



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:

CVA Purpose Area:

1. TITLE OF PROJECT

CHILD ADVOCACY-OUTREACH PROGRAM

2.  NEW PROJECT

CONTINUATION PROJECT OF: C11-1-007

3. PROJECT DURATION

Total Length: 12 Months (Not to exceed 12 Months)

Desired Start Date: 9/1/2012

Desired End Date: 8/31/2013

4. PROJECT FUNDS

Federal Funds: \$23,602

Cash Match \$4,501

In-Kind Match: \$1,400

Total Project: \$29,503

5A. APPLICANT AGENCY INFORMATION

Agency Name: D.O.V.E.S., Inc.

Physical Address: P.O. Box 1277

City: Natchitoches

Zip: 71457-

Mailing Address: P.O. Box 1277

City: Natchitoches

Zip: 71457-

Phone: (318) 352-9394

FAX: (318) 238-3239

Email: dovesprogram@yahoo.com

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Abby Garcia

Title: Executive Director

Agency Name: D.O.V.E.S., Inc.

Address: P.O. Box 1277

City: Natchitoches

Zip: 71457-

Phone: (318) 352-9394

FAX: (318) 238-3239

Email: dovesprogram@yahoo.com

Fed Employer Tax Id: 72 - 1426406

DUNS: 14599 - 2587

CCR CAGE/NCAGE: 14599258

CCR Expiration Date: 8/23/2013

6. IMPLEMENTING AGENCY

Name: Abby Garcia

Title: Executive Director

Agency: D.O.V.E.S., Inc.

Address: P.O. Box 1277

City: Natchitoches

Zip: 71457-

Phone: (318) 352-9394 FAX: (318) 238-3239

Email: dovesprogram@yahoo.com

7. PROJECT DIRECTOR

Name: Abby Garcia

Title: Executive Director

Agency: D.O.V.E.S., Inc.

Address: P.O. Box 1277

City: Natchitoches

Zip: 71457-

Phone: (318) 352-9394 FAX: (318) 238-3239

Email: dovesprogram@yahoo.com

8. FINANCIAL OFFICER

Name: Julie Brewton

Title: Board Treasurer

Agency: D.O.V.E.S., Inc.

Address: P.O. Box 1277

City: Natchitoches

Zip: 71457-

Phone: (318) 352-9394 FAX: (318) 238-3239

Email: dovesprogram@yahoo.com

9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)

In order for child/youth domestic violence survivors to progress toward safety and normalization following their victimization, and in order to break the cycle of violence, a full-time child advocacy and outreach program is needed by the D.O.V.E.S. shelter program.

The following services will be provided via a full-time Child and Outreach Advocate position to the rural underserved areas of Natchitoches Parish in order to improve safety, education and support for child/youth victims of domestic violence: lethality and needs assessments, safety planning, crisis hotline and intervention, advocacy, individual and group education, individual counseling, referrals, child/youth play group and 24 hour residential shelter.

LA COMMISSION  
ON LAW ENFORCEMENT  
2012 SEP 20 PM 2:10

### 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, disabled, homosexual, 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:**

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

Title: Executive Director

Phone: (318) 352-9394

Fax: (318) 238-3239

E-Mail: dovesprogram@yahoo.com

### PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
<b>SECTION 100. PERSONNEL</b>	\$23,602	\$1,899	\$1,400	<b>\$26,901</b>
<b>SECTION 200. FRINGE BENEFITS</b>	\$0	\$2,119	N/A	<b>\$2,119</b>
<b>SECTION 300. TRAVEL</b>	\$0	\$283	\$0	<b>\$283</b>
<b>SECTION 400. EQUIPMENT</b>	\$0	\$0	\$0	<b>\$0</b>
<b>SECTION 500. SUPPLIES</b>	\$0	\$200	\$0	<b>\$200</b>
<b>SECTION 600. CONTRACTUAL</b>	\$0	\$0	N/A	<b>\$0</b>
<b>SECTION 700. RENOVATION COSTS</b>	\$0	\$0	\$0	<b>\$0</b>
<b>SECTION 800. OTHER DIRECT COSTS</b>	\$0	\$0	\$0	<b>\$0</b>
<b>TOTAL:</b>	<b>\$23,602</b>	<b>\$4,501</b>	<b>\$1,400</b>	<b>\$29,503</b>

**Provide Source of Cash Match:** \$4501 donation for FY 2012-2013

**Provide Source of In-Kind Match:** \$1400 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 and Outreach Advocate	Tequila Johnson	FT	\$2,125.00	100.00%	12.00	\$25,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$25,500.00		

F = Fed Funds  
C = Cash Match

**PART-TIME OR OVERTIME EMPLOYEES:**

POSITION TITLE	EMPLOYEE NAME	PT 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
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$0.00		

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
<u>1400</u> hours of volunteer time donated to the Child Advocacy program, at fair market value (\$10 per hour for <u>140</u> hours of program assistance (project support, housekeeping, clerical work, errands, transportation, childcare, event support, etc.)	1,400.00	\$1.00	\$1,400.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$1,400.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$23,602
CASH MATCH	\$1,899
IN-KIND MATCH	\$1,400
<b>PERSONNEL TOTAL</b>	<b>\$26,901</b>

**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:

The statistics show an increase of children that came to the program as either a resident or non-resident. During the last grant cycle of August 2011 - August 2012 D.O.V.E.S. served a total of 277 child victims. The number has increased to 392 children in total. Of that 392 children the child advocate serviced 169 resident children. We far exceeded the 85 children we expected to service by 84 children. The program has no other method to pay the child advocate. The advocate has done a great job in bringing awareness to schools and community groups. She has provided counseling to children and assisted parents in their concerns of how the child handles the trauma experienced during an abusive altercation. The advocate has done presentations in private schools as well as public schools. She has driven to other cities within our parish reaching out to those underserved populations. The advocate is working very close with the Boys and Girls Club doing presentations on such topics as cyber-bullying, hands are not for hitting, teen dating violence and etc...

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

The salary request illustrates the employees work history, ethic and experience. Tequila is an intergral part of the D.O.V.E.S. team and the continued success of the program would be in safe hands with her experience in working with children of trauma.

C) Project duties of each position requested:

The requirements of the Child and Outreach Advocate are:

1. To perform domestic violence screenings via entry forms, perform age appropriate safety plans and needs assessments
2. To conduct counseling with children and youth individually or in group sessions and trust-building activities
3. To offer advocacy, shelter, critical needs assistance and referrals to all children and youth participating in the program
4. To provide domestic violence education and awareness through 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.]

The personnel will be the same advocate the shelter has had since July 2010.

**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		\$25,500	\$1,581	5.	.062			\$0
2.	.062			\$0	6.	.062			\$0
3.	.062			\$0	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Tequila Johnson	.0145		\$25,500	\$369	5.	.0145			\$0
2.	.0145			\$0	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL
1. Tequila Johnson	0.022	CHECK TYPE:	\$7,700	\$169	5.		CHECK TYPE:		\$0
2.				\$0	6.				\$0
3.		<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0
4.		<input type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> SUTA		\$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
FRINGE BENEFITS TOTAL (A):				\$2,119	FRINGE BENEFITS TOTAL (B):				\$0

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

**Fringe Benefits Total (A+B): \$2,119**

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	\$2,119
<b>TOTAL FRINGE BENEFITS</b>	<b>\$2,119</b>

**SECTION 300. TRAVEL**

Itemize travel expenses of project personnel. Mileage is unallowable in agency owned vehicles. Charges are not to exceed established agency travel rates, but in no case can this exceed current Louisiana Travel Guideline rates. *Only 50% of out-of-state travel reimbursement and requires prior approval from LCLE.*

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH		
				F	C	IK
NAME: Tequila Johnson TITLE: Child Advocate PURPOSE: Outreach	\$0.51	555.00	\$283.05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$283.05	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE) NAME/POSITION TITLE/PURPOSE OF TRAVEL	TRAVEL DESTINATION	TRAVEL DATES:		PAID WITH		
		FROM	TO	F	C	IK
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH		
											F	C	IK
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	
CASH MATCH	\$283
IN-KIND MATCH	
TRAVEL TOTAL	\$283

**SECTION 400. EQUIPMENT**

List each type separately. The unit cost should include tax and shipping and handling when applicable. Do not use Brand Names. Sole source requires LCLE's approval. Submit a Sole Source justification, if applicable. Please refer to application instructions for direction.

TYPE OF EQUIPMENT	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
				F	C	IK
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF EQUIPMENT:			\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

**BRIEFLY EXPLAIN:**

A. Justify the need for each equipment item requested; [\*NOTE: Computer equipment (hardware and/or software) requires a completed Computer Questionnaire.]

B. Indicate procurement method; and

C. Relationship to this project:

SECTION 400. EQUIPMENT SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
EQUIPMENT TOTAL	<b>\$0</b>





**SECTION 500. SUPPLIES (Continued)**

**SECTION B:** Use this section only for Publications, workbooks, curriculum guides, videotapes, etc. Under type choose: **P** – Publications; **W** – Workbooks; **CG** – Curriculum Guides; **V** – Videotapes; **O** – Other. Itemize each item separately. Include tax and shipping costs in Unit Price, when applicable.

TYPE	TITLE OF PUBLICATIONS/FILMS	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF SECTION B SUPPLIES:				\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

**BRIEFLY EXPLAIN:**

A) The use of each request and its relationship to the project. Also explain the choice of materials, e.g. based on previous experiences or research showing its effectiveness, etc.:

SECTION 500. SUPPLIES SUMMARY	
FEDERAL FUNDS	
CASH MATCH	\$200
IN-KIND MATCH	
<b>SUPPLIES TOTAL</b>	<b>\$200</b>

**SECTION 600. CONTRACTUAL**

Compensation for individual consultant services is to be reasonable and consistent with that paid for similar services in the marketplace. Travel, lodging, and meals, if applicable, should be figured in addition to compensation. All expenses must be included in the contract. Must use approved LCLE contract.

INDIVIDUAL CONSULTANT	TYPE OF SERVICE OR TASK	HOURS DEVOTED	RATE PER HOUR	TOTAL COST	PAID WITH	
					F	C
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF CONTRACTUAL COSTS				\$0.00	F = Federal Funds C = Cash Match	

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH	
											F	C
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										\$0.00	F = Federal Funds C = Cash Match	

**BRIEFLY EXPLAIN:**

A) Purpose of each consultant or other contractual service requested:

B) Why the service requested is necessary and cost effective:

C) Method of procurement and basis for determining rate of pay:

SECTION 600. CONTRACTUAL SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
<b>CONTRACTUAL TOTAL</b>	<b>\$0</b>

**SECTION 700. RENOVATION**

**Note:** Do not budget this category unless LCLE gives prior approval for proposed renovations – even if funded as In-Kind Match.

Is your building registered or does your building qualify with the National Historic Society?     YES     NO

If yes, you must meet the requirements set forth by Section 106 of the National Historic Preservation Act (16. U.S.C. Section 470, et. seq., as amended). List planned renovations and itemized costs explain the need for each.

PRE-APPROVED RENOVATIONS	TOTAL COST	PAID WITH		
		F	C	IK
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF RENOVATION COSTS:	\$0			

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

SECTION 700. RENOVATION COSTS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
RENOVATION COSTS TOTAL	\$0

**SECTION 800. OTHER DIRECT COSTS**

Itemize 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

**BRIEFLY EXPLAIN:**  
 A) Need for each type listed; and

B) Its relationship to project.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
<b>OTHER DIRECT COSTS TOTAL</b>	<b>\$0</b>

## 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.

According to the 2010 U.S. Census data, Natchitoches Parish has a 2011 population estimate of 39,442 people. Of those, it is estimated that 23.8%, or 9387 are children, and 52.3% , or 20628 are women. Natchitoches parish has several underserved minority populations, including multiracial individual (2%), Native Americans (1%) and Hispanics (2%) The National Violence Against Women Survey conducted by the National Institute of Justice and the Centers for Disease Control in 2000 found that one in every four women will experience domestic violence in her lifetime. According to the most recent report of "When Men Murder Women," Louisiana has the third highest rate of women murdered by men in the country, a rate of 1.99 women murdered by men for every 100,000 women (Violence Policy Center, 2009). Strauss, Gelles and Smith (1990) stated that boys who witness domestic violence are twice as likely to abuse their own partners and children as adults. Children exposed to violence in the home may have numerous difficulties with emotional and social adjustment, including later problems in their own intimate relationships. The South Carolina Rural Health Research Center found in 2005 that rural youth are equally or more likely to be exposed to violence as urban youth. The Journal of Family Practice noted in 1997 that "rural" victims are twice as likely to be involved in abusive relationships.

Since 25% of the parish's women are potential victims of domestic violence, there are over 5,000 women who may require D.O.V.E.S. services. Many of those women have children who will likely need services. Rural populations provide many obstacles to service, including geographic isolation, pverty, cultural impediments and the lack of public transportation (Governor's Office of Women's Policy, 2006). The Rural Assistance Center (2012) states a coordinated community response is one of the best approaches to addressing domestic violence. D.O.V.E.S. strives to develop and maintain cooperative service partnerships with other service providers and organizations in the community as well as provide free public awareness and education on domestic violence issues. D.O.V.E.S. currently has a child advocate in place with two years on the job experience. It is imperative that the program is able to retain the child advocates so that she may continue to provide her fine tuned experience to the DV victim. It is evident that this parish needs this program and the program needs to retain it's current child advocate.

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

Community needs are indentified by D.O.V.E.S. progam statistics, networking, criminal justice and domestic violence coalition reports, cooperative service partner surveys and D.O.V.E.S. steering committee. Services by D.O.V.E.S. are documented and entered into a secure database for analysis and tracking of service population, their needs and how their needs are met. From tracking services alone, D.O.V.E.S. has seen an increase in service delivery each year we have been operating. Natchitoches Parish, as an underserved rural area with a poverty level near 30% according to the 2010 Census, has many marginalized and isolated residents. D.O.V.E.S. is the only provider in the parish for domestic violence education, individual and group counseling, shelter and other needed services to adult and child victims.

Nearly 70% of D.O.V.E.S. clientele are TANF eligible. Most served in D.O.V.E.S. shelter require SNAP services and lack transportation. In the first half of 2012, DOVES assisted in filing for protective orders at a rate of one per month and provided a supportive presence in court for survivors and their families. The closest domestic violence program is more than 30 minutes away and many local victims are barely able to manage local transportation for safety, health, education and household needs. D.O.V.E.S. staff coordinates with cooperative service partners to improve and increase services that are complicated by rural limitations, for as the Women's Rural Advocacy Program stated, "rural domestic violence survivors seeking safety must surmount obstacles that are not encountered by more metropolitan victims. "(1998) Working relationships with the criminal justice, court, healthcare, education, and business communities, as well as social and service organizations, assist the program to advocate for these underserved victims through their traditional residential domestic violence shelter program.

## **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, BRIEFY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

The Child Advocacy program will work towards the goal of ending the cycle of violence for individuals and the community by supporting child and youth victims of domestic violence by a trauma - informed care model through providing crisis intervention services and shelter. Further, the program will supply the community with domestic violence awareness activities and educational outreach.

## **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, 100 child and youth domestic violence victims will be positively impacted by receiving free crisis intervention services from the Child Advocacy program according to their individual ages and needs.

Objective 2: By the end of this 12 month grant cycle. the Natchitoches community will be positively impacted by the Child Advocacy program through the provision of 12 domestic violence educational presentations and 3 domestic violence assistance projects to raise public awareness and engage in meeting the needs of survivors.

## 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 100 children and youth domestic violence victims will be positively impacted by receiving the following services from the Child Advocacy program within the 12 month grant period, based on individual age and need:

- domestic violence screening via entry forms
- safety planning
- needs assessment
- individual counseling or play group, including age-appropriate trust building exercises
- advocacy and/or referrals
- emergency financial/critical needs assistance
- assisting in school transfers
- working with parents on parenting skills and communication skills and peaceful discipline techniques

Of the 100 child survivors served during this grant period, D.O.V.E.S. estimates approximately half, or 50, will continue in the program long enough to not only receive initial screening, assessment and safety planning, but also one weekly trust-building exercise with play group. Volunteers will be trained to advocate for child and youth victims as support for the Child Advocate.

**ACTIVITIES/SERVICES OF OBJECTIVE #2:** The Natchitoches parish community will be positively impacted and inspired to action through the provision of 12 domestic violence educational presentations and 3 domestic violence assistance projects, including but not limited to:

- "Hands are Not for Hitting" Inservice
- "Tween Dating Violence" Inservice
- "Teen Dating Violence" Inservice
- "Child Abuse Awareness" Inservice
- "Bullying & Cyberbullying" Inservice
- "Children of Domestic Violence" Inservice
- "Dads for Healthy Homes" Inservice
  
- "Penny Push for Peace" Project
- "Feather the Nest" Project
- "Adopt and Angel" Project
- "Gowns for Good" Project

Of the 12 community violence educational presentations and 3 domestic violence assistance projects provided during this grant period, 135 +/- individuals will be provided domestic violence education/awareness, and 40 D.O.V.E.S. child/youth survivors will receive financial and/or critical needs assistance through the Child Advocacy program.

## D-2. TRAINING PROJECTS

Complete this page in lieu of Section D – Activities/Methods. This page is to be completed only if this application is for the training of individuals involved in the criminal justice system. DO NOT use this for in-house training.

1. Training Curriculum (topics to be included):

2. Type of personnel to be trained:

3. Number of personnel to be trained:

4. Geographical locations of trainees (who will be invited):

5. Dates and hours of training:

6. Location of training:

7. Explanation supporting the effectiveness of the training program including how the program will meet the identified need.



**H. PRIOR 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.)

D.O.V.E.S. exceeded grant goals by assisting more than 85 clients and provided case management/follow ups to 267 clients in order to track their welfare, concerns and results during a 12 month funding cycle last year.

D.O.V.E.S. provided follow ups for 267 victims.

D.O.V.E.S. Child Advocate gave 34 presentations during the last grant cycle.

2. Did the project work as expected? Explain.

Yes, the child advocacy and awareness worked better than anticipated. The program was able to bring awareness to a larger audience than originally planned. The advocate was able to do presentations in local schools as well as health fairs, church organizations and childcare facilities. The Gowns for Good project was a success in that it opened the conversation with the local teen group and lead to more educational presentations and volunteers to help break the silence of domestic violence.

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?

## I. EVALUATION AND DISSEMINATION OF REPORTING

### **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?

D.O.V.E.S. clientele

2. When will the data be collected?

Quarterly

3. Who will collect and analyze the data?

Facility Office Manager

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

Name: Abby Garcia

Phone: (318) 352-9394

Email: dovesprogram@yahoo.com

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

The D.O.V.E.S. Executive Director will determine the needs of the Child Advocacy Program by evaluating the daily work logs, the social change records that are kept daily and through weekly staffing. The Program Coordinator will make sure that presentations are being booked and the material is available for the advocate. The Facility Office Manager will monitor presentations on numerous occasions to ensure the advocate is using good communication and interaction skills.

If for any reason the program is not meeting the standards of D.O.V.E.S. or the LCLE, the program will be re-vamped to ensure that the projects goals are being meet at each presentation. The board plays a crucial role in approving material that is used to educate the public. There will be surveys at each presentation to get feedback on any area of a presentation that needs improvement.

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 projects results will be reported to the Louisiana Commission on Law Enforcement in the form of Quarterly Reports and to D.O.V.E.S., INC. Board of Directors in the form of monthly Director 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 D.O.V.E.S. is in the process of receiving or is currently requesting funding from:  
a. Natchitoches Regional Medical Center Foundation, Alliance Compressors, Weyerhaeuser, Louisiana Coalition Against Domestic Violence, DCFS, et cetera.

b. The agency will host one main fundraiser for the year and several smaller fundraisers. These efforts generally raise an average of \$59,000. per year. We also receive an average of \$6,000 to \$10,000 from the clothing drop boxes.

### 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.

D.O.V.E.S. is located at 830 Fourth Street in Natchitoches, LA; all of the following are near the shelter, city police department, parish housing, counseling center, sheriff's department, the 911 center, court house, legal services, post office, banks, grocery store, clothing stores and eateries. The shelter is a 2,200 square foot heated wood frame house with a front porch and a ramp for the handicapped. There is a backyard which is fenced. The front portion of the house is used by staff. A reception area for volunteers, aides, and staffings. A room for the Child Advocate and Family Advocate. The Executive Director and Facility Office Manager has there own offices. There are 3 bedrooms, 1 full and 2 half baths. Kitchen/laundry and breakfast area. There is a secure key control system, the kitchen has an emergency exit door. There are security camera's on the interior and exterior of the building and an alarm system, fire system and 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?

## 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.

D.O.V.E.S interfaces with the local CVR program through the Sheriff's office and our contact, Sandra Williams, to collect up to date forms, information and assistance. D.O.V.E.S. will provide the clients with assistance in filling out the form and advocate for them. D.O.V.E.S. will inform the clients of their rights and guide them through the process of a CVR. D.O.V.E.S. will work with the client once a confidentially release waiver has been obtained from the client.

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.

D.O.V.E.S. staff has a close working relationship with District Attorney Van Kyzar, Sheriff Victor Jones, Chief of Police Mickey Dove, Chief of Corrections Calvin McFerrin, Honorable Judge Eric Harrington and Honorable Judge Dee Hawthorn, and many others withing the criminal justice system in Natchitoches Parish. D.O.V.E.S. participates in Round Table Meetings with the Office of Juvenile Justice, the City Police Department and others within the Criminal Justice field. D.O.V.E.S. also provides domestic violence pads for patrol cars.

3. Indicate how the applicant will address the issue of encouraging the victims to report to 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 perform a TRO or a PO or file a police report. The advocate will assist them in filling out the reports and will advocate with the local police department. The advocates will inform the client of their individual rights and the rights of their children.

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.

D.O.V.E.S. will comply with Louisiana Child Protection Act (LRS 15:587.1) as appropriate.