

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C11-7-011

APPLICANT: Comprehensive Community Resources

PROJECT TITLE: Anti-Stalking Program

PROJECT FUNDS :

FUND: \$ 31,896 80.00%

PROJECT DURATION: 12 months

MATCH: \$ 7,974 20.00%

START DATE: 10/01/2011

TOTAL: \$ 39,870 100.00%

END DATE: 09/30/2012

Continuation of C08-7-029

PROJECT SUMMARY:

Comprehensive Community Resources provides services that are essential to the victims of stalking; providing them with the tools necessary to identify stalking prior to the situation escalating to the point of assault, domestic violence, and in some instances murder.

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: C11-7-011 CVA Purpose Area: 4

1. TITLE OF PROJECT Anti-Stalking Program		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-7-011	
3. PROJECT DURATION Total Length: <u>12</u> Months (Not to exceed 12 Months) Desired Start Date: <u>10/1/2011</u> Desired End Date: <u>9/30/2012</u>		4. PROJECT FUNDS Federal Funds: <u>\$31,896</u> Cash Match In-Kind Match: <u>\$7,974</u> Total Project: <u>\$39,870</u>	
5A. APPLICANT AGENCY INFORMATION Agency Name: Comprehensive Community Resources Physical Address: 607 Caffin Avenue City: New Orleans Zip: 70117-3011 Mailing Address: P.O. Box 204 City: Arabi Zip: 70032- Phone: (504) 401-2465 FAX: (601) 796-8976 Email: josepkv@yahoo.com		5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Patricia K. Vines Title: Director Agency Name: Comprehensive Community Resources Address: P.O. Box 204 City: Arabi Zip: 70032- Phone: (504) 401-2465 FAX: (601) 796-8976 Email: josepkv@yahoo.co.	

Fed Employer Tax ID: 20 - 5432561 DUNS: 830209594 - CCR CAGENCAGE: SUNV1 CCR Expiration Date: 1/12/2012

6. IMPLEMENTING AGENCY Name: CCR Title: NON-PROFIT Agency: CCR Address: P.O. Box 204 City: Arabi Zip: 70032- Phone: (504) 401-2465 FAX: (601) 796-8976 Email: josepkv@yahoo.com	7. PROJECT DIRECTOR Name: Patricia K. Vines Title: Director Agency: CCR Address: P.O. Box 204 City: Arabi Zip: 70032- Phone: (504) 401-2465 FAX: (601) 796-8976 Email: josepkv@yahoo.com	8. FINANCIAL OFFICER Name: E. Carroll Rogers Title: Financial Officer Agency: CCR Address: P.O. Box 204 City: Arabi Zip: 70032- Phone: (504) 401-2465 FAX: (601) 796-8976 Email: josepkv@yahoo.com
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9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)
CCR provides services that are essential to victims of stalking; providing them with the tools necessary to identify stalking prior to the situation escalating to the point of assault, domestic violence and in some instances murder. Services provided by CCR include crisis counseling, providing information to the victims regarding their rights as well as immediate precautions to be taken, referral to any and all appropriate agencies and resources and direct criminal justice support and advocacy. The focus of CCR is to work directly with first responders and push forward through the criminal justice system in order to educate and identify victims of stalking. On-going services are provided to victims including but not limited to safety and security measures to protect the victim. Educating the victim in how to assist and enable both law enforcement and the judicial system develop a case that can be taken through the system with significant evidence to obtain a TRO and then a guilty verdict to provide longer RO for the victim. These services are provided to both primary and secondary victims. According to recent statistics from the National Stalking Resource Center, Stalking victims have the highest rate of obtaining a Protective Order (36.6%). Violators of Protective Orders indicates that stalking victims are at a high risk of future violence. CCR will continue to host our SOS Support Group as well our Stalking Advisory Committee which is held monthly.

VOCA PURPOSE AREAS

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

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

State Type of Previously Underserved: Staking

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: Patricia K. Vines Title: Director
Phone: (504) 401-2465 Fax: (601) 796-8976 E-Mail: josepkv@yahoo.com

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$26,020	\$0	\$7,974	\$33,994
SECTION 200. FRINGE BENEFITS	\$2,484	\$0	N/A	\$2,484
SECTION 300. TRAVEL	\$295	\$0	\$0	\$295
SECTION 400. EQUIPMENT	\$1,000	\$0	\$0	\$1,000
SECTION 500. SUPPLIES	\$863	\$0	\$0	\$863
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$1,542	\$0	\$0	\$1,542
TOTAL:	\$32,204	\$0	\$7,974	\$40,178

Provide Source of Cash Match:

Provide Source of In-Kind Match: In-kind match will come from utilizing volunteers, utilizing donated space @ Gretna Police Department as well as food that is donated for each meeting. Volunteers consist of law enforcement officers, Attorneys and Criminal Commissioners.

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
Project Director	Patricia Vines	FT	\$2,168.34	100.00%	12.00	\$26,020.08	<input checked="" 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:						\$26,020.08	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
Volunteers are used to collect victim information, research information on the Crime of Stalking. Assist with committee and support group. Assist victims with collecting necessary documents for RO. Accompany victims to court.	498.38	\$16.00	\$7,974.08
They also consist of of Stalking Advisory Committee			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$7,974.08

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$26,020
CASH MATCH	
IN-KIND MATCH	\$7,974
PERSONNEL TOTAL	\$33,994

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:

Project Director will oversee and run this program.

- 1) Provide direct hands on services to victims of stalking.
- 2) Work directly with law enforcement on getting referrals to this program.
- 3) Accept calls 24/7
- 4) Maintain all victim files and project documents.
- 5) Educate victim and family on necessary safety and security measures.
- 6) Provide the necessary support an assistance to the primary and secondary victim in order to gather needed information to obtain a TRO, etc...
- 7) Work directly with Victims Rep. - Make all referrals for assistance.

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

Salaries are based on education, knowledge, and experience as well as comparison of similar services provided by other agencies.

C) Project duties of each position requested:

PROJECT DIRECTOR:

- 1) Accepting calls from victims, law enforcement and community services on a 24/7 basis.
- 2) Work with victim and law enforcement on identifying the crime of stalking.
- 3) provide information on TRO and RO to victims.
- 4) Make sure victim understands Safety and Security measures.
- 5) Provide victim with information on other resources within the community/parish.
- 6) Host SOS Support Group
- 7) Host monthly Stalking Advisory Committee meeting.
- 8) Responsible for all documents, records and any and all reports to LCLE

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.]

Existing

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. Patricia Vines	.062		\$26,020	\$1,613	5.	.062			\$0	
2.	.062			\$0	6.	.062			\$0	
3.	.062			\$0	7.	.062			\$0	
4.	.062			\$0	8.	.062			\$0	
MEDICARE					MEDICARE					
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL	
1. Patricia Vines	.0145		\$26,020	\$377	5.	.0145			\$0	
2.	.0145			\$0	6.	.0145			\$0	
3.	.0145			\$0	7.	.0145			\$0	
4.	.0145			\$0	8.	.0145			\$0	
HEALTHLIFE INSURANCE					HEALTHLIFE INSURANCE					
Rate	Months	Time Deposited to Project	Total	Total	Rate	Months	Time Deposited to Project	Total	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					
Rate	Type		SALARY	TOTAL	Rate	Type		SALARY	TOTAL	
1. Patricia Vines	0.019	CHECK TYPE	\$26,020	\$494	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					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):				\$2,484	FRINGE BENEFITS TOTAL (B):				\$0	

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

Fringe Benefits Total (A+B): \$2,484

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$2,484
CASH MATCH	
TOTAL FRINGE BENEFITS	\$2,484

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Revised JULY 2010

SECTION 300. TRAVEL

Itemize travel expenses of project personnel. Mileage is allowable 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: Patricia K. Vines TITLE: Director PURPOSE: LAFASA Conference - Baton Rouge	\$0.51	289.15	\$147.47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: Patricia K. Vines TITLE: Director PURPOSE: LCLE - Grant Hearing Baton Rouge	\$0.51	289.15	\$147.47	<input checked="" 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:			\$294.94			

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

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	LUNARIC COSTS (if applicable)	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			

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

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	\$295
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$295

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Revised JULY 2010

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
mobile cell phone	Cell Phone Plan	12.00	\$116.00	\$1,392.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAFASA Registration FEE	LAFASA set fee	1.00	\$150.00	\$150.00	<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 OTHER DIRECT COSTS:				\$1,542.00			

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

BRIEFLY EXPLAIN:
A) Need for each type listed; and
1) Phone is needed to be available 24/7 service
2) LAFASA Conference - Continued education

B) Its relationship to project.
Direct Relationship - services can not be provided without phone and Conference is one of the only local conferences available.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$1,542
CASH MATCH	
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	\$1,542

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.

Stalking continues to be an underserved / under-reported Crime. The crime of stalking continues to increase due to the inability of Law Enforcement to identify the crime. It is most important that our Judicial System understand the Dynamics of this crime.

Our program provides assistance to stalking victims at the time they are identified. Clearly the community, victim service agencies, law enforcement and the judicial system need to better respond to the needs of stalking victims. At present many officers do not know the definition of stalking, many do not take the crime serious. It is very hard to collect local stats because the crime of stalking is usually not identified until after another crime is charged. CCR will continue to ask LCLE to list our program on their website as well as assist us in making this a state wide program. To

CCR provided services to 69 stalking victims between 10/1/2010 - July 1, 2011.
JPSO Personal Violence investigated 54 Stalking cases.
4 cases were referred to Victims Rep.
We had 2 cases who did not want to notify police.

Services included safety planning, referral to police, detailed information on documenting stalking behavior, providing info on obtaining TRO's, information on navigating the criminal justice system, providing referrals to therapist as needed due to fear, depression or anxiety.

CCR continues to have monthly Stalking Advisory Meetings consisting of law enforcement, 24JDC Commissioners, DA's Office, Forensic Social Worker which is assigned to JP Correctional Facility. These meeting allow us to provide a complete "WRAP-AROUND" Service to all STALKING Victims.

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

1) Having legal assistance for victim so that they may obtain Protective Orders.

As the only Stalking Victims Assistance Program, we have seen it first hand. No legal service is available.

This gap created a seriously dangerous situation for Stalking victims because without legal services they may not get the only piece of legal support they need to maybe keep them safe.

2) Need for education to law enforcement. This is a gap that needs to be addressed on a continued basis. CCR is presently working on handling this task but it can be costly.

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.

Our primary mission is to provide assistance and services to the victim. This is a crime which creates FEAR and ANXIETY. Our program addresses that first. We also make sure we go over all safety and security measures that may assist and keeping the victim safe. This is all a direct impact on the victim.

We then make sure the victim understand that they are responsible for their safety and assist them on understanding how important it is for them to identify things they can improve or change to stay safe.

We immediately follow-up with informing victim on how to document, document and document the crime. The burden of proof is also on the victim. We inform them to prepare to take pictures, make notes, identify safety places, keep documents handy at all times, etc....

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: Provide a 12 week training session at JPSO Training Academy

Objective 2: Identify and assist 65 new victims

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.

As we receive referrals of victims, we will discuss all details of what is happening and advise the victim on how to document what is going on. Make necessary referrals to Reparations and LAVANS as well as assist with direct contact to law enforcement.

Provide safety and security measures for victim and family.

Continue to host Stalking and Harassment Advisory Committee which brings multiple agencies together in order to address the crime of stalking.

Continue to be on call 24 hours to provide direct assistance to victims, service providers and law enforcement.

Continue to provide education and awareness.

Will accomplish within time line of October 1, 2011 - September 30, 2012

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 checked="" type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Court | <input type="checkbox"/> Sexual Assault Program |
| <input 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: Patricia K. Vines PHONE: (504) 401-2465 EMAIL: josepkv@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/lavns.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.

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: Patricia K. Vines, PHONE: (504) 401-2465 EMAIL: josepkv@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>.

H. MAJOR 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.)

OBJECTIVE 1 - DONE!!! We had four community/agency present on their progress to the Stalking Advisory Committee.

- 1) Family Justice Center
 - 2) Barbara Johnson - Forensic Social Worker
 - 3) Sarah Keith - Social Worker and Therapist for Family Services
 - 4) JPSO - Victims Reparations
- Presentations explained duties and services provided

OBJECTIVE 2 - CCR provided services to 69 victims of stalking (to date)

2. Did the project work as expected? Explain.

YES, It Did

As victims were identified, CCR provided immediate services such as safety and security measures. We have continued to host Advisory Committee monthly meetings. Continue to provide 24/7 services

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 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?

As CCR provides services to victims, we will e-mail evaluation form and will ask for feedback on services provided. At our trainings, we will also ask for our evaluation form to be completed

2. When will the data be collected?

When services are provided.

3. Who will collect and analyze the data?

Project Director will review and fill all evaluations forms. They will also be reviewed by Stalking Advisory Committee. Some issues will also be reviewed by volunteers.

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

Name: Patricia K. Vines, LCSW Phone: (504) 401-2465 Email: josepkv@yahoo.com

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

Stalking Advisory Committee, Project Director - Patricia Vines, LCSW
Any and all issues identified will be addressed and updates made.

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.

LCLE will receive Quarterly Progress Reports and Expenditure Reports monthly or as specified by LCLE Advisory Committee and applicant agency.

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.

We will continue to search for other funding sources.
Federal, state and local funding will continue to be explored.

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.

CCR will continue to run out of CCR's location.
GRETNA POLICE DEP. will continue to provide space for the Advisory Committee
JPSO has agreed to host trainings
SOS support group will meet in house of CCR or different locations unidentified due to safety and security of the victims.

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?

SOS group members assist with hosting group meetings as well as assisting victims with going to court, filing reports, etc.
The Stalking Advisory Committee consist of many agencies that give their time to be part of this committee in order to bring awareness to the underserved crime.

All either work for law enforcement, social services and/or State and Federal Agencies.
If other or utilized, we will obtain a back-ground check

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.

JPSO - Crime Victims Reparations Officer sits on our Stalking Advisory Committee. we have direct contact and we obtain continued education from this officer on how to file.

At time information is collect from victim, it is determined if victim should be referred.

2. Describe how applicant has/will coordinate activities with other criminal justice systems/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.

CCR will continue the path of working the "WRAP-AROUND" approach to the crime of STALKING.

It is necessary to work with all criminal justice agencies in order to provide complete direct services to victim.

The Stalking Advisory Committee was created in order to coordinate activities with other criminal justice system/private service providers in our community. We are proud to announce this committee has been working for 13 years....

Board Members include representatives from the following:

JPSheriff's Office - Districts, Personal Violence Bureau, Reparations, etc... JPDistrict Attorney, City Police, Mental Health Center, Metro Center for women and children, JP Community Justice Agency, Forensic Social Worker stationed in Correctional Facility, Several community and private service providers and our Domestic Criminal Commissioners....

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.

All victims are encourage to report to law enforcement. We will assist the victim in doing so.

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.

Applicant will comply with the Louisiana Child Protection Act.