

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

**APPLICATION AND REVIEW
SUMMARY**

APPLICATION NUMBER: M09-8-015

APPLICANT: Safe Harbor, Inc.

PROJECT TITLE: Domestic Violence Outreach

PROJECT FUNDS :

FUND: \$ 14,526 100.00%
MATCH: \$ 0 0.00%
TOTAL: \$ 14,526 100.00%

PROJECT DURATION: 3 months

START DATE: 02/01/2011

END DATE: 04/30/2011

Continuation of M95-8-007

PROJECT SUMMARY:

Safe Harbor provides free, confidential 24-hour direct services and shelter to victims of domestic violence in St. Tammany and Washington Parishes.

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: M09-015 VAWA Purpose Area: 5

1. TITLE OF PROJECT Domestic Violence Outreach	2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: M08 - 8 - 015
3. PROJECT DURATION Total Length: 3 Months (Not to exceed 12 Months) Desired Start Date: 2/1/2011 Desired End Date: 4/30/2011	4. PROJECT FUNDS Federal Funds: \$14,525 Cash Match: \$0 In-Kind Match: \$0 Total Project: \$14,525
5A. APPLICANT AGENCY INFORMATION Agency Name: Safe Harbor Physical Address: P.O. Box 1179 City: Mandeville Zip: 70470-1179 Mailing Address: P.O. Box 1179 City: Mandeville Zip: 70470-1179 Phone: (985) 626-5710 FAX: (985) 626-5743 Email: kimkirbysafeharbor@gmail.com	5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Kimberly Kirby Title: Executive Director Agency Name: Safe Harbor Address: P.O. Box 1179 City: Mandeville Zip: 70470-1179 Phone: (985) 626-5710 FAX: (985) 626-5743 Email: kimkirbysafeharbor@gmail.com
Fed Employer Tax Id: 72 - 1181684 DUNS: 010 - 2997 CCR CAGE/NCAGE: 5KTC5 CCR Expiration Date: 12/02/2011	

6. IMPLEMENTING AGENCY Name: Kimberly Kirby Title: Executive Director Agency: Safe Harbor Address: P.O. Box 1179 City: Mandeville Zip: 70470-1179 Phone: (985) 626-5710 FAX: (985) 626-5743 Email: kjmkirbysafeharbor@gmail.com	7. PROJECT DIRECTOR Name: Kimberly Kirby Title: Executive Director Agency: Safe Harbor Address: P.O. Box 1179 City: Mandeville Zip: 70470-1179 Phone: (985) 626-5710 FAX: (985) 626-5743 Email: kimkirbysafeharbor@gmail.com	8. FINANCIAL OFFICER Name: Colleen LeBlanc Title: Administrative Assistant Agency: Safe Harbor Address: P.O. Box 1179 City: Mandeville Zip: 70470-1179 Phone: (985) 626-5710 FAX: (985) 626-5743 Email: cleblanc.safeharbor@gmail.com
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9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)
Safe Harbor provides free, confidential 24 hour direct services and shelter to victims (survivors) of domestic violence in St. Tammany and Washington Parishes. Through crisis intervention, safety planning, lethality assessment, empowerment advocacy, emergency shelter, crisis counseling, legal advocacy, referrals and education, Safe Harbor assists in helping women establish violence free homes. This project will allow Safe Harbor to continue to improve and render its services to women in a non-judgmental and empowering manner so that survivors can chose to live in a safe environment, ultimately ending the cycle of domestic violence and moving toward a self-sufficient independent life free from violence.

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)

L.A. COMMISSION
ON LAW ENFORCEMENT
2010 DEC 15 10 38

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: Kimberly Kirby Title: Executive Director
 Phone: (985) 626-5710 Fax: (985) 626-5743 E-Mail: kimkirbySAFEharbor@gmail.com

PROJECT BUDGET SUMMARY

BUDGET CATEGORY	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100 PERSONNEL	\$5,049	\$0	\$0	\$5,049
SECTION 200 FRINGE BENEFITS	\$384	\$0	N/A	\$384
SECTION 300 TRAVEL	\$318	\$0	\$0	\$318
SECTION 400 EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500 SUPPLIES	\$4,805	\$0	\$0	\$4,805
SECTION 600 CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 800 OTHER DIRECT COSTS	\$3,969	\$0	\$0	\$3,969
TOTAL:	\$14,525	\$0	\$0	\$14,525

Provide Source of Cash Match: 0

Provide Source of In-Kind Match: 0

USE OF STOP FUNDS IN PERCENTAGES

Type of Victimization Served:	Percentage of STOP Funds Used:
Sexual Assault	0%
Domestic Violence/Dating Violence	100%
Stalking	0%
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	PT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Women's Advocate II	Karen Paige Smith	FT	\$2,114.00	55.00%	3.00	\$3,488.10	<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"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$3,488.10	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
Women's Crisis Counselor	Nuruh Sempasa	PT	\$30.00	4.00	100.00%	13.00	\$1,560.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		PT					\$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:							\$1,560.00	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	\$5,049
CASH MATCH	\$0
IN-KIND MATCH	\$0
PERSONNEL TOTAL	\$5,049

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:

Women's Advocate II- supervises all residential and non-residential activities for Safe Harbor survivors, provides intake services, empowerment advocacy, safety planning, lethality assessment and crisis intervention to survivors who call the crisis line. This advocate is responsible for maintaining adequate shelter supplies, providing most of the transportation for survivors and ensuring Safe Harbor is a safe and harmonious place for all survivors to reside while weighing their options in moving toward a life free from violence. No overtime is expected.

Women's Crisis Counselor- provides individual counseling for those identified survivors who are having an usually difficult time dealing with the effects of the trauma from domestic violence. Safe Harbor has encountered issues with referrals to mental health providers since some have reduced their services because of funding issues. Providing this service in house addresses safety and confidentiality concerns for women who seek this type of resource from other providers.

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

The salary for the women's advocate is based on the average salary range for this position of \$11.00-\$14.00 per hour.

The salary for the crisis counselor is based upon the average salary of LPC and social workers working part time with other similar programs and social service providers in this area.

C) Project duties of each position requested:

The Women's Advocate II - duties include monitoring the crisis call line, providing crisis intervention, safety planning, lethality assessment and empowerment advocacy for women. This advocate completes intakes and conducts exit interviews with survivors leaving the shelter. The women's advocate facilitates conflicts between residential survivors and assists in facilitating empowerment/support and life skills groups. She conducts fire drills as required by the policies and procedures and/or by the supervisor. This advocate manages and provides the general upkeep of the facilities by performing designated duties assigned by the executive and/or program directors. She processes donations of goods and clothing at the shelter and collects monthly statistical data for grant reporting. The women's advocate also assists in conducting outreach and public awareness presentations on domestic violence.

The Women's Crisis Counselor provides individual counseling services for women experiencing trauma from domestic violence. She develops care plans for survivors and makes appropriate referrals as needed. She collects, records and reports data and statistics for grant reporting. On occasion the women's crisis counselor represents Safe Harbor at community meetings addressing issues related to domestic violence.

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 Women's Advocate II is existing personnel hired for this position.

The Women's Crisis Counselor is an existing PT position within the agency funded by another grant that will soon end, but the employee will now be working on this grant's activities.

SECTION 200. FRINGE BENEFITS (Employer's Share Only)

Enter the Individual Name(s) of the employee 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 Karen Paige Smith	.062		\$3,489	\$216	5	.062			\$0
2 Nurah Sampasa	.062		\$1,560	\$96	6	.062			\$0
3	.062			\$0	7	.062			\$0
4	.062			\$0	8	.062			\$0
MEDICARE					MEDICARE				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1 Karen Paige Smith	.0145		\$3,489	\$50	5	.0145			\$0
2 Nurah Sampasa	.0145		\$1,560	\$22	6	.0145			\$0
3	.0145			\$0	7	.0145			\$0
4	.0145			\$0	8	.0145			\$0
HEALTH LIFE INSURANCE	RATE	MONTHS	PREVIOUS TO PROJECT	TOTAL	HEALTH LIFE INSURANCE	RATE	MONTHS	PREVIOUS TO PROJECT	TOTAL
1				\$0	5				\$0
2				\$0	6				\$0
3				\$0	7				\$0
4				\$0	8				\$0
WORKMAN'S COMPENSATION					WORKMAN'S COMPENSATION				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1				\$0	5				\$0
2				\$0	6				\$0
3				\$0	7				\$0
4				\$0	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					PUBLIC/PRIVATE RETIREMENT				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1				\$0	5				\$0
2				\$0	6				\$0
3				\$0	7				\$0
4				\$0	8				\$0
OTHER					OTHER				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1				\$0	5				\$0
2				\$0	6				\$0
3				\$0	7				\$0
4				\$0	8				\$0
			FRINGE BENEFITS TOTAL (A):	\$384				FRINGE BENEFITS TOTAL (B):	\$0

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

FRINGE BENEFITS TOTAL (A+B): \$384

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$384
CASH MATCH	\$0
TOTAL FRINGE BENEFITS	\$384

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. *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: Karen Paige Smith TITLE: Women's Advocate PURPOSE: Attend LCADV quarterly meeting in Shreveport	.48	663.00	\$318.24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$318.24	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: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	Lodging COSTS (Outside 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	\$318
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$318

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
Toner for copier	4.00	\$99.00	\$396.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toner for fax machine	3.00	\$26.00	\$78.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color toner for fax machine	3.00	\$44.00	\$132.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ink for printer	3.00	\$53.00	\$159.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ink for printer	3.00	\$38.00	\$114.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Box of paper	3.00	\$48.00	\$144.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prassboard File folders	1.00	\$35.00	\$35.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pens	2.00	\$11.00	\$22.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roll of stamps	1.00	\$44.00	\$44.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Box of envelopes	1.00	\$21.00	\$21.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three ring binders	8.00	\$25.00	\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Box of sheet protectors	1.00	\$11.00	\$11.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy duty stapler	1.00	\$75.00	\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flash drive	2.00	\$30.00	\$60.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic three hole punch	1.00	\$202.00	\$202.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pamphlet Display rack	1.00	\$107.00	\$107.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Book Display rack	1.00	\$100.00	\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF SECTION A SUPPLIES:			\$1,900.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

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

All basic office supplies are needed for use by project personnel in providing survivors with direct services.

B) Its relationship to this project.

The supplies assist the personnel in case management and general office organization.

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.

Safe Harbor serves St. Tammany and Washington Parishes encompassing a total of 1524 square miles with a large rural and culturally diverse population. The combined poverty level for both parishes is 36.7%.

Neither parish has a public transportation system; therefore Safe Harbor transports survivors whenever possible or uses another more expensive mode of transportation after hours or when staff is unavailable.

The 22nd JDC District Attorney's office and local law enforcement states St. Tammany Parish can expect 80-100 cases of domestic violence each month.

Safe Harbor is the only domestic violence program in St. Tammany Parish that provides direct services and shelter exclusively for survivors of domestic violence in both parishes.

Safe Harbor regularly conducts community outreach targeting the underserved populations of both parishes in an effort to bring awareness to Safe Harbor services and to make access to services easier for the rural populations. Domestic Violence literature is distributed to places where women frequent, the brochures are printed in english and spanish. Promotional items are distributed during community events and at health and job fairs within the service area. All Safe Harbor promotional items have Safe Harbor's and the statewide hotline phone numbers printed on the items.

During the FY 09-10, Safe Harbor served a total of 466 survivors.

32 residential women
41 residential children

278 non-residential women
108 non-residential children

Safe Harbor answered a total of 3,844 hotline calls

During FY 08-09, Safe Harbor served 391 survivors.

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

The major gap in community resources is the lack of public transportation. Social service providers in this area are hard pressed to provide transportation to and from appointments. Most agencies collaborate regarding transportation issues, some providers do have a mode of transportation and will assist in transporting survivors. Safe Harbor can only provide transportation during limited hours of the day when staff and the agency van are available.

Safe, confidential transportation to and from the shelter is a great need. Safe Harbor has experienced confidentiality issues with the use of the local taxi services. Many times survivors have to wait until transportation is available or since safety is priority, Safe Harbor incurs an additional cost of placing the survivor in a nearby hotel until arrangements can be made for reliable and safe transportation to the program.

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.

Goal: To help women choose alternatives to an abusive situation, to give practical as well as emotional support and provide a safe place for women to stay during the process of establishing a violence-free life.

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 direct services to least 75 women a year.
2. Provide empowerment advocacy and assist 100 women in developing a safety plan.
3. Provide individual professional counseling to 15 women a year.

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: To help women choose alternatives to an abusive situation, to give practical as well as emotional support and provide a safe place for women to stay during the process of establishing a violence-free life.

1. Provide direct services to least 75 new women a year.
2. Provide empowerment advocacy and assist 100 women in developing a safety plan.
3. Provide individual professional counseling to 15 women a year.

Methods:

Safe Harbor maintains two separate apartments as shelter for survivors of domestic violence. Survivors can access Safe Harbor services through 2 hotline numbers, one for each parish and through referrals from other providers and law enforcement. During the crisis call, needs are assessed and eligibility for shelter is determined if survivor is seeking shelter. All information is documented on a crisis call sheet.

A basic safety plan is reviewed with each caller during all crisis calls and appropriate referrals are made. During the intake process for residential and non-residential survivors, an advocate is assigned and a more detailed safety plan is developed and updated as needed. Survivors are encouraged to attend empowerment/support and life skills classes.

Those survivors identified by their advocate as needing individual counseling along with their individual advocacy will be referred to the women's crisis counselor. The crisis counselor will meet with women 4.0 hours a week during the grant period to provide counseling services.

All activities are currently ongoing and will continue with the beginning of the grant until the grant period ends.

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

- | | |
|---|---|
| <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Court | <input type="checkbox"/> Sexual Assault Program |
| <input checked="" type="checkbox"/> Domestic Violence Program | <input type="checkbox"/> Sexual Assault State Coalition |
| <input type="checkbox"/> Domestic Violence State Coalition | <input type="checkbox"/> Tribal Coalition |
| <input type="checkbox"/> Dual Program (Sexual Assault and Domestic Violence) | <input type="checkbox"/> Tribal Government |
| <input type="checkbox"/> Dual State Coalition (Sexual Assault and Domestic Violence) | <input type="checkbox"/> Tribal Sexual Assault and/or Domestic Violence Program |
| <input type="checkbox"/> Government Agency (Department of Human Services, Bureau of Health) | <input type="checkbox"/> Unit of Local Government |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> University/School |
| <input type="checkbox"/> Probation, Parole, or Other Correctional Agency | <input type="checkbox"/> Other (Specify): |

Yes No Is this a faith-based organization?

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

F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

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

NAME: Ann Winstead PHONE: (985) 626-3710 EMAIL: annwin70471@yahoo.com

Yes No 2. Does this individual also serve as agency's point of contact for LAVNS? If no, please provide name and contact information:

NAME: PHONE: () - EMAIL:

Yes No 3. Has this individual attended trainings provided by LCLE to learn how victims are served by LAVNS? If no, agency will request LAVNS training from LCLE within 30 days of award. NOTE: More information regarding the LAVNS program, including training information, can be found at: <http://lcle.la.gov/programs/lavns.asp>

Yes No 4. Does the agency have posters displayed for promoting LAVNS and brochures readily available to victims? If no, please go to the LCLE website to request free LAVNS materials at: [www.lcle.la.gov/lavns](http://lcle.la.gov/lavns).

G. CRIME VICTIMS REPARATIONS (CVR)

Yes No 1. Is name individual responsible for assisting victims in regard to services available through the CVR program? If no, 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://cls.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.)

Based upon monthly statistics and quarterly reports from the previous project, for the first 3 quarters of the project, Safe Harbor served 125 survivors, for a total of 58 new women. The project appears to be on track for meeting its objectives.

2. Did the project work as expected? Explain.

Yes

Safe Harbor continues to provide direct services, assist in developing safety plans and provide empowerment advocacy to all eligible survivors requesting those services. Through the use of surveys from other grantors, survivors state they feel safer and are more knowledgeable about community resources as a result of their contact with Safe Harbor.

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?

All program staff collect data in regard to their contact with survivors. The women's advocate and the crisis counselor will collect and maintain their data regarding activities on this project on individual statistic sheets. Data is collected from the stats form, crisis call sheets and case notes.

2. When will the data be collected?

Data is collected monthly on an individual statistic sheet and compiled on a quarterly basis.

3. Who will collect and analyze the data?

The project director collects, reviews and compiles all data received. A final report is compiled and submitted to the grantor on a quarterly basis.

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

Name: Kimberly Kirby

Phone: (985) 626-5710

Email: kimkirby@safeharbor@gmail.com

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

The project director will evaluate data to ensure the goal and objectives of the project are being met. Any updating or revision of the original project will be determined based upon the data reported on the quarterly reports and feedback from the project personnel.

If outcomes are not meeting expectations, the strategy will be revisited to determine if the goals and objectives are realistic and/or if other outcomes should be measured in this project. Input from project personnel and the program director along with the project director will be evaluated prior to revising or updating the strategy.

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 expenditure reports quarterly as specified at award time. The Safe Harbor Board of Directors will receive the reports if and when requested.

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.

Safe Harbor regularly researches for other prospective sources of funding through local, community and private donors. Whenever eligible, Safe Harbor submits proposals to corporations and foundations seeking funding to continue Safe Harbor operations and services. Should STOP funding cease, Safe Harbor will first turn to the local community for support and depend upon its own resources for funding until other appropriate funding is located.

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.

Safe Harbor maintains a program building where all offices are located. Empowerment/support/life skills and children's groups meet at the program building in a common area. Two separate apartments are located on the property for survivors' living quarters. The apartments and back yard area are surrounded by a security fence. Survivors may access the program building through a back door that is hidden from view of the street and incorporated within the fenced area. Survivors park their cars behind the security fence. The entire property is monitored by a security camera system.

All Safe Harbor staff are available to assist with this project as needed and requested by the project personnel. Personnel working on this project have access to all Safe Harbor equipment to accomplish the goals and objectives of the project.

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
2. Dates covered by last audit:
3. Date of next audit:
4. Dates to be covered by next audit:
5. Date next audit will be forwarded to LCLE:

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 Personnel.

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.

Safe Harbor survivors are referred to law enforcement, assisted by the court system and receive services through Safe Harbor legal advocates. Safe Harbor maintains another grant that funds the legal advocacy personnel who collaborate and coordinate with those agencies.

The personnel on this project will refer survivors to the Safe Harbor legal advocates for further assistance as needed. Funds for this project will not be expended on those services.