LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C10-1-013

APPLICANT: Project Celebration, Inc.-dba PCI, Inc.

PROJECT TITLE: Domestic Violence Program

PROJECT FUNDS :

FUND:	$ 47,330	80.00%	
MATCH:	$ 11,833	20.00%	
TOTAL:	$ 59,163	100.00%	

PROJECT DURATION: 12 months

START DATE: 10/01/2010

END DATE: 09/30/2011

Continuation of C95-1-002

PROJECT SUMMARY:

Taylor House is a crisis shelter for victims of domestic violence. We serve women and their children who are leaving an abusive relationship and women from other areas who need to leave that area for their safety. In additional to safety, we provide shelter, clothing, basic necessities, counseling and advocacy. We accept and house women from other parishes.

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.
3. PRE-AWARD COSTS ALLOWABLE FROM 10/01/2010.
4. NO RELEASE OF FUNDS BY LCLE UNTIL PRIOR PROJECT C09-1-012 IS FINALIZED.
5. ALL TRAVEL EXPENDITURES MUST BE IN ACCORDANCE WITH STATE TRAVEL REGULATIONS.

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:** C10-1-013 **CVA Purpose Area:** 2

1. TITLE OF PROJECT

Taylor House Domestic Violence Program

2. ☐ **NEW PROJECT**

☐ **CONTINUATION PROJECT OF:** ~~C09-012~~ C09-1-012

3. PROJECT DURATION

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

Desired Start Date: 10/1/2010

Desired End Date: 9/30/2011

4. PROJECT FUNDS

Federal Funds:	47,330.00
Cash Match	$0
In-Kind Match:	11,833.00
Total Project:	**$59,163**

5A. APPLICANT AGENCY INFORMATION

Agency Name: Project Celebration, Inc.

Physical Address: 580 West Main St.

City: Many, LA Zip: 71449-

Mailing Address: same

City: Many, La. Zip: 71449-

Phone: (318) 256-6242 FAX: (318) 256-2064

Email: wecare1@bellsouth.net

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Margaret Basco

Title: Executive Director

Agency Name: Project Celebration, Inc.

Address: 580 West Main St.

City: Many, LA Zip: 71449-

Phone: (318) 256-6242 FAX: (318) 256-6242

Email: wecare1@bellsouth.net

Fed Employer Tax Id: 72 - 1144152 DUNS: 7929 - 7596 CCR CAGE/NCAGE: 4MJ21 CCR Expiration Date: 9/1/2012

6. IMPLEMENTING AGENCY

Name: Margaret Basco

Title: Executive Director

Agency: Project Celebration, Inc.

Address: 580 W. Main St.

City: Many, LA Zip: 71449-

Phone: (318) 256-6242 FAX: (318) 256-2064

Email: wecare1@bellsouth.net

7. PROJECT DIRECTOR

Name: Mitzi Harris

Title: Program Director

Agency: Project Celebration, Inc.

Address: 580 W. Main St.

City: Many, LA Zip: 71449-

Phone: (31) 256-6242 FAX: (31) 256-2064

Email: wecare1@bellsouth.net

8. FINANCIAL OFFICER

Name: Yvonne Hawkins

Title: Financial Director

Agency: Project Celebration, Inc.

Address: 580 W. Main St.

City: Many, LA Zip: 71449-

Phone: (31) 256-6242 FAX: (318) 256-2064

Email: wecare1@bellsouth.net

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

Taylor Houe is a crisis shelter for victims of domestic violence. We serve women and their children who are leaving an abusive relationship and women from other areas who need to leave that area for their safety. In addition to safety, we provide shelter, clothing,basic necessities, counseling and advocacy. We accept and house women from other parishes.

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: Yvonne Hawkins Title: Fiscal Director

Phone: (318) 256-6242 Fax: (318) 256-2064 E-Mail: wecare1@bellsouth.net

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$34,800	$0	$1,000	**$35,800**
SECTION 200. FRINGE BENEFITS	$3,825	$0	N/A	**$3,825**
SECTION 300. TRAVEL	$720	$0	$0	**$720**
SECTION 400. EQUIPMENT	$0	$0	$0	**$0**
SECTION 500. SUPPLIES	$600	$0	$10,833	**$11,433**
SECTION 600. CONTRACTUAL	$0	$0	N/A	**$0**
SECTION 700. RENOVATION COSTS	$0	$0	$0	**$0**
SECTION 800. OTHER DIRECT COSTS	$7,385	$0	$0	**$7,385**
TOTAL:	**$47,330**	**$0**	**$11,833**	**$59,163**

Provide Source of *Cash* Match:

Provide Source of *In-Kind* Match: Volunteers are for the operation of the shelter (phones etc.)
Donations of clothes, food and paper supplies for the residents of the shelter for their use.
Value determined : New items are valued at their retail price and used items are valued at 1/2 their retail price.

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
Adv.- Women's & Children's	Dinah Williams	FT	$1,450.00	100.00%	12.00	$17,400.00	☒	☐
Legal Advocate	Yvonne Hawkins	FT	$2,500.00	20.00%	12.00	$6,000.00	☒	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						$23,400.00	F = Fed Funds C = Cash Match	

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
Outreach Advocate	Donette Muse	PT	$9.50	50.00	50.00%	48.00	$11,400.00	☒	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							$11,400.00	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 will be used to answer the phone, provide advocacy and transportation and to assist in the overall operation of the shelter	200.00	$5.00	$1,000.00
			$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			$1,000.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	$34,800
CASH MATCH	
IN-KIND MATCH	$1,000
PERSONNEL TOTAL	**$35,800**

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:

Advocate- Women's & Children's Assistant- Each of the advocates are in need of assistance with reporting and helping with the group sessions as well as transporting clients to appointments etc. This is a salaried position and No overtime is allowed.

Legal Advocate: Assists residents at Taylor House in notarizing their protective orders, Forma Pauperis forms and other forms. Answers legal questions, and assists them with their legal papers, concerning: divorce, suits against them, community property, refers them to attorneys when necessary. This is a salaried position and no overtime is allowed.

outreach Advocate: is responsible for the day to day operation of the outreach offices in DeSoto & Redriver parishes. She provides advocacy to survivors of domestic violence and presents violence prevention information to schools and community organizations. it is a part-time hourly position. No overtime is required or allowed.

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

The Women's & children's assistant advocate's salary is determined by multiplying her monthly salary of $1,450 by 100% of her time spent in performing her duties by 12 months.

The Legal advocate's salary is determined by multiplying her monthly salary of $2,500 by 20% of her time x 12 months

The Outreach advocate's salary is determined by multiplying her hourly wage of $9.50 by 23 hours per week for 52.18 weeks per year. There is no overtime.

C) Project duties of each position requested:

Women's and children's assistant advocate.She assists the children's and woman's advocates in providing support services to the survivors of domestic violence, volunteer procurement and training and fundraising promotions. She provides transportation to survivors and asists with daily playgroups, and assists with personalized safety plans,

The outreach advocate provides crisis counseling and one-on-one counseling. She implements support groups to allow survivors of domestic violence an opportunity to share experiences and offer support and encouragement to the women in similar situations. She follows the guidelines set forth in the Quality Assurance Standards set by OWP.

The legal advocate will oversee the completion of the protective orders, notarize their signatures so they do not have to leave the safety of the shelter to file their papers, will attend hearings and court appearanaces with the residents at their request, attend group sessions to answer questions. She will also research any questions and asssist them in obtaining the services of LSNL or a pro-bono attorney.

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 assistant advocate has held that same position for a year and was originally hired for that position.

The Outreach advocate was hired to serve in this position one year ago.

The legal advocate's position is not a new position, she has held this position for seven year

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. Dinah Williams	.062		$17,400	$1,078	5.	.062			$0
2. Yvonne Hawkins	.062		$6,000	$372	6.	.062			$0
3. Donette Muse	.062		$11,400	$706	7.	.062			$0
4.	.062			$0	8.	.062			$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Dinah Williams	.0145		$17,400	$252	5.	.0145			$0
2. Yvonne Hawkins	.0145		$6,000	$87	6.	.0145			$0
3. Donette Muse	.0145		$11,400	$165	7.	.0145			$0
4.	.0145			$0	8.	.0145			$0
HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1. Dinah Williams	0.034		$17,400	$591	5.				$0
2. Yvonne Hawkins	0.033		$6,000	$198	6.				$0
3. Donette Muse	0.033		$11,400	$376	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):	$3,825				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): $3,825

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$3,825
CASH MATCH	
TOTAL FRINGE BENEFITS	$3,825

SECTION 300. TRAVEL

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

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH F	C	IK
NAME: Dinah Williams TITLE: Women's and Children's Assistant Advocate PURPOSE: Transport clients and conduct business for the shelter	$0.48	750.00	$360.00	☒	☐	☐
NAME: Donette Muse TITLE: Outreach Advocate PURPOSE: perform duties of the outreach advocate	$0.48	750.00	$360.00	☒	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
		SUBTOTAL FOR LOCAL TRAVEL:	$720.00	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: FROM	TO	PAID WITH F	C	IK
NAME: TITLE: PURPOSE:				☐	☐	☐
NAME: TITLE: PURPOSE:				☐	☐	☐
NAME: TITLE: PURPOSE:				☐	☐	☐

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH F	C	IK
NAME:			$0.00							$0.00	☐	☐	☐
NAME:			$0.00							$0.00	☐	☐	☐
NAME:			$0.00							$0.00	☐	☐	☐
									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	$720
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	$720

SECTION 500. SUPPLIES

SECTION A: List items within this category by major type; e.g., office supplies (pens, pencils, paper, etc.), postage, blank cassette tapes, etc. Include tax and shipping costs in Unit Price. If office supplies average $50 per month or less, i.e., $600 for a 12-month grant period, do not itemize items. List as "Basic Supply Allowance" under "Type" and the dollar amount under "Total Cost". Please refer to application instructions for direction.

TYPE OF SUPPLIES	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH F	C	IK
Basic Supply Allowance	1.00	$600.00	$600.00	☒	☐	☐
			$0.00	☐	☐	☐
Supplies donated to the shelter, new and used	1.00	$10,833.00	$10,833.00	☐	☐	☒
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
SUBTOTAL OF SECTION A SUPPLIES:			$11,433.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

A) Need for and use of each major supply type requested:

For the smooth operation of the shelter

In kind match: donations from the community , businesses and clubs etc. The new items are valued at retail value and the used items are valued at 1/2 retail value.

B) Its relationship to this project.

Direct Services

SECTION 500. SUPPLIES (Continued)

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

TYPE	TITLE OF PUBLICATIONS/FILMS	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH F	C	IK
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
SUBTOTAL OF SECTION B SUPPLIES:				$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

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

N/A

SECTION 500. SUPPLIES SUMMARY	
FEDERAL FUNDS	$600
CASH MATCH	
IN-KIND MATCH	10833.00
SUPPLIES TOTAL	$11,433

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
Utilities	28% of Total cost (19,523.00)	11.00	$456.84	$5,025.24	☒	☐	☐
Utilities		1.00	$459.76	$459.76	☒	☐	☐
Insurance, Liability	10% of total insurance	11.00	$158.34	$1,741.74	☒	☐	☐
Ins.		1.00	$158.26	$158.26	☒	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
SUBTOTAL OF OTHER DIRECT COSTS:				$7,385.00			

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

BRIEFLY EXPLAIN:

A) Need for each type listed; and

Utilities are a necessary part of providing direct services to our survivors. This fund will pay 28% of the utilities and 10% of the insurance costs.

Insurance (liability) is required by law to cover our residents.

B) Its relationship to project.

Both utilities and insurance are necessary to keep our shelter open for direct services to survivors.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	$7,385
CASH MATCH	
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	$7,385

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.

During the month of August 2010, two women were shot and killed in DeSoto Parish.(newspapers, TV and radio) This shows a need for more domestic violence outreach in that parish, specifically. 137women and children were in need of safe shelter and our other services during last year.

Taylor House is the only crisis shelter in a five parish area. The need is great. Louisiana has, as of last month gone to the top of the national list for the number of domestic violence murders. (CNBC)

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

Education of the general population and a change in belief's that the women and children are the property of the male of the household. Guns are plentiful and easy to obtain for the general population. You have the belief and the opportunity to kill the partner if the partner does not agree with the abuser in the household.

At this time we are not able to meet all of the needs of the survivors who visit our shelter. It is necessary that we provide our residents with the services they need. They often request services that we are not yet able to provide, however are attempting to meet all of their needs with added personnel and funds.

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.

We expect the outreach advocate to touch the lives women who are being battered, and assure them that they have a safe place to go and we will be able to offer them services that will help them and their children survive without having to submit to this treatment and on their own.

Domestic Violence information will be desiminated through out the 5 parish area to spread the word about services for domestic violence victims and how to report crimes against them, who to report them to and how to assist the against victims with theit needs.

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:
Objective1. The outreach advocate and assistant Women's and children's advocate will provide 20 victims with services such as telephone assistance/support, crisis assessment/stabilization, provide referrals for legal assistance, and individual group therapy.

Objective 2. 20 victims served will demonstrate service satisfaction, knowledge of dynamics of violence and knowledge of where to receive information and /or services demonstratied by post service survey.

Goal 2:
Objective 3: The outreach advocate and assistant advocate will promote community knowledgte of prevention, intervention and the dynamics of domestic violence by facilitating at least 8 media presentations, (newspaper,radio and information booths) and at least 10 presentations to schools and community meetings and trainings.

Objective 4: The outreach advocate and assistant advocate will demonstrate increased knowledge by collecting pre and post surveys of which at least 50 respondents will indicate further knowledge of what constitutes violence and where to refer individuals in need of our services.

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 l:
Objective 1: Advocate and assistant will provide personal assistance, advocacy, counseling, therapy, referrals and follow-up to 20 victims of domestic violence by accompaning them to the clerk's office to file papers, and going with them to court, finding them a safe haven, making appointments with agencies that assist in rents, utilities, foodstamps, etc. (From 10/1/10-9/30/11)

Objective 2: Advocate and assistant will participate in media broadcasts, will distribute brochures of services, posting safety notices in women's rest rooms, and will participate in all festivals etc. by putting up a booth and talking to people who walk by the booth.
(Whenever these opportunities arise during the funding year)

Objecative 3: Advocate and assistant will contact the media and set up interviews with the media to desiminate information of domesic violence and services available. (10/1/10-9/30/11)

Objective 4: Advocate and assistant will fill the requests of the schools to provide the research based programs on domestic violence and its prevention (all five parishes, 10/1/10-9/30/11)

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: Mitzi Harris PHONE: (318) 256-3408 EMAIL: wecare1@bellsouth.n et

☒ 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: The Counselor/advocate provided more than 83 victims with a total of over 740 different services.

Objective 2: 80 victims used services outside our agency that were suggested by the counselor/advocate which indicates approval.

Objective 3: The counselor/advocate made 22 presentations to schools, churches, law enforcement, community meetings, etc.

Objective 4: 25 Respondents from the community indicated that they were more knowledgable about domestic violence and referral procedures than before our counselor/advocate's training.

2. Did the project work as expected? Explain.

The project worked as we expected it to , there are areas that can be improved however.

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?

We will basically continue our outreach efforts and legal assistance, with some improvements and additional personnel.

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?

The data will be collected from the persons who receive services from the domestic violence program. The forms are included in this application.

2. When will the data be collected?

At the intake, sign in sheets, when presentaitons are made.

3. Who will collect and analyze the data?

The employee who gathers the information.

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

Name: Dinah Williams Phone: (318) 256-3408 Email: wecare1@bellsouth.net

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

A staff meeting will be held to discuss the future of the program and how it can be improved.

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

The Louisiana Commission on Law Enforcement will receive Quarterly Progress Reports and Monthly expenditure reports.
The Taylor House Advisory Board will receive the financial report and progress reports.
The office of women's policy will receive the information on the quarterly progress reports.

J. CONTINUATION

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

Private funding sources as well as other federal funding opportunities.

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 Police Jury of DeSoto parish is providing a building to use as an outreach office, and is furnishing it along with providing utilities for the program.

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 6/30/09
2. Dates covered by last audit: 7/1/08-6/30/09
3. Date of next audit: 6/30/10
4. Dates to be covered by next audit: 7/1/09-6/30/10
5. Date next audit will be forwarded to LCLE: 11/1/10

☐ 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?

described on page 2 and 3 of this grant application

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.

All survivors are given a card with the Crime victims reparations representatives name and phone number. They are provided with a brochure with the information they need to fill out the application. The advocate then checks with the CVRP to see the results of the contact.

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 DV advocate works with the Sabine Parish Sheriff's office, Many Police Department, Crime victims reparations office, the District Attorney's office, The clerk of court and other service providers as they are needed to meet the needs of the survivors.

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.

Each victim who is served by our domestic violence program is encouraged to report the violence to Law Enforcement. The phone number is supplied and usually the advocate goes with the survivor to file the report and will accompany the victim to court when the charge is heard.

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.

All applicants will comply with the Louisiana Child Protection Act (LRS 15:587)