

**LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE**

**APPLICATION AND REVIEW
SUMMARY**

APPLICATION NUMBER: M10-8-014

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

PROJECT TITLE: Domestic Violence Program

PROJECT FUNDS :

FUND: \$ 15,117 100.00%

MATCH: \$ 0 0.00%

TOTAL: \$ 15,117 100.00%

PROJECT DURATION: 12 months

START DATE: 05/01/2011

END DATE: 04/30/2012

Continuation of M99-8-015

PROJECT SUMMARY:

To assist mothers residing in shelter by helping the children understand and better manage various behaviors that result, due to witnessing and/or experiencing abuse. It will also provide information on protection and introduce skills to prevent future physical and emotional abuse.

RECOMMENDATION : FUND X DENY

SPECIAL CONDITIONS :

1. 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**

**S.T.O.P. VIOLENCE AGAINST
WOMEN FORMULA GRANT
PROGRAM**

CFDA #16.588

FOR LCLE USE ONLY: Project ID: M09-8-014 VAWA Purpose Area: 5

1. TITLE OF PROJECT Domestic Violence Program	2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: <u>M09 - 8 - 014</u>
3. PROJECT DURATION Total Length: <u>12</u> Months (Not to exceed 12 Months) Desired Start Date: <u>5/1/2011</u> Desired End Date: <u>4/30/2012</u>	4. PROJECT FUNDS Federal Funds: <u>15,117</u> Cash Match In-Kind Match: Total Project: <u>\$15,117</u>
5A. APPLICANT AGENCY INFORMATION Agency Name: Taylor House d/b/a 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: wecare1@bellsouth.net	5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Margaret Basco Title: Executive Director Agency Name: Project Celebration Inc Address: 580 W Main St City: Many Zip: 71449- Phone: (318) 256-6242 FAX: (318) 256-2064 Email: wecare1@bellsouth.net
Fed Employer Tax id: <u>72 - 1144152</u> DUNS: <u>792987596 -</u> CCR CAGE/CAGE: <u>4MJ21</u> CCR Expiration Date: <u>7/27/2011</u>	

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: wecare1@bellsouth.net	7. PROJECT DIRECTOR Name: Mitzi Harris Title: Program Director Agency: Taylor House dba P.C.I. Address: 580 W Main St City: Many Zip: 71449- Phone: (318) 256-3408 FAX: (318) 256-9284 Email: therishope3249@bellsouth.net	8. FINANCIAL OFFICER Name: Yvonne Hawkins Title: Fiscal Director Agency: Project Celebration Address: 580 W Main St City: Many Zip: 71449- Phone: (318) 256-6242 FAX: (318) 256-2064 Email: wecare1@bellsouth.net
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9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)
Both women and children are affected by domestic violence. It has been proven that children who witness violence between one's parents or caretaker is the strongest risk factor of transmitting violent behavior from one generation to the next. Within Sabine and Desoto parish there has been an increase in teenage dating violence. More and more young adults are coming forward disclosing information about relationship abuse. Currently there is only one shelter serving both parishes. Taylor House Shelter is open 24 hours a day, 7 days a week to assist with any domestic violence situation. All staff are highly qualified persons who operate under the guidelines set by the Quality Assurance Standards by DCFS.

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LA COMMISSION
ON LAW ENFORCEMENT

VAWA PURPOSE AREAS

Check the VAWA Purpose Area(s) that this project will address. You will be required to report performance on each chosen purpose area.

- 1. Training law enforcement officers, judges, other court personnel, and prosecutors to more effectively identify and respond to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence.
- 2. Developing, training, or expanding units of law enforcement officers, judges, other court personnel, and prosecutors specifically targeting violent crimes against women, including sexual assault and domestic violence.
- 3. Developing and implementing more effective police, court, and prosecution policies, protocols, orders, and services devoted to preventing, identifying, and responding to violent crimes against women, including the crimes against women, including sexual assault and domestic violence.
- 4. Developing, installing, or expanding data collection and communication systems, including computerized systems, linking police, prosecutions, and the courts or for the purpose of identifying and tracking arrests, protection orders, violations of protection orders, prosecutions, and convictions for violent crimes against women, including the crimes of sexual assault and domestic violence, including the reporting of such information to the National Instant Criminal Background Check System.
- 5. Developing, enlarging, or strengthening victim services programs, including sexual assault and domestic violence, and dating violence programs; developing or improving the delivery of victim services to underserved populations; providing specialized domestic violence court advocates in courts where a significant number of protection orders are granted; and increasing reporting and reducing attrition rates for cases involving violent crimes against women, including sexual assault and domestic violence.
- 6. Developing, enlarging, or strengthening programs addressing stalking.
- 7. Developing, enlarging, or strengthening programs addressing the needs and circumstances of Indian tribes dealing with violent crimes against women, including the crimes of sexual assault and domestic violence.
- 8. Supporting formal and informal statewide, multi-disciplinary efforts, to the extent not supported by state funds, to coordinate the response of state law enforcement agencies, prosecutors, courts, victim services agencies, and other state agencies and departments, to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence.
- 9. Training of sexual assault forensic medical personnel examiners in the collection and preservation of evidence, analysis, prevention, and providing expert testimony and treatment of trauma related to sexual assault.
- 10. Developing, enlarging, or strengthening programs to assist law enforcement, prosecutors, courts, and others to address the needs and circumstances of older and disabled women who are victims of domestic violence or sexual assault, including recognizing, investigating, and prosecuting instances of such violence of assault and targeting outreach and support, counseling, and other victim services to such older and disabled individuals.
- 11. Providing assistance to victims of domestic violence and sexual assault in immigration matters.
- 12. Maintaining core victim services and criminal justice initiatives while supporting complementary new initiatives and emergency services for victims and their families.
- 13. Provide for special victim assistants in law enforcement agencies to serve as liaisons between victims and law enforcement in order to improve the enforcement of protection orders. (Jessica Gonzales Victim Assistants)
- 14. Improving responses to police-perpetrated domestic violence. (Crystal Judson Domestic Violence Protocol Program)

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, enter the percentage of STOP funds directed to each area that this project will address.

CHECKLIST:

Are all budgeted items allowable per Program Guidelines?	YES: <input checked="" type="checkbox"/>	NO: <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 in each budget section.
 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 CATEGORY	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100 PERSONNEL	\$10,836	\$0	\$0	\$10,836
SECTION 200 FRINGE BENEFITS	\$1,263	\$0	N/A	\$1,263
SECTION 300 TRAVEL	\$2,016	\$0	\$0	\$2,016
SECTION 400 EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500 SUPPLIES	\$502	\$0	\$0	\$502
SECTION 600 CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 800 OTHER DIRECT COSTS	\$500	\$0	\$0	\$500
TOTAL:	\$15,117	\$0	\$0	\$15,117

Provide Source of Cash Match:

Provide Source of In-Kind Match:

USE OF STOP FUNDS IN PERCENTAGES

Type of Victimization Served:	Percentage of STOP Funds Used:
Sexual Assault	
Domestic Violence/Dating Violence	100%
Smoking	
Total (must equal 100 percent)	100%

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
Childrens Advocate	Ezra Glover	FT	\$2,475.00	4.04%	12.00	\$1,199.88	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Womens Advocate	Tommic J. Rivers	FT	\$1,700.00	17.82%	12.00	\$3,635.28	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Weekend Manager	Jerric Walker	FT	\$1,660.00	6.02%	12.00	\$1,199.18	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Night Manager	Anquinette Moore	FT	\$1,660.00	6.02%	12.00	\$1,199.18	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evening Manager	Betty Wolfe	FT	\$1,525.00	6.57%	12.00	\$1,202.31	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Asst Womens Advocate	Dinah Williams	FT	\$1,450.00	13.79%	12.00	\$2,399.46	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$10,835.29		

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"/>
							\$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	\$10,836
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	\$10,836

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:

no overtime is allowed. Employees provide the services as outlined in grant application.

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

The salary of the employees covered by this funding source is determined by the Executive Director based on level of education, experience in domestic violence and available funding.

C) Project duties of each position requested:

The womens and childrens advocate will complete plans and conduct group and individual sessions, documentation, file upkeep and reporting. They will follow DCFS standards. They will also interface with the mother of the child as part of the therapy plan and provide intervention for child. They shift managers will be responsible for the welfare of all residents and report thereof to the funding source.

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 is moved must be filled. If employee is the same from the previous grant, indicate if the employee was originally hired for that position.]

The child advocate has been in place since September 2008.
Womens advocate since April 2009.
Night shift and weekend manager for 13 years.
Asst womens advocate/data employed since February 2010.

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 E. Glover	.062		\$1,200	\$74	5 B. Woolfe	.062		\$1,200	\$74
2 T. Rivers	.062		\$3,636	\$225	6 D. Williams	.062		\$2,400	\$148
3 J. Walker	.062		\$1,200	\$74	7				\$0
4 A. Moore	.062		\$1,200	\$74	8				\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1 E. Glover	.0145		\$1,200	\$17	5 B. Woolfe	.0145		\$1,200	\$17
2 T. Rivers	.0145		\$3,636	\$52	6 D. Williams	.0145		\$2,400	\$34
3 J. Walker	.0145		\$1,200	\$17	7				\$0
4 A. Moore	.0145		\$1,200	\$17	8				\$0
HEALTH LIFE INSURANCE	RATE	MONTHS	TIME DEPOSITED TO PROJECT	TOTAL	HEALTH LIFE INSURANCE	RATE	MONTHS	TIME DEPOSITED TO PROJECT	TOTAL
1 E. Glover	30.40	12.00	4.04%	\$14	5 B. Woolfe	30.40	12.00	6.57%	\$23
2 T. Rivers	30.40	12.00	17.82%	\$65	6 D. Williams	30.40	12.00	13.79%	\$50
3 J. Walker	30.40	12.00	6.02%	\$21	7				\$0
4 A. Moore	30.40	12.00	6.02%	\$21	8				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1 E. Glover	0.023		\$1,200	\$27	5 B. Woolfe	0.023		\$1,200	\$27
2 T. Rivers	0.023		\$3,636	\$83	6 D. Williams	0.023		\$2,400	\$55
3 J. Walker	0.023		\$1,200	\$27	7				\$0
4 A. Moore	0.023		\$1,200	\$27	8				\$0
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL
1		CHECK TYPE:		\$0	5		CHECK TYPE:		\$0
2				\$0	6				\$0
3		<input type="checkbox"/> FLTA		\$0	7		<input type="checkbox"/> FLTA		\$0
4		<input type="checkbox"/> SLTA		\$0	8		<input type="checkbox"/> SLTA		\$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)				\$835	FRINGE BENEFITS TOTAL (B):				\$428

PLEASE LIST, BY WORK TYPE, ALL EIGHT EMPLOYEES CHARGED TO THIS PROJECT. PLEASE COMPLETE AN ADDENDUM PAGE.

FRINGE BENEFITS TOTAL (A+B): \$1,263

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$1,263
CASH MATCH	
TOTAL FRINGE BENEFITS	\$1,263

SECTION 600. CONTRACTUAL

Compensation for individual consultant services is to be reasonable and consistent with that paid for similar services in the marketplace. Travel, lodging, and meals, if applicable, should be figured in addition to compensation. All expenses must be included in the contract. Must use approved LCLE contract.

INDIVIDUAL CONSULTANT	TYPE OF SERVICE OR TASK	HOURS DEVOTED	RATE PER HOUR	TOTAL COST	PAID WITH	
					F	C
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF CONTRACTUAL COSTS:				\$0.00	F = Federal Funds C = Cash Match	

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
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON-LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										\$0.00	F = Federal Funds C = Cash Match	

BRIEFLY EXPLAIN:

A) Purpose of each consultant or other contractual service requested:

B) Why the service requested is necessary and cost effective:

C) Method of procurement and basis for determining rate of pay:

SECTION 600. CONTRACTUAL SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
CONTRACTUAL TOTAL	\$0

SECTION 300. TRAVEL

Itemize travel expenses of project personnel. Mileage is allowable in agency owned vehicles. Charges are not to exceed established agency travel rates, but in no case can this exceed current Louisiana Travel Guideline rates. *Out-of-state travel 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: E. Glover TITLE: Child Advocate PURPOSE: Perform advocacy duties	\$0.48	1500.00	\$720.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: T. Rivers TITLE: Womens advocate PURPOSE: Transport residents for appts.	\$0.48	1500.00	\$720.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: D. Williams TITLE: Asst. womens adv/date PURPOSE:	\$0.48	1200.00	\$576.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE:						
PURPOSE:						
SUBTOTAL FOR LOCAL TRAVEL:			\$2,016.00	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:		PAID WITH		
		FROM	TO	F	C	IK
NAME:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE:						
PURPOSE:						
NAME:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE:						
PURPOSE:						
NAME:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON-LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										\$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	\$2,016
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$2,016

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	DK
audit	grant portion amt.	1.00	\$500.00	\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$500.00			

F = Federal Funds
C = Cash Match
DK = Donor Match

BRIEFLY EXPLAIN:
A) Need for each type listed, and Taylor House portion of audit

B) Its relationship to project
Audit is required

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$500
CASH MATCH	
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	\$500

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 or state data, if local data is not available, 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 ripping our community apart. Both women and children are affected by domestic violence. It is a proven fact that children who witness violence between one's parent or caretaker is the strongest risk factor of transmitting violent behavior from one generation to the next. Almost half of the men who abuse their female partners, also abuse their children. Taylor House is the only domestic violence shelter in DeSoto and Sabine parish. Our program has on hand highly qualified staff to work with both women and children. It offers safety, food, clothing, counseling, support groups, life skills and advocacy. The staff is dedicated to meeting the needs of everyone that comes into our program. Taylor House operate under strict guidelines that are set by the states Quality Assurance Standards. All funds that come to the program help to keep all services available for both mother and her children that come to the shelter.

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

Sabine and De Soto parish are rural parishes that have limited resources for some families to get too. Communities within these areas are limited to necessary resources that they need to live a normal and healthy lives. Due to the limited amount of resources, most victims remain in abusive situations in order to provide for the children or at least that is what they believe. It is important that survivors of domestic violence who are living in any rural community understand that, although they may have limited access to some things, there are resources within their community that is willing to help them become independent and live a violence free life. Taylor House is a program that is dedicated to serving all victims of domestic violence regardless of what ethnic background they may come from.

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.

To help prevent violence against women and children by teaching them how to protect themselves against domestic violence. Also to equip both mother and child with the knowledge and skills that will help them to live a healthy, violence free lives, this will be done through support groups individual counseling sessions and play groups for children. Also to provide for all basic living needs, including food and shelter.

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.

1. Provide age appropriate support groups that will benefit both mother and child. Trained staff administer all material to participants. Material will include books, pamphlets, and any other supportive material.
2. Provide assistance in any area that mother may be having trouble in, such as, employment, services for children, health related services, financial assistance, legal help, and any educational opportunities.

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

Support groups for individuals and their children, play therapy that is to be done on an individual basis, ongoing supports and referrals that are based on individual needs.

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 Prosecution
 Court Sexual Assault Program
 Domestic Violence Program Sexual Assault State Coalition
 Domestic Violence State Coalition Tribal Coalition
 Dual Program (Sexual Assault and Domestic Violence) Tribal Government
 Dual State Coalition (Sexual Assault and Domestic Violence) Tribal Sexual Assault and/or Domestic Violence Program
 Government Agency (Department of Human Services, Bureau of Health) Unit of Local Government
 Law Enforcement University/School
 Probation, Parole, or Other Correctional Agency 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: Tommie Jean Rivers PHONE: (318) 256-3408 EMAIL: thereishope3249@bellsouth

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: Tommie Jean Rivers PHONE: (318) 256-3408 EMAIL: thereishope3249@bellsouth

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.)

Better understanding of the effects of domestic violence on children living abusive homes. This information was obtained through surveys done at the program.

2. Did the project work as expected? Explain.

Yes, the program feels that all participants gained knowledge and awareness of domestic violence that is necessary to live a healthy and violent free life.

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?

The data is collected by victims who participate in the program and by staff and the program's Director.

2 When will the data be collected?

Data will be collected when services are provided and compiled into a report monthly.

3 Who will collect and analyze the data?

Staff and the program's Director.

4 Who will be responsible for submitting the data for the VAWA Annual Report: State name and contact information.

Name: Mitzi Harris Phone: (318) 256-3408 Email: thereishope3249@bellsouth.net

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

The program's Director along with staff will be responsible for updating and compiling the data. This will be done by reviewing surveys and results from group sessions. This is to be done during weekly staffing at the program.

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.

LACLE, Taylor House Program Director and Executive Director of PCI.

J. CONTINUATION

Yes No Do you plan to continue this project at the conclusion of federal support?
Since continued STOP 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.

Donations
Applying for additional grants
DCFS
Marriage license and civil fees collected for both parishes
Federal funds from other sources: HUD

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.

Taylor House is located at 390 S. Capital Street, Many, LA. We have an older eight bedroom house that has been renovated and turned into a shelter for victims of domestic violence. It is handicap accessible with a handicap accessible bedroom and bathroom. There is a large covered deck for women and children to be able to enjoy the outside behind a wooden security privacy fence. There is a designated play room for the children, with age appropriate supplies and activities for the services needed for the children. Computers for the children's use are also provided. The offices are equipped with a desk, computer, phone, fax and all other needed office supplies.

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:	11/2009
2	Dates covered by last audit:	July 1, 2008 - June 30, 2009
3	Date of next audit:	December 2010
4	Dates to be covered by next audit:	July 1, 2009 - June 30, 2010
5	Date next audit will be forwarded to LACLE:	February 1, 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 to be performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). If volunteers are used as match, their duties must directly relate to the focus of this project and information stated in Section 100 Personal.

Yes No Are volunteers screened in compliance with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate?

N. CONSULTATION

Law enforcement, prosecution, the courts, probation and parole agencies and victim services providers must consult with each other. Briefly describe the process used to consult, coordinate, and collaborate with each agency. Attach original current letters of support and/or written cooperative agreements indicating awareness and cooperation/role with this project.

We feel like we have a very good working relationship with law enforcement. Info packets are placed in all cars to provide to victims needed information upon contact. Both parishes provide transportation to victims in need of service. This has really been an asset to the program since transportation seems to be an ongoing issue for victims.

The DA's victims advocates both provide info and referrals to our program.