LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C11-1-010

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

PROJECT TITLE: Domestic Violence Program

PROJECT FUNDS :

FUND:	$	56,330	80.00%	PROJECT DURATION:	12 months
MATCH:	$	14,083	20.00%	START DATE:	10/01/2011
TOTAL:	$	70,413	100.00%	END DATE:	09/30/2012

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 addition 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.

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: C11-1-010 CVA Purpose Area: 2

1. TITLE OF PROJECT
DOMESTIC VIOLENCE PROGRAM

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: C10-1-013

3. PROJECT DURATION
Total Length: 12 Months (*Not to exceed 12 Months*)
Desired Start Date: 10/1/2011
Desired End Date: 9/30/2012

4. PROJECT FUNDS

Federal Funds:	$56,330
Cash Match	
In-Kind Match:	$14,083
Total Project:	$70,413

2011 SEP 26 PM 3:35 LA COMMISSION LAW ENFORCEMENT

5A. APPLICANT AGENCY INFORMATION
Agency Name: PROJECT CELEBRATION INC.
Physical Address: 580 W MAIN ST
City: MANY Zip: 71449-
Mailing Address: 580 W MAIN ST
City: MANY Zip: 71449-
Phone: (318) 256-6242 FAX: (318) 256-2064
Email: pcelebration@bellsouth.net

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: MARGARET BASCO
Title: EXECUTIVE DIRECTOR
Agency Name: PROJECT CELEBRATION
Address: 580 W MAIN ST
City: MANY Zip: 71449-
Phone: (318) 256-6242 FAX: (318) 256-2064
Email: pcelebration@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 Zip: 71449-
Phone: (318) 256-6242 FAX: (318) 256-2064
Email: pcelebration@bellsouth.net

7. PROJECT DIRECTOR
Name: MITZI HARRIS
Title: PROGRAM DIRECTOR
Agency: PROJECT CELEBRATION INC
Address: 580 W MAIN ST
City: MANY Zip: 71449-
Phone: (318) 256-6242 FAX: (318) 256-2064
Email: pcelebration@bellsouth.net

8. FINANCIAL OFFICER
Name: YVONNE HAWKINS
Title: FINANCIAL DIRECTOR
Agency: PROJECT CELEBRATION INC
Address: 580 W MAIN ST
City: MANY Zip: 71449-
Phone: (318) 256-6242 FAX: (318) 256-2064
Email: pcelebration@bellsouth.net

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

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 ADDITION TO SAFETY, WE PROVIDE SHELTER, CLOTHING, BASIC NECESSITIES, COUNSELING AND ADVOCACY. OUTREACH AND EDUCATION SERVICES ARE ALSO PROVIDED TO OUR SERVICE AREAS.

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	$39,400	$0	$1,000	$40,400
SECTION 200. FRINGE BENEFITS	$6,033	$0	N/A	$6,033
SECTION 300. TRAVEL	$2,181	$0	$0	$2,181
SECTION 400. EQUIPMENT	$0	$0	$0	$0
SECTION 500. SUPPLIES	$1,331	$0	$13,083	$14,414
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:	$56,330	$0	$14,083	$70,413

Provide Source of *Cash* Match:

Provide Source of *In-Kind* Match: Community and business donated supplies needed for operation.

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
Children's Advocate	Ezra Glover	FT	$778.33	100.00%	12.00	$9,339.96	☒	☐
Women's Advocate	Tommie J. Rivers	FT	$234.50	100.00%	12.00	$2,814.00	☒	☐
Legal Advocate	Yvonnie Hawkins	FT	$500.33	100.00%	12.00	$6,003.96	☒	☐
Advocate Assistance	Becky Ellion	FT	$684.49	100.00%	12.00	$8,213.88	☒	☐
Outreach Advocate		FT	$784.23	100.00%	12.00	$9,410.76	☒	☐
Evening Manager	Betty Wolfe	FT	$100.50	100.00%	12.00	$1,206.00	☒	☐
Night Manager	Ann Moore	FT	$100.50	100.00%	12.00	$1,206.00	☒	☐
Weekend Manager	Jerri Walker	FT	$100.50	100.00%	12.00	$1,206.00	☒	☐
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						$39,400.56	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
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	$39,400
CASH MATCH	
IN-KIND MATCH	$1,000
PERSONNEL TOTAL	$40,400

SECTIC .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:

Children's Advocate - To provide direct services such as groups and individual sessions. Salaried Position and no overtime allowed.
Women's Advocate - Provides individual advocacy, legal advocacy, groups, parenting, housing and job seeking assistance, and safety planning. Salaried position with no overtime.
Legal Advocate - Assists residents in notorizing protective orders, form completion assistance, answer 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 positiom nd no overtime is allowed.
Outreach Advocate - Responsible for the day to day operation in Desoto & Redriver Parishes. She provides advocacy to survivors of domestic violence prevention information to schools and community organizations. Part-time hourly position with no overtime.
Assistant Advocate - Assists each of the advocates with overflow of duties regarding form completions, aids in group sessions, transportation of clients, and reporting. Salaried position with no overtime.

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

The positions are paid based on job qualifications, experience in the field, and willingness to perform duties.

C) Project duties of each position requested:

Children's Advocate - To provide direct services such as groups and individual sessions. Salaried Position and no overtime allowed.
Women's Advocate - Provides individual advocacy, legal advocacy, groups, parenting, housing and job seeking assistance, and safety planning. Salaried position with no overtime.
Legal Advocate - Assists residents in notorizing protective orders, form completion assistance, answer 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 positiom nd no overtime is allowed.
Outreach Advocate - Responsible for the day to day operation in Desoto & Redriver Parishes. She provides advocacy to survivors of domestic violence prevention information to schools and community organizations. Part-time hourly position with no overtime.
Assistant Advocate - Assists each of the advocates with overflow of duties regarding form completions, aids in group sessions, transportation of clients, and reporting. Salaried position with no overtime.

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 is new because the original person filling this position has gone back to school to further education.
The outreach advocate position will be filled.
All other positions are existing personnel.

SECT. . 200. FRINGE BENEFITS (Employer's S. : 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. Ezra Glover	.062		$9,324	$578	5. Outreach Advocate	.062		$9,396	$582
2. Tommie J. Rivers	.062		$2,880	$178	6. Betty Wolfe	.062		$1,200	$74
3. Yvonne Hawkins	.062		$6,000	$372	7. Ann Moore	.062		$1,200	$74
4. Becky Elliot	.062		$8,200	$508	8. Jerrie Walker	.062		$1,200	$74
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Ezra Glover	.0145		$9,324	$135	5. Outreach Advocate	.0145		$9,396	$136
2. Tommie J. Rivers	.0145		$2,880	$41	6.	.0145		$1,200	$17
3. Yvonne Hawkins	.0145		$6,000	$87	7. Ann Moore	.0145		$1,200	$17
4. Becky Elliot	.0145		$8,200	$118	8. Jerrie Walker	.0145		1200.	$17
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. Ezra Glover	0.033		$9,324	$307	5. Outreach Advocate	0.033		$9,396	$310
2. Tommie J. Rivers	0.033		$2,880	$95	6. Betty Wolfe	0.033		$1,200	$39
3. Yvonne Hawkins	0.033		$6,000	$198	7. Ann Moore	0.033		$1,200	$39
4. Becky Elliot	0.033		$8,200	$270	8. Jerrie Walker	0.033		$1,200	$39
UNEMPLOYMENT TAX Based on first $7000 or Less	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first $7000 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: dental & vision ins.	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1. Ezra Glover	0.05		$9,324	$466	5. Outreach Advocate	0.04		$9,396	$375
2. Tommie J. Rivers	0.14		$2,880	$403	6. Betty Wolfe	0.01		$1,200	$12
3. Yvonne Hawkins	0.02		$6,000	$120	7. Ann Moore	0.01		$1,200	$12
4. Becky Elliot	0.04		$8,200	$328	8. Jerrie Walker	0.01		$1,200	$12
			FRINGE BENEFITS TOTAL (A):	$4,204				FRINGE BENEFITS TOTAL (B):	$1,829

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

Fringe Benefits Total (A+B): $6,033

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$6,033
CASH MATCH	
TOTAL FRINGE BENEFITS	$6,033

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: Tommie J. Rivers TITLE: Women's Advocate PURPOSE: Transport residents and conduct shelter business	$0.48	1,792.00	$860.16	☒	☐	☐
NAME: TITLE: Outreach Advocate PURPOSE: Job duties of the outreach advocate	$0.48	1,792.00	$860.16	☒	☐	☐
NAME: Ezra Glover TITLE: Women's Advocate PURPOSE: Access services	$0.48	960.42	$461.00	☒	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
		SUBTOTAL FOR LOCAL TRAVEL:	$2,181.32	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	$2,181
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	$2,181

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 shelter new and used	1.00	$13,083.00	$13,083.00	☐	☐	☒
			$0.00	☐	☐	☐
Cases of copy paper for handouts and group sessions	10.00	$32.00	$320.00	☒	☐	☐
Ink catridges for copier and office printers	6.00	$38.00	$228.00	☒	☐	☐
Folders, binders, journals, craft supplies for groups	1.00	$183.00	$183.00	☒	☐	☐
			$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:			$14,414.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

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

Smooth operation of shelter.

"In kind" match: donations from communities, businesses, and clubs. 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.:

SECTION 500. SUPPLIES SUMMARY	
FEDERAL FUNDS	$1,331
CASH MATCH	
IN-KIND MATCH	$13,083
SUPPLIES TOTAL	$14,414

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	11.00	$456.84	$5,025.24	☒	☐	☐
utilities		1.00	$459.76	$459.76	☒	☐	☐
insurance liability	10% of total insurance	11.00	$172.73	$1,900.03	☒	☐	☐
				$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:	$7,385.03	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.

Louisiana ranks number 1 in the nation in homicides due to domestic violence with the parishes we serve certainly no exception. The Taylor House Domestic Violence Shelter (shelter is under the umbrella agency known as Project Celebration, Inc.) served 120 victims of domestic violence last calendar year. Sabine and DeSoto Parishes served by Taylor House has experienced deaths due to family violence firsthand and in fact served surviving members of the families affected. Limited resources in our rural community and space available at the shelter make the need even greater especially when surrounding communities are unable to serve their victims due to capacity issues and we receive their overflow. The rural area also makes services more difficult to facilitate due to the travel needed to secure housing and employment seeking opportunities. Housing is simply unavailable in many parts of our area, thus increasing the travel distance to find safe housing options.

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 public and a change in beliefs in domestic violence as a whole is essential in a community where the rural demographics and cultural aspect tend to manifests itself in domestic violence situations. The lack of knowledge about services available leave victims stagnant in their situations and environment.

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.

Goal 1: Provide a Safe Place for victims of domestic violence and their children.

Goal 2: Provide community and interagency awareness of domestic violence issues.

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: Services to 20 victims will be provided.
Goal 1 Objective 2: 20 victims served will demonstrate service satisfaction with post service surveys.

Goal 2 Objective 1: Promote community knowledge of intervention services by facilitating 10 community presentations.
Goal 2 Objective 2: Distribution of handouts containing healthy relationship development, crisis intervention, and statistics about domestic violence.

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.

Obj. 1: Advocate and assistant will provide personal assistance, advocacy, counseling, therapy, referrals and follow-up to 20 victims of domestic violence by accompanying them to the clerk's office to filepapers, and going with them to court, finding them a safe haven, making appointments with agencies that assist in rents, utilities, foodstamp, etc.

Obj 2: Advocate and assistant will participate in media broadcasts, will distribute brochures of services, positing 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.

Obj 3: Advocate and assistant will contact the media and set up interviews with the media to desiminate information of domestic violence and services available.

Obj 4: Advocate and assistant will fill the requests of the schools to provide the research based programs on domestic violence and its prevention in service areas.

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: pcelebration@bellsouth.net

☒ 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. JOR RESULTS (For Continuation Project aly)

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.)

The counselor/advocate provided 161 victims with 1,371 services.

112 presentations were made to schools, churches, law enforcement, community meetings, etc.

2. Did the project work as expected? Explain.

The project worked as we wexpected it to.

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. EV UATION AND DISSEMINATION OF REI 'TING

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 and all forms are included in the application.

2. When will the data be collected?

Upon intake, during presentations, and at different intervals during the course of services.

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: Ezra Glover 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 QPR's and Monthly expenditure reports. The Taylor House Advisory Board will receive the financial report and progress reports. The DCFS will receive the information on monthly 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 6/30/2010
2. Dates covered by last audit: 7/1/2009-6/30/2010
3. Date of next audit: 11/01/2011
4. Dates to be covered by next audit: 7/1/2010-6/30/2011
5. Date next audit will be forwarded to LCLE: 12/11/2011

☐ 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 #. They are provided with a brochure with the information they need to fill out the application. The advocate then checks wit 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)