

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C11-5-009

APPLICANT: Capital Area Family Violence Intervention Center

PROJECT TITLE: Domestic Violence Program

PROJECT FUNDS :

FUND: \$ 70,000 80.00%

MATCH: \$ 17,500 20.00%

TOTAL: \$ 87,500 100.00%

PROJECT DURATION: 12 months

START DATE: 05/01/2011

END DATE: 04/30/2012

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 behavior 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) 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: C11-5-009 CVA Purpose Area:

<b>1. TITLE OF PROJECT</b> Domestic Violence Program		<b>2.</b> <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-5-009	
<b>3. PROJECT DURATION</b> Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 5/1/2011 Desired End Date: 04/30/2012		<b>4. PROJECT FUNDS</b> Federal Funds: \$70,000 Cash Match: \$17,500 In-Kind Match: Total Project: \$87,500	
<b>5A. APPLICANT AGENCY INFORMATION</b> Agency Name: Capital Area Family Violence Interventio Physical Address: 3730 St. Gerard Avenue City: Baton Rouge Zip: 70805-2832 Mailing Address: P. O. Box 52809 City: Baton Rouge Zip: 70892-2809 Phone: (225) 389-3001 FAX: (225) 358-3444 Email:		<b>5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY</b> Authorized Official: Martha Forbes Title: Executive Director Agency Name: Capital Area Family Violence Intervention Address: P.O. Box 52809 City: Baton Rouge Zip: 70892-2809 Phone: (225) 389-3001 FAX: (225) 358-3444 Email:	
Fed Employer Tax Id: 72 - 0986008 DUNS: 868708 - 355 CCR CAGENCEAGE: 4FLJO CCR Expiration Date: 4/23/2012			

<b>5. IMPLEMENTING AGENCY</b> Name: Martha Forbes Title: Executive Director Agency: Capital Area Family Violence In Address: P.O. Box 52809 City: Baton Rouge Zip: 70892-2809 Phone: (225) 389-3001 FAX: (225) 358-3444 Email: martha@stopdv.org	<b>7. PROJECT DIRECTOR</b> Name: Martha Forbes Title: Executive Director Agency: Capital Area Family Violence In Address: P.O. Box 52809 City: Baton Rouge Zip: 70892-2809 Phone: (225) 389-3001 FAX: (225) 358-3444 Email: martha@stopdv.org	<b>8. FINANCIAL OFFICER</b> Name: Martha Constant Title: Director of Budget and Finance Agency: Capital Area Family Violence In Address: P.O. Box 52809 City: Baton Rouge Zip: 70892-2809 Phone: (225) 389-3001 FAX: (225) 358-3444 Email: Finance@bwp.brcocmail.com
---	--	---

**3. 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.

2011 SEP 27 PM 12:41  
LA COMMISSION  
LAW ENFORCEMENT

CVA - 1

Revised JULY 2010

**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 type="checkbox"/>	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?	<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: Martha Constant Title: Director of Budget and Finance  
Phone: (225) 389-3001 Fax: (225) 358-3444 E-Mail: Finance@bwp.brcocmail.com

**PROJECT BUDGET SUMMARY**

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$63,489	\$15,872	\$0	\$79,361
SECTION 200. FRINGE BENEFITS	\$6,511	\$1,628	N/A	\$8,139
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
<b>TOTAL:</b>	<b>\$70,000</b>	<b>\$17,500</b>	<b>\$0</b>	<b>\$87,500</b>

**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:**

CVA - 2

Revised JULY 2010

**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
Nonresidential Advocate	Sandra Pearson	FT	\$2,971.92	100.00%	12.00	\$35,663.04	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child Advocate	Lisa Wilson	FT	\$2,416.86	55.00%	12.00	\$15,951.27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Volunteer Coordinator	Summer Swanson	FT	\$2,312.26	100.00%	12.00	\$27,747.12	<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"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$79,361.43		

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
			\$0.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$0.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$63,489
CASH MATCH	\$15,872
IN-KIND MATCH	
PERSONNEL TOTAL	\$79,361

**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 Volunteer Coordinator is needed to recruit, screen, schedule training and supervise 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 helping 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 this position.]

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

**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

EMPLOYEE'S NAME(S)					EMPLOYEE'S NAME(S) (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1. Sandra Pearson	.062		\$35,663	\$2,211	5.	.062			\$0
2. Lisa Wilson	.062		\$15,951	\$988	6.	.062			\$0
3. Summer Swanson	.062		\$27,747	\$1,720	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Sandra Pearson	.0145		\$35,663	\$517	5.	.0145			\$0
2. Lisa Wilson	.0145		\$15,951	\$231	6.	.0145			\$0
3. Summer Swanson	.0145		\$27,747	\$402	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTHLIFE INSURANCE	RATE	MONTHS	THE EMPLOYER'S PORTION	TOTAL	HEALTHLIFE INSURANCE	RATE	MONTHS	THE EMPLOYER'S PORTION	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
WORKMANS COMPENSATION	RATE		SALARY	TOTAL	WORKMANS COMPENSATION	RATE		SALARY	TOTAL
1. Sandra Pearson	0.024	2.	\$26,836	\$650	5.				\$0
2. Lisa Wilson	0.024	2.	\$12,003	\$290	6.				\$0
3. Summer Swanson	0.003	4.	\$20,879	\$71	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL
1. Sandra Pearson	0.022	5. CHECK TYPE:	\$7,700	\$173	5.		CHECK TYPE:		\$0
2. Lisa Wilson	0.022	5.	\$4,235	\$95	6.				\$0
3. Summer Swanson	0.022	5. <input type="checkbox"/> FUTA	\$7,700	\$173	7.		<input type="checkbox"/> FUTA		\$0
4.		<input checked="" 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: DISABILITY	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1. Sandra Pearson	0.0078		\$35,663	\$278	5.				\$0
2. Lisa Wilson	0.0078		\$15,951	\$124	6.				\$0
3. Summer Swanson	0.0078		\$27,747	\$216	7.				\$0
4.				\$0	8.				\$0
FRINGE BENEFITS TOTAL (A):				\$8,139	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): \$8,139

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$6,511
CASH MATCH	\$1,628
<b>TOTAL FRINGE BENEFITS</b>	<b>\$8,139</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.

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 Louisiana 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 specific support needs to help them leave their abusive partner. They need assistance from law enforcement and a place of safety, counseling and other support services from the Capital Area Family Violence Intervention Center, Inc. When victims of domestic violence contact our agency, they are usually in a state of crisis. When an individual is in crisis, their coping mechanisms are extremely strained. Our trained crisis line counselors assist victims to think through their current situation, identify options with them, and help them come up with a plan of action. 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 prevention specifically with this population.

Need: A Volunteer Coordinator insures coordinating well-trained competent volunteers to supplement service to victims of domestic violence; A full time 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 the gap in community resources and how the gap was identified. Explain what need is created by this gap in services/programs.

The 24 hour hotline provided through the Capital Area serves a seven parish area including Ascension, East and West Baton Rouge, East and West Feliciana, Iberville and Pointe Coupee. This hotline is recognized through the LCADV as the only official service provider for 24 hour hotline services for victims of domestic violence in this area, and by the DCFS, State of Louisiana. Without this crisis line, more than 2,000 victims of domestic violence, and other interested parties would not have 24 hour access to domestic violence services. In order to maintain this hotline, this grant is necessary to help fund the trained counselors on staff; to help coordinate and train the volunteers who also cover night and weekend shifts, and to assure that when a family enters the shelter, we have a trained children's advocate to provide services daily to the children.

This request for continuation funding is important for support of a vital service for the seven parish community that CAFVIC serves.

## 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.

Effective and expeditious direct services to victims of domestic violence through the following goals:

- 1: Staff 24-hour hotline with trained volunteers for at least 300 hours per month.
- 2: Maintain a wait time for crisis calls of less than 20 minutes before speaking directly with a counselor to less than (1) hour.
- 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.

## 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.

**Goal 1/Objective 1:** Train 30 people in crisis intervention, suicide/homicide and active listening to assist with the crisis line coverage.

**Objective 2:** Successful completion of role plays with trainees to assure skill development, program knowledge and application of training by 20 persons.

**Goal 2/Objective 1:** Assess the safety of the caller within one minute upon answering the call by asking direct questions of the caller.

**Objective 2:** If multiple calls are waiting, crisis calls will be prioritized ahead of resource, third party and other calls which will be returned within one hour.

**Goal 3/Objective 1:** Offer nurturing groups that focus on parenting information and healthy relationships for women staying in the shelter at least monthly.

**Objective 2:** Provide handouts, experiential exercises and discussion groups for parents of 200 children to teach methods of non-violent discipline, address aggressive behaviors and demonstrate alternative techniques such as time out, removal of privileges and family discussions.

## 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.

**Goal 1:** Staff 24-hour hotline with trained volunteers for at least 300 hours per month.  
**Objective 1:** Train 30 people in crisis intervention, suicide/homicide and active listening specifically to assist the crisis line coverage.

**Activity 1.1 -** Provide a 40 hour training sessions for potential volunteers for the crisis line by September 2011 and quarterly through April 2012.

**Activity 1.1a** Arrange with Volunteer Coordinator training pathway through internet, manual, class attendance and verification of participation prior to role play being completed.

**Objective 2:** Successful completion of role plays with trainees to assure skill development, program knowledge and application of training.

**Activity 1.2.** Maintain a roster of hotline crisis counselors - ongoing

**Activity 1.2a.** Maintain a monthly report indicating volunteer crisis line hours on a monthly basis by the fifth of the following month, and ongoing.

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

**Objective 1:** Assess the safety of the caller within one minute upon answering the call by asking direct questions of the caller.

**Activity 2.1:** Provide training for all who answer the agency phone on assessing for safety prior to assignment of phone duty.

**Activity 2.1a:** Monitor for problems and trends on the crisis line through feedback, survey of callers and observation - ongoing.

**Objective 2:** If multiple calls are waiting, crisis calls will be prioritized ahead of resource calls, third party calls and other calls with all to be returned within one hour.

**Activity 2.2.** Hire and maintain additional nonresidential counselor to staff crisis line during peak periods - ongoing

**Activity 2.2a.** Maintain a rotational system for additional crisis response counselors when lines are busy - ongoing

**Goal 3:** Provide group and individual counseling to 225 mothers and their children to develop strategies to reduce violent behavior on the part of the children.

**Objective 1:** Offer nurturing groups at least monthly that focus on parenting information and healthy relationships for women staying in the shelter.

**Activity 3.1.** Provide group opportunities for moms in the shelter to teach and discuss parenting methods that focus on nonviolence with their children including methods of non-violent discipline, address aggressive behaviors and demonstrate alternative techniques such as time out, removal of privileges and family discussions. Quarterly reports ongoing through April 2012.

**Activity 3.1a.** Hire and maintain additional children counselor to provide group sessions and individual counseling for mothers and children to reduce violent behavior by children.

**Objective 2:** Provide handouts, experiential exercises and discussion groups for parents of 200 children to teach methods of non-violent discipline, address aggressive behaviors and demonstrate alternative techniques such as time out, removal of privileges and family discussions.

**Activity 3.2.** Provide daily group sessions for children (Kids Zone) that focuses on: Building Self Respect; Teaches Hands are Not for Hitting; Focuses on Problem Solving without Violence; and Education about Domestic Violence. Track group counseling sessions to children on a monthly basis - ongoing. Quarterly reports ongoing through 2012.

**Activity 3.2a.** Provide opportunities for children to have individual counseling sessions with a counselor, and track counseling sessions on a monthly basis. Quarterly reports and ongoing through April 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 type="checkbox"/> Community-Based Organization                                       | <input type="checkbox"/> Prosecution  |
| <input type="checkbox"/> Court  | <input type="checkbox"/> Sexual Assault Program                                 |
| <input checked="" type="checkbox"/> Domestic Violence Program                               | <input type="checkbox"/> Sexual Assault State Coalition                         |
| <input type="checkbox"/> Domestic Violence State Coalition                                  | <input type="checkbox"/> Tribal Coalition                                       |
| <input type="checkbox"/> Dual Program (Sexual Assault and Domestic Violence)                | <input type="checkbox"/> Tribal Government                                      |
| <input type="checkbox"/> Dual State Coalition (Sexual Assault and Domestic Violence)        | <input type="checkbox"/> Tribal Sexual Assault and/or Domestic Violence Program |
| <input type="checkbox"/> Government Agency (Department of Human Services, Bureau of Health) | <input type="checkbox"/> Unit of Local Government                               |
| <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> University/School                                      |
| <input type="checkbox"/> Probation, Parole, or Other Correctional Agency                    | <input type="checkbox"/> Other (Specify):                                       |

Yes  No Is this a faith-based organization?

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

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

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

NAME: 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](http://www.lcle.la.gov/lavns).

### G. CRIME VICTIMS REPARATIONS (CVR)

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

NAME: 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.

The project worked as expected.

Crisis Line Counseling: Paid staff and volunteers.

- 36 volunteers were trained during the year to help with the crisis line. Of those 36 trained, 16 assisted with crisis calls between May 1, 2010 and April 30, 2011.

- 2280 hours were provided by volunteers to help cover the 24 hour crisis line during nights and weekends (MORE THAN A FULLTIME EQUIVALENT EMPLOYEE)

- More than 1600 crisis calls were taken by the crisis line counselor and volunteer counselors during the funding year. Other calls numbered more than 1700.

- 1367 volunteer hours were provided to the children's program during the project period.

Children's Counseling

- 1,814 group counseling sessions were provided during the funding year for children in the shelter

- 4,023 individual counseling sessions were provided during the funding year for children

- 38 groups sessions were help for moms about parenting and problem solving with their children

- 4,318 individual counseling sessions were provided for moms in the shelter

- 1367 volunteer hours were provided to the children's program during the project period

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. *Expenditure reports will also be submitted to LCLE.*

### 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:                        | 05/16/11              |
| 2. Dates covered by last audit:               | 01/01/2010-12/31/2010 |
| 3. Date of next audit:                        | 05/15/2012            |
| 4. Dates to be covered by next audit:         | 01/01/2011-12/31/2011 |
| 5. Date next audit will be forwarded to LCLE: | 07/01/2012            |

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 15:537.1) 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 Protection Act (R.S. 15:587.1) as appropriate.