as well as meet their needs for emergency food and transportation.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	\$5,000
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	\$5,000.00

## PROGRAM NARRATIVE

### A. PROBLEM DEFINITION

1. Identify the nature and magnitude of the specific problem existing in your particular community that needs to be addressed through this proposed project. Document the need, not the symptoms or solutions. Be sure to include current valid local data to support the justification. Give the source and date of your information. State the needs of your agency and the needs of the victims in your area as related to this problem and justify the need for the proposed project.

Program statistics for FY2010-11 shows 23 child survivors monthly and demonstrates need for DOVES continued help in the coming year. It is critical to maintain the child advocacy program here in this rural underserved area because no other organization in this parish has one. DOVES provides child victims free comprehensive domestic violence services that include 24 hr shelter, supportive services, & education to help end the cycle of violence. According to the Journal of Family Practice 1997, "Rural victims are twice as likely to be involved in abusive relationships." In support of this claim & per the National Victim of Crime Studies, the number of un-served dv victims should be conservatively estimated at 2% of the female population. Natchitoches parish consists of 39,080 people with an estimated adult female population of 53% (20,713). This would indicate that there are 530 yet un-served victims in the parish. There are generally more offspring than parents in a home so it is highly probable that more children are being affected by domestic violence than this adult female projection.

The Center for Disease Control 1997 stated that "high levels of rurality, frequently in conjunction with poverty, have been associated with higher rates of homicide throughout the United States" (Greenburg, Carey & Popper, 1987; Wilkinson, 1984). Plus, the 1994 National Institute of Justice indicated that crimes such as homicide, rape & assault are more likely to occur among acquaintances in rural areas than urban. They also quote an Ohio study that found "the least populated jurisdictions had the highest rates for domestic violence." These studies all support the reality that DOVES - with a significantly smaller budget & all the obstacles of rurality - serves a disproportionate number of clientele compared to larger metropolitan programs (see LANO statistics for last year's FV programs in LA). DOVES served 581 domestic violence victims; 277 were children, 303 were women & 1 was a man.

Last year's goals were fully met & exceeded so the child advocacy program is expected to reach similar numbers this year. It is important to take into account that nearly 15% of DOVES clientele over the past 5 years came from Red River Parish; a rural underserved area like Natchitoches but - according to the task force - without any regular active domestic violence outreach or crisis intervention services other than what DOVES can occasionally provide. DOVES child advocate gives In-Services to Ware Youth Center plus she works in the hospital there to provide dv crisis intervention. For 9 years, DOVES has received CVA funds thru this grant for its child advocacy program. The past 6 years, it provided nearly half the total salary needed for the position while OWP/DSS/DCFS funded the other half. Due to statewide budget cuts this year, DCFS is not funding any part of the child advocacy program so this funding request is critical to children's lives in this parish.

2. Describe gap in community resources and how the gap was identified. Explain what need is created by this gap in services/programs.

The community of Natchitoches Parish is rural & underserved so survivors are marginalized in many ways by simply living here. Needs were identified via DOVES program statistics, cooperative service partner surveys, networking, referral records & DOVES steering committee. Services are tracked & entered into an ACCESS database to measure need, the program's services & its affect. DOVES program of work is designed from these & other similar sources. All consistently demonstrate need for DOVES free domestic violence shelter services. Due to the fact that DOVES is the only entity in this parish that provides domestic violence education, shelter, advocacy, counseling, emergency financial assistance & other supports to child dv victims, the need for this program is clear, especially alongside the following data.

DOVES filed over 30% of the protective orders in this parish. PublicData shows that unemployment here rose from 7.7% January 2009 to 9.4% January 2010 and it is still rising. Worse, 30-33% of TANF funds go to domestic violence survivors nationwide; but this past year, nearly 70% of DOVES clientele were TANF eligible. Plainly, survivors here cannot afford to go elsewhere for help. Lack of public transportation & longer rural EMT responses regularly require DOVES staff significant time & effort just to find solutions, coordinate with law enforcement, acquire transportation, & manage a host of inefficiencies & complexities not typical to metropolitan areas. In fact, "rural domestic violence survivors seeking safety must surmount obstacles that are not encountered by more metropolitan victims (Women's Rural Advocacy Programs, 1998). In FY2010-11, DOVES sought & found survivor solutions via 70 good faith agreements with other community systems here to help undergird this important work.

### B. GOALS

GOALS: The primary mission of all projects is to have a positive impact on the victims, not just to accumulate statistics on how many are served. Based on the problem identified, BRIEFLY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

#### GOAL #1:

This project will help end the cycle of violence individually & communally by assisting child survivors of domestic violence with crisis intervention services & supplying the community with dv awareness outreach services.

### C. OBJECTIVES

OBJECTIVES: Provide at least TWO (2) measurable objectives for EACH goal. Objectives need to be measurable, observable aspects of the program. Identify who, what will change and by how much. Use absolute numbers, not percentages and be sure to include a baseline number.

OBJECTIVE #1: By the end of this 12 month grant cycle, the lives of 85 child victims will be positively impacted by receiving free crisis intervention services from the child advocacy program depending upon age appropriateness & need.

OBJECTIVE #2: By the end of this 12 month grant cycle, the child advocacy program will positively impact the Natchitoches Parish community to action through the provision of 6 DV In-Services & 3 DV Assistance Projects that raise awareness by engaging them to help meet survivors' needs.

#### D. ACTIVITIES / METHODS

List the specific activities and/or services to be provided that will accomplish the objectives. Must include a timetable for achieving the various components of your project. Timetable must cover entire grant period. This must relate back to the Goals and Objectives. If this is a training project, omit this page and complete D-2 Training Programs.

ACTIVITIES/SERVICES OF OBJECTIVE #1: The lives of 85 child victims will be positively impacted by receiving the following services within the 12 month period of this grant depending upon age appropriateness & need.

- screening for domestic violence via entry forms
- safety planning
- needs assessment
- counseling individually &/or trust building activities/youth group
- advocacy &/or referrals
- emergency financial/critical needs assistance

A) Of the 85 child survivors served during this grant period, DOVES estimates that 40 will stay in the program enough time to be provided with 1 weekly trust building activity/support group-counseling for thirty minutes, 1 safety plan, & 1 needs assessment &/or 1 advocacy/referral. Volunteers will be trained to advocate for child victims as needed for moral support.

ACTIVITIES/SERVICES OF OBJECTIVE #2: By the end of this 12 month grant cycle, the child advocacy program will positively impact the community to action through the provision of 6 DV In-Services & 3 DV Assistance Projects that raise dv awareness by helping to meet survivors' needs in some of the following ways.

- 'Hands Are Not For Hitting' DV InService
- 'Love Shouldn't Hurt' DV InService
- 'Dating Violence 101' DV InService
- 'Dads 4 Healthy Homes' InService
- 'Children of Domestic Violence' InService
- 'Values Versus Violence' InService

- "Penny Push for Peace" Project
- "Adopt An Angel" Christmas Project
- "Bite-Back Violence" Easter Bunny Project
- "Call DV Quits" Cell Phone Project
- "Feather the Nest" Project

B) Of the 6 Community DV Awareness In-Services & 3 DV Assistance Projects provided during this grant period, 135 individuals will be provided dv education/awareness & 40 of DOVES Kids will receive financial/critical assistance to help meet their domestic violence related needs.

#### E. DEMOGRAPHICS

1. This project serves the following Congressional District(s)

- 1  2  3  4  5  6  7  All (Statewide Project)

2. Type of Organization:

Applicant Agency:  Law Enforcement  Prosecution  Court  Non-Profit Organization  Tribal Government

Check the one answer that best describes the organization receiving VOCA Formula Grant Program funds:

- |   |   |
|---|---|
| <input type="checkbox"/> Community-Based Organization                                       | <input type="checkbox"/> Prosecution  |
| <input type="checkbox"/> Court  | <input type="checkbox"/> Sexual Assault Program                                 |
| <input checked="" type="checkbox"/> Domestic Violence Program                               | <input type="checkbox"/> Sexual Assault State Coalition                         |
| <input type="checkbox"/> Domestic Violence State Coalition                                  | <input type="checkbox"/> Tribal Coalition                                       |
| <input type="checkbox"/> Dual Program (Sexual Assault and Domestic Violence)                | <input type="checkbox"/> Tribal Government                                      |
| <input type="checkbox"/> Dual State Coalition (Sexual Assault and Domestic Violence)        | <input type="checkbox"/> Tribal Sexual Assault and/or Domestic Violence Program |
| <input type="checkbox"/> Government Agency (Department of Human Services, Bureau of Health) | <input type="checkbox"/> Unit of Local Government                               |
| <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> University/School                                      |
| <input type="checkbox"/> Probation, Parole, or Other Correctional Agency                    | <input type="checkbox"/> Other (Specify):                                       |

Yes  No Is this a faith-based organization?

Yes  No Is this a culturally specific community-based organization?

#### F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

1. Name of the individual responsible for assisting victims in regard to accessing and using the LAVNS system:

NAME: Caroline Abreu PHONE: (318) 652-0802 EMAIL: dovesprogram@yahoo.com

Yes  No 2. Does this individual also serve as agency's point of contact for LAVNS? If not, please provide name and contact information:

NAME: PHONE: ( ) - EMAIL:

Yes  No 3. Has this individual attended trainings provided by LCLE to learn how victims are served by LAVNS? If no, agency will request LAVNS training from LCLE within 30 days of award. NOTE: More information regarding the LAVNS program, including training information, can be found at: <http://lcle.la.gov/programs/lvns.asp>.

Yes  No 4. Does the agency have posters displayed for promoting LAVNS and brochures readily available to victims? If no, please go to the LCLE website to request free LAVNS materials at: [www.lcle.la.gov/lavns](http://www.lcle.la.gov/lavns).

#### G. CRIME VICTIMS REPARATIONS (CVR)

Yes  No 1. Is same individual responsible for assisting victims in regard to services available through the CVR program? If not, please provide name and contact information:

NAME: Dodie Knight PHONE: (318) 352-9394 EMAIL: dovesprogram@yahoo.com

Yes  No 2. Does the agency know who the Crime Victims Reparations (CVR) Claims Investigator is at the Parish Sheriff's Office?

Yes  No 3. Does the agency have posters displayed for promoting CVR and brochures readily available to victims? If no, please fax a written request (contact person, agency name, mailing address) for free CVR posters and brochures to 225-925-6159. NOTE: More information regarding the CVR program, including applications and other forms, can be found at: <http://lcle.la.gov/programs/cvr.asp>.

#### PREVIOUS RESULTS (For Continuation Projects Only)

1. Based on the objectives of the previous application, what were the measurable outcomes? (Refer to the previous project's performance stated in the quarterly progress reports and other additional information.)

DOVES was able to assist 85 child dv survivors with basic crisis intervention services & provide case management/follow-ups to 40 in order to track for their welfare, concerns & results during a 12 month funding cycle last year.

DOVES provided follow-up for 68 child victims.

DOVES also gave 10 community outreach services during last year's 12 month funding cycle plus 8 educational InService sessions.

2. Did the project work as expected? Explain.

Yes. All DOVES child survivors were helped with basic crisis intervention services that provided them the assistances they needed to be safe & more knowledgeable; follow-up work provided them the support needed to re-build trust, learn about healthy choices, & non-violent living. All displayed indications of progress toward normalization of their victimization.

3. Have the original goals and objectives been revised?  Yes  No

If Yes, explain what changes will be made in the continuation of this project and why?

#### EVALUATION AND DISSEMINATION OF RESULTS

#### **A COPY OF YOUR EVALUATION FORMS USED FOR THIS PROJECT MUST BE INCLUDED.**

1. From who will the data be collected -- what is the source?

DOVES clientele.

2. When will the data be collected?

Quarterly.

3. Who will collect and analyze the data?

Quarterly.

4. Who will be responsible for submitting the data for the Quarterly Progress Reports: State name and contact information.

Name: Melody Mintum

Phone: (318) 652-814

Email: dovesprogram@yahoo.com

5. Following evaluation, who and how will updating or revising of the project's strategy be accomplished?

DOVES executive director determines the Child Advocacy Program needs by evaluating records of the project's activities; then, delegates supervision of program implementation to DOVES Programs-Projects Coordinator.

If the project does not meet it's goals or the LCLE evaluation indicates need for improvement, the director utilizes one or more of the following tools for revision &/or updates of the project's strategy: the project's past progress reports, DOVES staff evaluations, program funding trends, surveys from the community &/or clientele, DOVES steering committee &/or board committee recommendation.

DOVES regularly staffs in order to keep abreast of each project's progress, update pertinent forms, strategize ways to best meet needs & achieve goals.

6. Name the recipients who will receive the project's results and the schedule of reporting (i.e. monthly, quarterly, yearly). Recipients MUST state the Louisiana Commission on Law Enforcement will receive Quarterly Progress Reports and expenditure reports quarterly/monthly as specified at award time. Recipients should also include, if applicable, board of directors, applicant agency (if different from implementing agency), courts with jurisdiction, etc.

The project results will be reported to the Louisiana Commission on Law Enforcement in the form of Quarterly Progress Reports & to DOVES, INC. Board of Directors in the form of monthly Directors Reports.

#### J. CONTINUATION

- Yes  No Do you plan to continue this project at the conclusion of federal support?  
Since continued VOCA funding is limited and not assured, alternate funding sources should be sought. Name the sources and potential sources of continued funding for this project at the conclusion of Federal support.

The following are targeted sources of funding that DOVES is in the process of receiving or requesting funding from. Continued funding will be developed through -

- A- Local, regional & state grant sources: @ Natchitoches Regional Medical Center Foundation, Alliance, Weyerhaeuser, WalMart Foundation, Louisiana Coalition Against Domestic Violence, DCFS, Beard Foundation, et cetera.  
B- Agency fundraising efforts of at least 1 large event & several varied small endeavors per year: the "Cochon de Lait" event garnered \$58,000 last year. Small fundraisers are held over various holidays such as Valentines, Back to School, & Christmas that bring in approximately \$2,000 but are mostly about meeting survivor needs.  
C- Earned income strategies bring DOVES about \$7,000 annually.

#### K. RESOURCES

Describe the facilities and additional resources available to this project. Include the physical facility where services are provided. If applicable, list other resources available to this project, i.e. equipment, supplies, staff, etc.

DOVES is located on 830 Fourth Street in Natchitoches, LA; one block from city police, parish housing, counseling center, 2 blocks from the sheriff department & court house, & 3 blocks from legal services, post office, banks, shopping, & eateries. The facility is a 2,200 square foot living area, wood frame house with a front porch & fenced back yard on city lot. Offices are in front (a reception room for volunteers, shelter aides & staff meetings; an adjoining supervisors room for prog coord & finance manager; a family viol/child advocate room, an executive director room, a supply closet & a staff bathroom); the shelter is in the back of house (has 2 bedrooms, 2 bathrooms, linen closet & kitchen/laundry/breakfast room). Offices have desks, chairs, file cabinets, & networked computers. Survivor & personnel records are in locked fire safe filing cabinets. There is a secure key control system, the kitchen has a security door, the shelter has a security & fire system & frontdoor intercom.

#### L. AUDIT REQUIREMENTS

All applications must check one:

- This organization/agency expends \$500,000 or more in federal funds (during the fiscal year of the organization/agency from any and all sources including the amount of this application) AND MUST SUBMIT THE FOLLOWING INFORMATION:
1. Date of last audit
  2. Dates covered by last audit:
  3. Date of next audit:
  4. Dates to be covered by next audit:
  5. Date next audit will be forwarded to LCLE:
- This organization/agency expends less than \$500,000 in federal funds from all sources during the fiscal year of the organization/agency.

#### M. VOLUNTEERS

- Yes  No Are you using volunteers as match?  
If yes, describe the duties and functions performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). Volunteers' duties must directly relate to the focus of this project and information stated in Section 100 Personnel.
- Yes  No Are volunteers screened in compliance with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate?

Volunteers who work with child survivors receive 40 hours initial training & 30 hours annually thereafter based on DSS Core Standards for quality assurance; this includes a background check & drug screening.

#### N. REQUIRED COMPONENTS

1. Subgrantees are required to help victims apply for victim compensation. Describe a specific plan on how applicant has or will interface with the Louisiana Crime Victims Reparations Program.

DOVES interfaces with the local CVR program via the local Sheriff's Office & Sandra Williams to garner up-to-date forms, information, & assistance. We provide them any pertinent police reports &/or descriptions of last incident of abuse on our letterhead, a description of their needs due to the crime, & an estimate of costs to repair damages on their CVR form. After submittal, the CVR representative determines eligibility; if approved, she then works out a payment plan with the vendor.

2. Describe how applicant has/will coordinate activities with other criminal justice system/private service providers in the community. If you have obtained cooperative agreements, a copy may be attached to the application in addition to the brief description.

DOVES staff has a close working relationship with the District Attorney, Van Kyzar, the Sheriff, Victor Jones, the Chief of Police, Mickey Dove, the Chief of Corrections, Calvin McFerrin, the Honorable Judges Eric Harrington & Dee Hawthorn, & many others within the criminal justice system in Natchitoches Parish. DOVES coordinates with its partners to give & receive information/education/materials/services related to the provision of domestic violence services. For instance, DOVES participates in Mr. JD Thornton's Round Table Meetings with the Office of Juvenile Justice, the City Police Department & others within the CJ field in order to collaboratively brainstorm solutions to pertinent needs & share resources. DOVES also provides DV reference pads for patrol cars, DV In-Services, & Cooperative Service Parnter trainings to its 70 partners in order to raise awareness, end domestic violence, & meet victim needs. See attached examples.

3. Indicate how the applicant will address the issue of encouraging the victims to report in law enforcement. Policies and procedures may be attached to the application in addition to the brief description.

Victims are asked if they would like to report their abuse to law enforcement by DOVES staff. They are provided with pertinent resource/referrals & informed about the benefits of such help, if accessed. See attached.

4. State that the applicant will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate. The Louisiana Child Protection Act refers to screening prospective employees, NOT reporting instances of child abuse.

DOVES will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate.