LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C10-2-003

APPLICANT: Our House, Inc.

PROJECT TITLE: Shelter Program - Child Abuse

PROJECT FUNDS :

FUND:	$ 10,476	80.00%	
MATCH:	$ 2,619	20.00%	
TOTAL:	$ 13,095	100.00%	

Continuation of C00-2-005

PROJECT DURATION: 12 months

START DATE: 01/01/2011

END DATE: 12/31/2011

PROJECT SUMMARY:

Our House provides emergency shelter, counseling, and other supportive services and referrals for runaways, homeless, and victimized youth ages 12-17 years old. Services will include transitional housing and life skills training for young adults ages 18-22 years old (with or without children) who have also been victimize by sexual assault, domestic violence and child abuse.

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:** C10-2-003 **CVA Purpose Area:** ALL

1. TITLE OF PROJECT

Our House Shelter Program

2. ☐ **NEW PROJECT**

☒ **CONTINUATION PROJECT OF: C09-2-002**

3. PROJECT DURATION

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

Desired Start Date: 1/1/2011

Desired End Date: 12/31/2011

4. PROJECT FUNDS

Federal Funds:	$10,476
Cash Match	$2,620
In-Kind Match:	$0
Total Project:	**$13,096**

5A. APPLICANT AGENCY INFORMATION

Agency Name: Our House, Inc.
Physical Address: 205 Smith Avenue
City: Monroe Zip: 71203- 4344
Mailing Address: P.O. Box 7496
City: Monroe Zip: 71211-7496
Phone: (318) 345-5556 FAX: (318) 345-5550
Email: ourhouse@bayou.com

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Ella Nimmers
Title: Executive Director
Agency Name: Our House, Inc.
Address: 205 Smith Avenue
City: Monroe Zip: 71203- 4344
Phone: (318) 345-5556 FAX: (318) 345-5550
Email: ellanimmers@bellsouth.net

Fed Employer Tax Id: 72 - 1165751 DUNS: 832445493 - CCR CAGE/NCAGE: 567R3 CCR Expiration Date: 4/14/2011

6. IMPLEMENTING AGENCY

Name: Ella Nimmers
Title: Executive Director
Agency: Our House, Inc.
Address: 205 Smith Avenue
City: Monroe Zip: 71203- 4344
Phone: (318) 345-5556 FAX: (318) 345-5550
Email: ellanimmers@bellsouth.net

7. PROJECT DIRECTOR

Name: Kristal Atkins-Hayman
Title: Counselor/Case Manager
Agency: Our House, Inc.
Address: 203 Smith Avenue
City: Monroe Zip: 71203-4344
Phone: (318) 345-5556 FAX: (318) 345-5550
Email: krstlhrt@yahoo.com

8. FINANCIAL OFFICER

Name: Diana Caldwell
Title: Financial Officer
Agency: Our House, Inc.
Address: 205 Smith Avenue
City: Monroe Zip: 71203-4344
Phone: (318) 345-5556 FAX: (318) 345-5550
Email: dcaldwell@bayou.com

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

Our House, Inc. provides emergency shelter, counseling, and other supportive services and referrals for runaway, homeless, and victimized youth ages 12-17 years old. Services include transitional housing and life skills training for young adults ages 18-22 years old (with or without children) who have also been victimize by sexual assault, domestic violence, and child abuse. Funding supports positions such as a counselor/case manager, the transitional living program case manager, and a percentage of operational costs (food, utilities, telephone, and training). Services include medical care, clothing, tutoring, transportation and supervision.

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: adults molested and abused as children

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: Diana Caldwell Title: Financial officer

Phone: (318) 345-5556 Fax: (318) 345-5550 E-Mail: dcaldwell@bayou.com

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$8,745	$0	$0	**$8,745**
SECTION 200. FRINGE BENEFITS	$668	$0	N/A	**$668**
SECTION 300. TRAVEL	$0	$0	$0	**$0**
SECTION 400. EQUIPMENT	$0	$0	$0	**$0**
SECTION 500. SUPPLIES	$0	$885	$0	**$885**
SECTION 600. CONTRACTUAL	$0	$0	N/A	**$0**
SECTION 700. RENOVATION COSTS	$0	$0	$0	**$0**
SECTION 800. OTHER DIRECT COSTS	$1,063	$1,735	$0	**$2,798**
TOTAL:	**$10,476**	**$2,620**	**$0**	**$13,096**

Provide Source of *Cash* Match: The United Way of Northeast Louisiana

Provide Source of *In-Kind* Match:

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
Project Director/Counselor	Kristal Atkins-Hayman	FT	$2,915.00	25.00%	12.00	$8,745.00	☒	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						$8,745.00	F = Fed Funds C = Cash Match	

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
							$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
			$0.00
			$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			$0.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	$8,745
CASH MATCH	$0
IN-KIND MATCH	
PERSONNEL TOTAL	$8,745

SECTION 100. PERSONNEL (Continued) – BRIEFLY EXPLAIN

☒ Yes ☐ No Are job descriptions for each position attached? If not, explain:

☒ Yes ☐ No Are resumes for each position attached? If not, explain:

A) Need for each position shown above; justify need for overtime:

The counselor/case manager works with youth residing at the shelter to develop individualized service plans, provides counseling for TLP and shelter residents, monitors residents' progress, works with families to resolve issues relevant to youth's progress, and ensures that the client's needs are properly identified and met. The this person also supervises the transitional living case manager who works with residents in the transitional living program to develop and implement case plans addressing needs relative to self-sufficiency goals; makes appropriate referrals to support identified needs. This position is a vital part of the services provided to victims.

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

The salary requested is comparable to wages for similar positions in the local area with a minimum of a bachelor's degree in a human service related field.

C) Project duties of each position requested:

Counselor/case manager: Responsible for completing psychosocial interviews, development of individualized service plans, referrals and follow-up for psychiatric evaluations, counseling, monitoring client's progress, and collaboration with direct care specialists to ensure clients needs are met properly. This also includes making appropriate referrals, and accompanying residents to necessary appointments. The counselor/case manager documents client's progress and assists them with accessing services such as applying for benefits, arranging for counseling, child care, school enrollment, and job search and maintenance.

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.]

Personnel in the position of counselor/case manager has worked with this ongoing project for over two years and was originally hired for this position.

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

Enter the Individual Name(s) of the employees receiving fringe benefits for each position funded through this grant. There are two sets of each benefit below to allow budgeting for eight employees. *For further information and direction, please refer to the application instructions.*

Check: ☐ **All Fringe Benefits Will Be Paid by Applicant Agency** ☒ **Additional Fringe Benefits Will Be Paid by Applicant Agency**

EMPLOYEES' NAMES:					EMPLOYEES' NAMES: (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1. Kristal Atkins-Hayma	.062		$8,745	$542	5.	.062			$0
2.	.062			$0	6.	.062			$0
3.	.062			$0	7.	.062			$0
4.	.062			$0	8.	.062			$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Kristal Atkins-Hayma	.0145		$8,745	$126	5.	.0145			$0
2.	.0145			$0	6.	.0145			$0
3.	.0145			$0	7.	.0145			$0
4.	.0145			$0	8.	.0145			$0
HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
UNEMPLOYMENT TAX Based on first $7,000 or Less	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first $7,000 or Less	RATE	TYPE	SALARY	TOTAL
1.		CHECK TYPE:		$0	5.		CHECK TYPE:		$0
2.				$0	6.				$0
3.		☐ FUTA		$0	7.		☐ FUTA		$0
4.		☐ SUTA		$0	8.		☐ SUTA		$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
			FRINGE BENEFITS TOTAL (A):	$668				FRINGE BENEFITS TOTAL (B):	$0

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

Fringe Benefits Total (A+B): $668

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$668
CASH MATCH	$0
TOTAL FRINGE BENEFITS	$668

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	12.00	$30.00	$360.00	☐	☒	☐
Household supplies (cleaning)	12.00	$43.75	$525.00	☐	☒	☐
			$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	☐	☐	☐
			$0.00	☐	☐	☐
SUBTOTAL OF SECTION A SUPPLIES:			$885.00			

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

BRIEFLY EXPLAIN:

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

Basic office supplies are needed for the daily operation of the project and for purposes of documentation and record keeping.Cleaning supplies are necessary for maintanence of living areas of participants helped through this project.

B) Its relationship to this project.

This project requires appropriate documentation of services which requires a reasonable supply of paper, pens, pencils, notebooks for journaling, etc. Cleaning supplies are necessary for santitary needs of the dwelling spaces and in teaching of lifeskills centered on daily living and maintanence.

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	$0
CASH MATCH	$885
IN-KIND MATCH	
SUPPLIES TOTAL	**$885**

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
Telephone	20% of $500/mo	12.00	$100.00	$1,200.00	☐	☒	☐
Utilities	20.5% of 650/mo	12.00	$133.20	$1,598.40	☒	☒	☐
				$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 OTHER DIRECT COSTS:			$2,798.40	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

A) Need for each type listed; and

The emergency shelter and transitional living programs share the same crisis line and the administrative offices are in the same location. The crisis line is a vital part of the agency's outreach to victims. The cost reflects 20% of the agency's monthly phone bill. Utilities are also shared by these two programs.

B) Its relationship to project.

The crisis phone line is the primary method of initial access to services the agency offers to victims. Victims, after entering the program, benefit from utility services at both the emergency shelter and the transitional living scattered site apartments.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	$1,063
CASH MATCH	$1,735
IN-KIND MATCH	$0
OTHER DIRECT COSTS TOTAL	**$2,798**

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.

Our House, Inc. is the only shelter in Region VIII that provides emergency shelter for self-referring, non-adjudicated, victimized youth ages 12-17 years old and transitional housing for homeless young adults (and their accompanying small children) 18-21 years old. In addition to the basic needs of food, clothing, shelter, and medical attention, these youth need the guidance and support of responsible adults. With growing numbers of victims needing assistance, additional funding is needed to support the positions of the transitional living program case manager, and the counselor. The Runaway and Homeless Youth Act defines homeless youth as: "individuals who are unable to live in a safe environment with a relative and who lack safe alternative living arrangements. Therefore, in 2009, Our House emergency teen shelter provided shelter , basic needs, and supportive services for 57 victimized and/or runaway youth while the tranisitional living program served 38 young adults (ages 18-21) and their 21 accompanying small children. This accounts for almost 50% more young adults requiring services than in 2008 with the number of accompanying small children almost tripling the number from last year.

The National Alliance to End Homelessness recently reported an increase in crimes against the homeless. At the end of 2009, 43 homeless people were killed making it the deadliest year for the homeless according to the National Coalition for the Homeless. Statistics for the city of Monroe reports a violent crime rate of 901 incidents per 100,000 people in 2004. Monroe ranks in the 92nd percentile nationally for violent crime. Consequently, Monroe Police Department officials agree that the homeless are indeed victims of crime as evidenced by reports of being robbed and assaulted while living on the street. (Northeast Homeless Coalition 2008 Annual Report) Prevent Child Abuse Louisiana also reports that in FY 2009 there were 262 valid cases of child abuse in Ouachita parish. Unfortunately, these statistics tell only part of the story. It is estimated that for every report of child abuse, two or three similar situations go unreported.

In addition, the point-in-time survey for 2009 by the Region VIII Homeless Coalition revealed that of the 276 persons housed in area shelters in a 24-hour period, 37% stated that their homelessness was a result of domestic abuse. Over half of the women residing in the transitional living program at Our House reported experiencing physical abuse and/or sexual assault.

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

Our House, Inc. has for, the last 20 years, been identified as the only agency in Northeast Louisiana serving a population of youth who are able to directly access help. Although there are dozens of youth service organizations in Region VIII, they do not offer shelter to unaccompanied youth without a referral from juvenile justice or child protective services. Reluctance to report these crimes for fear of further victimization often leaves these young people feeling hopeless. Law enforcement officials repeatedly turn to Our House as a source of safe shelter for youth they encounter on the street who have not committed any crimes and cannot return home. They report that there is no place else to take them.

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: Safely shelter young victims of criminal activity who cannot immediately return to their homes; preventing them from further victimization.

Goal 2: Assist victimized youth served in the emergency shelter and transitional living program with overcoming the traumatization of the crime and provide direct services.

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: Allocate two beds in the emergency shelter for abused youth, ages 12-17 years old; preventing them from further victimization.

Goal 1, Objective 2: Maintain three beds in the transitional living program for victimized young adults, 18-21 years old.

Goal 2, Objective 1: Provide individual and group counseling, referrals, case management, and other direct services to 30 victimized youth over a 12 month period.

Goal 2, Objective 2: Provide individual and group counseling, referrals, comprehensive case management, and other direct services to 15 victimized young adults over a 12 month period.

Direct services include medical care, clothing, tutoring, transportation, and supervision youth otherwise would not be able to access. Emergency shelter is based on a three week stay; transitional houseing is based on a 3-21 month stay. During this time, permanent safe housing is sought.

D. ACTIVITIES / METHODS

List the specific activities and/or services to be provided that will accomplish the objectives. Must include a timetable for achieving the various components of your project. Timetable must cover entire grant period. This must relate back to the Goals and Objectives. If this is a training project, omit this page and complete D-2 Training Programs.

Goal 1: Safely shelter young victims of criminal activity who cannot immediately return to their homes; preventing them from further victimization.
Objective 1: Allocate two beds in the emergency shelter for abused youth, ages 12-17 years old; preventing them from further victimization.
Objective 2: Maintain three beds in the transitional living program for victimized young adults, 18-21 years old.

Activities/Methods: Using the agency's outreach coordinator, activities (i.e. school and community presentations) and safe place sites, victims and referring agencies will receive information about Our House emergency and transitional living beds available for the target population. Self-referring victims and/or victims referred by other agencies will be assigned to beds according to eligibility. The project is ongoing and will operate from January 1, 2011 through December 31, 2011.

Goal 2: Assist victimized youth served in the emergency shelter and transitional living program with overcoming the traumatization of the crime and provide direct services.
Objective 1: Provide individual and group counseling, referrals, case management, and other direct services to 30 victimized youth over a 12 month period.
Objective 2: Provide individual and group counseling, referrals, comprehensive case management, and other direct services to 15 victimized young adults over a 12 month period.

Activities/Methods: The counselor will meet with residents within 72 hours of entering into the shelter to provide initial counseling and develop an individual service plan.
The counselor will provide individual counseling services with each resident twice a week at a minimum and by resident request for approximately 6-10 hours of individual counseling based on a 3-week stay.
Group counseling will be provided weekly by the counselor and/or counseling intern (volunteers) from the local university for a total of 1 per session.
The counselor will assist youth in the emergency shelter with accessing community resources based on the service plan and act as an advocate in specific situations.
Direct care staff will supervise youth at all times and provide transportation, recreational and cultural activities, tutoring, and other direct services. The project is ongoing and will operate from January 1, 2011 through December 31, 2011.

The case manager in the transitional living program will assist young adults in identifying goals and developing a service plan that will lead to self-sufficiency.
The case manager will assist residents with accessing community resources such as FITAP, food stamps, WIC, child support, child care assistance, medical and dental care, transportation, life skills training and other victim's assistance services.
The case manager and other TLP staff are trained to act as advocates for residents when addressing circumstances of their victimization. Counseling interns in the final stages of the master's program at the local university will provide weekly individual counseling under the supervision of a master's level counselor and/or LPC.

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: Kristal Atkins-Hayman PHONE: (318) 345-5556 EMAIL: krstlhrt@yahoo.com

☒ Yes ☐ No 2. Does this individual also serve as agency's point of contact for LAVNS? If not, please provide name and contact information:

NAME: PHONE: ( ) - EMAIL:

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

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

G. CRIME VICTIMS REPARATIONS (CVR)

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

NAME: PHONE: ( ) - EMAIL:

☒ Yes ☐ No 2. Does the agency know who the Crime Victims Reparations (CVR) Claims Investigator is at the Parish Sheriff's Office?

☐ Yes ☒ No 3. Does the agency have posters displayed for promoting CVR and brochures readily available to victims? If no, please fax a written request (contact person, agency name, mailing address) for free CVR posters and brochures to 225-925-6159. NOTE: More information regarding the CVR program, including applications and other forms, can be found at: http://lcle.la.gov/programs/cvr.asp

H. PRIOR RESULTS (For Continuation Projects Only)

1. Based on the objectives of the previous application, what were the measurable outcomes? (Refer to the previous project's performance stated in the quarterly progress reports and other additional information.)

During the first two quarters of the project, (at this time, only the first and 2nd quarter have been completed) 39 victims of crime were assisted in the emergency youth shelter(18) and the transitional living program (21). All participants were provided counseling, case management and referral services. Other services direct care and supportive services were provided according to individual needs.

2. Did the project work as expected? Explain.

The project has continued to work as expected. Victims access assistance directly through the safe place outreach and other community referrals. Participants receive assistance with safe shelter and other basic needs while they work with a counselor and case manager to overcome the circumstances of their victimization. Twelve of the participants served were willing to report their situations to law enforcement.

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. EVA. ATION AND DISSEMINATION OF REPO. 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?

Data will be collected from clients, referral agencies, and counselors and case managers assisting clients with direct services. Using the DHHS Runaway and Homeless Youth Information System (RHYMIS) and HUD ServicePointe data systems, Our House staff will track the number and services of victimized youth and young adults sheltered by the agency.

2. When will the data be collected?

Upon entering the program, residents will undergo an intake evaluation to determine eligibility and services required. Our House staff will meet weekly (youth at the shelter) and monthly (young adults in transitional living) to evaluate progress of clients through case management and goal attainment as outlined in the service plan.

3. Who will collect and analyze the data?

The project director will collect and analyze data to evaluate the effectiveness of the program as related to the individual client's needs and as evidenced by safe exit to a stable environment.

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

Name: Kristal Atkins-Hayman Phone: (318) 345-5556 Email: krstlhrt@yahoo.com

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

Following evaluation, the Project Director and the agency's Executive Director will convene a committee to explore adjustments to the project to achieve greater project outcomes as necessary based on available data. The committee will comprise project staff and members of the resident advisory board to consider project effectiveness and areas for improvement.

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.

Project reports will be given monthly to the agency's Board of Directors in the form of statistical data. Quarterly reports will be given to the Louisiana Commission on Law Enforcement and semi-annual reports will be shared with DHHS and HUD for the Basic Center and Transitional Living programs.