LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C10-5-009

APPLICANT: Capital Area Family Violence Intervention Center

PROJECT TITLE: Domestic Violence Program

PROJECT FUNDS :

FUND:	$ 68,904	80.00%	
MATCH:	$ 17,226	20.00%	
TOTAL:	$ 86,130	100.00%	

PROJECT DURATION: 12 months

START DATE: 05/01/2010

END DATE: 04/30/2011

Continuation of C88-5-002

PROJECT SUMMARY:

The full-time Volunteer Coordinator will recruit, screen, schedule training, and supervise volunteers who will provide direct services to victims of domestic violence. Volunteers will staff 24-hour crisis line. The full-time Nonresidential Counselor will staff the crisis line during peak periods and reduce the length of time a victim must wait for crisis telephone counseling. The full-time Children's Advocate will work with mothers to identify and reduce violent benavior in children.

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) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 08/17/10 IS REVIEWED AND APPROVED BY LCLE STAFF.
3. SUBGRANTEE AGREES TO MAINTAIN ITS NONPROFIT STATUS IN "GOOD STANDING" WITH THE LOUISIANA SECRETARY OF STATE'S COMMERCIAL DIVISION FOR THE DURATION OF THE SUBGRANT PERIOD.
4. ALL PAID PERSONNEL MUST WORK HOURS WHICH DO NOT CONFLICT OR OVERLAP WITH OTHER PAID HOURS OR OTHER JOBS. IF PAYMENT FOR ANY PERSONNEL IS ON AN OVERTIME, HOURLY BASIS, THE RATE OF PAY MAY NOT EXCEED 1 AND 1/2 TIMES THE EMPLOYEE'S REGULAR HOURLY RATE OF PAY.
5. NO RELEASE OF FUNDS BY LCLE UNTIL PRIOR PROJECT C09-5-008 IS FINALIZED.
6. PRE-AWARD COSTS ALLOWABLE FROM 05/01/2010.

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: C10-5-009 CVA Purpose Area: 2

1. TITLE OF PROJECT
Domestic Violence Program

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: C09-5-008

3. PROJECT DURATION
Total Length: 12 Months (*Not to exceed 12 Months*)
Desired Start Date: 5/1/2010
Desired End Date: 4/30/2011

4. PROJECT FUNDS

Federal Funds:	$68,904
Cash Match	$17,226
In-Kind Match:	
Total Project:	$86,130

5A. APPLICANT AGENCY INFORMATION
Agency Name: Capital Area Family Violence Interventi
Physical Address: 3730 St. Gerard Ave.
City: Baton Rouge, LA Zip: 70805-
Mailing Address: P. O. Box 52809
City: Baton Rouge, LA Zip: 70892-2809
Phone: (225) 389-3001 FAX: (225) 358-3444
Email: martha@stopdv.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: Martha Forbes
Title: Executive Director
Agency Name: P. O. Box 52809
Address:
City: Baton Rouge, LA Zip: 70892-2809
Phone: (225) 389-3001 FAX: (225) 358-3444
Email: martha@stopdv.com

Fed Employer Tax Id: 72 - 0986008 DUNS: 868708 - 355 CCR CAGE/NCAGE: 4FLJO CCR Expiration Date: 4/23/2011

6. IMPLEMENTING AGENCY
Name: Martha Forbes
Title: Executive Director
Agency: Capital Area Family Violence In
Address: P. O. Box 52809
City: Baton Rouge, LA Zip: 70892-2809
Phone: (225) 389-3001 FAX: (225) 358-3444
Email: Martha@stopdv.org

7. PROJECT DIRECTOR
Name: Martha Forbes
Title: Executive Director
Agency: Capital Area Family Violence In
Address: P. O. Box 52809
City: Baton Rouge, LA Zip: 70892-2809
Phone: (225) 389-3001 FAX: (225) 358-3444
Email: Martha@stopdv.org

8. FINANCIAL OFFICER
Name: Martha Constant
Title: Director of Budget & Finance
Agency: Capital Area Family Violence In
Address: P. O. Box 52809
City: Baton Rouge, LA Zip: 70892-2809
Phone: (225) 389-3001 FAX: (225) 358-3444
Email: Finance@bwp.brcoxmail.com

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

The full-time Volunteer Coordinator will recruit, screen, schedule training, and supervise volunteer who will provide direct services to victims of domestic violence. Volunteers will staff 24-hour crisis line. The full-time Nonresidential Counselor will staff the crisis line during peak periods and reduce the length of time a victim must wait for crisis telephone counseling. The full-time Children's Advocate will work with mothers to identify and reduce violent behavior in children.

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VOCA PURPOSE AREAS

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

☐	Sexual Assault
☒	Domestic Abuse
☐	Child Abuse
☐	Previously Underserved

State Type of Previously Underserved:

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?	☒	☐
Were instructions followed to determine allowable personnel/contractual costs?	☒	☐
Are all line item computations correct?	☒	☐
Do line items add to category totals?	☒	☐
Have category totals been rounded to nearest dollar?	☒	☐

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

Person Completing Budget Section: Martha Constant Title: Director of Budget & Finance
Phone: (225) 389-3001 Fax: (225) 358-3444 E-Mail: Finance@bwp.brcoxmail.com

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$64,029	$16,007	$0	$80,036
SECTION 200. FRINGE BENEFITS	$4,875	$1,219	N/A	$6,094
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	$0	$0	$0
TOTAL:	$68,904	$17,226	$0	$86,130

Provide Source of *Cash* Match: United Way, City of Baton Rouge Parish of EBR, Public Donations, Fundraising and Other Income.

Provide Source of *In-Kind* Match:

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	PAID WITH C
Child Advocate ✓	Shonn Alexander ✓	FT	$2,401.85	100.00%	3.00	$7,205.55	☒	☒
Child Advocate ✓	Lisa Wilson ✓	FT	$2,324.40	50.00%	9.00	$10,459.80	☒	☒
Nonresidential Counselor ✓	Sandra Pearson ✓	FT	$2,884.27	100.00%	12.00	$34,611.24	☒	☒
Volunteer Coordinator ✓	Summer Swanson ✓	FT	$2,313.27	100.00%	12.00	$27,759.24	☒	☒
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						$80,035.83	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	PAID WITH C
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
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
			$0.00
			$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			$0.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	$64,029
CASH MATCH	$16,007
IN-KIND MATCH	
PERSONNEL TOTAL	$80,036

SECTIO. .00. PERSONNEL (Continued) – BRIEFL\ _XPLAIN

☒ 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 Volunteer Coordinator is needed to recruit, screen, schedule training and suprevise Battered Women's Program volunteers. the Nonresidential Counselor is needed as the second counselor staffing the crisis line during peak periods. The Children's Counselor is needed to identify children with tendencies towards violence.

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

The basis for determining the salaries of the three positions are based on employee's experience and training.

C) Project duties of each position requested:

The Volunteer Coordinator is responsible for helpling acquire volunteers to staff the 24-hour crisis line, assist in the Children's Program, assist in the shelter, and facilitate empowerment groups. The Nonresidential Counselor's main goal is to reduce the length of time a caller would wait for assistance. The Children's Counselor works with children and their mothers to address those violent tendencies and build skills in conflict resolution.

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 three positions of Volunteer Coordinator, Nonresidential Counselor and Children's Counselor are existing employees to this grant.

SECTI... 200. FRINGE BENEFITS (Employer's Sh... e 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. Shonn Alexander	.062		$7,205	$446	5.	.062			$0
2. Lisa Wilson	.062		$10,160	$629	6.	.062			$0
3. Sandra Pearson	.062		$34,611	$2,145	7.	.062			$0
4. Summer Swanson	.062		$27,747	$1,720	8.	.062			$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Shonnn Alexander	.0145		$7,205	$104	5.	.0145			$0
2. Lisa Wilson	.0145		$10,160	$147	6.	.0145			$0
3. Sandra Pearson	.0145		$34,611	$501	7.	.0145			$0
4. Summer Swanson	.0145		$27,747	$402	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.		CHECK TYPE:		$0	5.		CHECK TYPE:		$0
2.				$0	6.				$0
3.		☐ FUTA		$0	7.		☐ FUTA		$0
4.		☐ SUTA		$0	8.		☐ 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):	$6,094				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): $6,094

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$4,875
CASH MATCH	$1,219
TOTAL FRINGE BENEFITS	$6,094

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.

Domestic Violence is a serious and widespread problem in the United States. It is estimated that between two million and six million women of all races, classes, ages, religious, and socioeconomic groups are abused by their partner each year in this country; 1,500 women are killed each year by their intimate partner. Children who witness domestic violence often repeat those patterns of behavior. The capital area of Louisana experiences the devastating problem. The Capital Area Family Violence Intervention, Inc. provided over 3500 direct services to victims of domestic violence. Crime reports estimates that one in ten victims of domestic violence report violence report the crime of law enforcement, so the incident rate of domestic violence is considerably higher than calls to law enforcement indicate.

Violence against women by their intimate partners is caused by continuing cultural facilitators: belief in natural order, the objection of women, cultural reinforcement of forced submission, and tolerance of over coercion and physical force.

Victims of domestic violence have needs. They need assistance from law enforcement and a place of saftey, counseling and other support services from t he Capital Area Family Violence Intervention Center, Inc. When victims of domestic violence contact our agency, they are usually in crisis state. When an individual is in crisis, their coping mechanisms are extremely strained. These victims may not be able to adequately present their situation without specific assistance from personnel staffing our crisis line. The staff of the Capital Area Family Violence Intervention Center ,Inc. has had extensive training working with battered women, including crisis intervention, suicide and homicide prenvention specifically with this population

Need: A full-time Volunteer Coordinator insures coordinating well-trained competent volunteers to supplement service to victims of domestic violence; A full Nonresidential Counselor reduces the length of time a victim wait for crisis counseling; and a full time Childrens Counselor assist mothers in identify and violent controlling behavior exhibited by their children.

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

Lack of financial resources due to economic downturn. In reviewing the budget, it was noted that individual and community donations are decreasing by 20%. Grant funding is becoming more competitive with less money for grantors to distribute.

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.

Effective and expeditious direct services to victims of domestic violence.

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: Staff 24-hour hotline with trained volunteers fo: at least 300 hours per month.
Objective 2: Reduce length of time a victim must wait from initial call to hotline to speaking directly with a counselor to less than (1) hour.
Objective 3: Provide group and individual counseling to 200 mothers and their children to develop strategies to reduce violent behavior on the part of the children.

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.

Objective 1: Staff 24-hour hotline with trained volunteers for at least 300 hours per month.

Activity 1.1 - Provide 40 hour training sessions for potential volunteers for the crisis line by September 2010 and quarterly through April 2011.
Activity 1.2. Maintain a roster of hotline crisis counselors - ongoing
Activity 1.3. Maintain a monthly report indicating volunteer crisis line hours on a monthly basis by the fifth of the following month, and ongoing.

Objective 2: Maintain a wait time for crisis calls of less than twenty minutes before speaking directly with a crisis line counselor

Activity 2.1. Hire and maintain additional nonresidential counselor to staff crisis line during peak periods - ongoing
Activity 2.2. Maintain a rotational system for additional crisis response counselors when lines are busy - ongoing

Objective 3: Provide group and individual counseling to 200 mothers and their children to develop strategies to reduce violent behavior on the part of the children.

Activity3.1. Hire and maintain additional children counselor to provide group sessions and individual counseling for mothers and children to reduce violent behavior by children by September 15, 2010.
Activity 3.2. Track group and individual counseling sessions to children and their moms on a monthly basis - ongoing.

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.

E. DEMOGRAPHICS

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

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

2. Type of Organizations:

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.

- ☐ Community-Based Organization
- ☐ Court
- ☒ Domestic Violence Program
- ☐ Domestic Violence State Coalition
- ☐ Dual Program (Sexual Assault and Domestic Violence)
- ☐ Dual State Coalition (Sexual Assault and Domestic Violence)
- ☐ Government Agency (Department of Human Services, Bureau of Health)
- ☐ Law Enforcement
- ☐ Probation, Parole, or Other Correctional Agency
- ☐ Prosecution
- ☐ Sexual Assault Program
- ☐ Sexual Assault State Coalition
- ☐ Tribal Coalition
- ☐ Tribal Government
- ☐ Tribal Sexual Assault and/or Domestic Violence Program
- ☐ Unit of Local Government
- ☐ University/School
- ☐ 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: Victoria W. Peay, LCSW PHONE: (225) 389-3001 EMAIL: vikki@stopdv.org

☒ 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: PHONE: ( ) - EMAIL:

☒ 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. 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.)

Objective 1: Recruit, screen, train, supervise and evaluate volunteers to staff hotline.
Objective 2: Hire and maintain nonresidential counselor to staff crisis line during peak periods.
Objective 3: Hire and maintain children's counselor to provide sessions and individual counseling for mothers and children to reduce violent behavior by children..

2. Did the project work as expected? Explain.

Yes. The training of volunteers to assist the staff on the crisis line has helped us to provide crisis intervention, support, and resources for the callers to the 24 hour crisis line. Our volunteers are trained utilizing the curriculum that is also provided for staff members and students who work with our agency.

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?

Information on services provided by the domestic violence advocates is organized and entered into the agency data collection system, iMIS. The compilation reports are run by calendar month, quarter, and annually.

2. When will the data be collected?

Data is entered weekly.

3. Who will collect and analyze the data?

Reports on services are reviewed regularly and at least monthly by the Executive Director. Director of Direct Services and the Board of Directors.

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

Name: Victoria W. Peay, LCSW Phone: (225) 389-3001 Email: vikki@stopdv.org

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

If there are any identified concerns or trends noted that indicate a problem, the Executive Director will work with the directors and staff to revise our strategy and redirect our resources. If funds are expended at a time other than anticipated, grant revisions will be submitted to keep the project accurate.

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.

CAFVIC is committed to providing Quarterly Progress Reports to the LA Commission on Law Enforcement as outlined in our grant guidelines. In addition, if there are adjustments made to the grant period and time frame, supplemental or additional reports will be provided as requested. The reports are reviewed by the Executive Director, the Director of Direct Services, the Grants Manager and the Director of Budget/Finance.

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.

United Way, Public Donations, Fundraising and other income

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.

The Capital Area Family Violence Intervention Center, Inc. is a two-story brick building which houses both the residential and nonresidential components. Staff offices and conference room, as well as a playroom, kitchen, dining room, TV room, laundry, three baths and bedroom and bath for the physically challenged residents are located on the ground floor. The second floor consists of 13 single bedrooms (accommodate one to two people); three double bedrooms (accommodates up to four people) and one bedroom that will accommodate up to five people. Also, on the second floor, is a small playroom, a telephone room, a TV room, a library, and two bath area which consist of nine commodes, six lavatories, six tubs and six showers.

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 6/29/10
2. Dates covered by last audit: 1/1/09 - 12/31/09
3. Date of next audit: 5/15/11
4. Dates to be covered by next audit: 1/1/10 - 12/31/10
5. Date next audit will be forwarded to LCLE: 7/1/11

☒ 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?

Agency completes background checks.

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.

Counselors will distribute compensation brochures to adult shelter residents, will refer qualified victims to the compensation program through the sheriff's claim investigator in the parishes this agency serves and will assist clients in completing necessary forms upon request.

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.

The CAFVIC, Inc. coordinates its services to victims of domestic violence with other agencies/offices serving the same population by regular meetings with all concerned., i.e. Clerk of Court, District Attorney, Sheriff's Department, Police Department, City Prosecutor, Family Court Judges, Criminal Court Judges, City Court Judges. This agency updates these offices monthly through our newsletter. In addition, all social services agencies are provided with the agency monthly newsletter updating our services/programs.

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 assisted by this agency are encouraged to report to law enforcement. Services of an advocate are made available to assist victims in the criminal justice system process.

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.

The Capital Area Family Violence Intervention Center, Inc. will comply with the Louisiana Child Proctection Act (R.S. 15:587.1) as appropriate.

BOBBY JINDAL
GOVERNOR

JOEY WATSON
EXECUTIVE DIRECTOR

State of Louisiana

Office of the Governor

Louisiana Commission on Law Enforcement and Administration of Criminal Justice

August 17, 2010

Ms. Martha Forbes
c/o Ms. Wanda Johnson
Executive Director
Capital District LEPC, Inc.
1406 South Range Ave., Ste. 5
Denham Springs, LA 70726-4801

RE: C10-5-009; Capital Area Family Violence Intervention Center, Inc.; "*Domestic Violence Program*"

Dear Ms. Forbes:

This office has received the above application. This application will be presented at the Victim Services Advisory Board and the Commission meetings, which are scheduled for September 15, and 16, 2010, respectively. The meetings will be held at the Shreveport Convention Center, 104 Market Street in Shreveport. Phone: (318) 698-0900. This application request is to continue the C09-5-008 project and is over $20,000; therefore, you are required to attend both the Victim Services Advisory Board and Commission meetings.

Based on the preliminary review of the referenced application, the following issues must be addressed and resolved by close of business (5:00 p.m.) on September 7, 2010. If these issues are not resolved, the application will **not** be presented at the September meetings. Please be advised that additional issues may arise between the agency review process and the Advisory Board/Commission meetings. If so, you will be given every opportunity and assistance to address and/or resolve any additional issues to avoid delaying the application to be presented.

1) Page 14; Problem Definition; Section 2: Lack of financial resources were named as the cause of the gap in community resources; however you did not explain what need is created by this cap in services/program. Please provide this information.
2) Pp. 16 (Activities/Methods) and 19 (Prior Results): Please provide additional information concerning the types of strategies being used to help the mothers reduce violent behavior on the part of the children; how often group and individual counseling sessions are conducted. In addition, on Page 19 describe how successful the project was in achieving prior goals and objectives; provide measurable outcomes achieved for the prior objectives. You stated the volunteers assisted the staff members and students who work with your agency; provide additional information in regard to the mothers and children who received those services. Finally, the specified timeframes for achieving the various components of the project stop at September 2010; the timeframe must cover the entire grant period.

Please submit your response to LCLE by close of business (5:00 p.m.) on Tuesday, September 7, 2010. All deficiencies named in this letter must be resolved and approved by LCLE staff in order to be presented to the Victim Services Advisory Board and Commission at the September meetings.

Sincerely,

Rutha Chatwood

Rutha Chatwood
Victim Services Program Manager

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