LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: M09-8-018

APPLICANT: St. Bernard Battered Women's Program

PROJECT TITLE: Domestic Violence Program

PROJECT FUNDS :

FUND:	$ 14,525	100.00%	PROJECT DURATION:	3 months
MATCH:	$ 0	0.00%	START DATE:	01/30/2011
TOTAL:	$ 14,525	100.00%	END DATE:	04/30/2011

Continuation of M95-8-017

PROJECT SUMMARY:

This project is to continue funding two full-time women's advocates to sustain services being offered to women and children in St. Bernard and Plaquemines Parishes.

RECOMMENDATION : FUND X **DENY** ___

SPECIAL CONDITIONS :

1. NO DRAWDOWN (AWARD) OF FUTURE V.A.W.A. FUNDING UNTIL THE V.A.W.A. PREVIOUSLY REQUIRED FEDERAL ANNUAL REPORT IS SUBMITTED AND APPROVED BY LCLE.
2. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.
3. NO RELEASE OF FUNDS BY LCLE UNTIL PRIOR PROJECT M08-8-018 IS FINALIZED.

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:** M09-8-018 **VAWA Purpose Area:** 5

1. TITLE OF PROJECT

DOMESTIC VIOLENCE PROGRAM

2. ☐ **NEW PROJECT**

☒ **CONTINUATION PROJECT OF: M08 - 8 - 018**

3. PROJECT DURATION

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

Desired Start Date: 1/30/2011

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: St. Bernard Battered Women's Prog. Inc.

Physical Address: 3010 Jean Lafitte Pkwy.

City: Chalmette Zip: 70043-

Mailing Address: P.O. Box 7

City: Arabi Zip: 70032-

Phone: (504) 277-3177 FAX: (504) 279-9377

Email: deanobwp@aol.com

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Gail P. Gowland

Title: Executive Director

Agency Name: St. Bernard Battered Women's Prog., Inc.

Address: 3010 Jean Lafitte Pkwy.

City: Chalmette Zip: 70043-

Phone: (504) 277-3177 FAX: (504) 279-9377

Email: deanobwp@aol.com

Fed Employer Tax Id: 58 - 1834566 DUNS: 105756618 - CCR CAGE/NCAGE: 4MUD5 CCR Expiration Date: 2/23/2011

6. IMPLEMENTING AGENCY

Name: Gail P. Gowland

Title: Executive Director

Agency: St. Bernard Battered Women's Prog

Address: 3010 Jean Lafitte Pkwy.

City: Chalmette Zip: 70043-

Phone: (504) 277-3177 FAX: (504) 279-9377

Email: deanobwp@aol.com

7. PROJECT DIRECTOR

Name: Gail P. Gowland

Title: Executive Director

Agency: St. Bernard Battered Women's P

Address: 3010 Jean Lafitte Pkwy.

City: Chalmette Zip: 70043-

Phone: (504) 277-3177 FAX: (504) 279-9377

Email: deanobwp@aol.com

8. FINANCIAL OFFICER

Name: Julie Kenney

Title: 3010 Jean Lafitte Pkwy

Agency: St. Bernard Battered Women's Prog.

Address: 3010 Jean Lafitte Pkwy.

City: Chalmette Zip: 70043-

Phone: (504) 277-3177 FAX: (504) 279-9377

Email:

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

This project is to continue funding for two full-time women's advocate to sustain services being offered to women and children in St. Bernard and Plaquemines Parishes.

L.A. COMMISSION LAW ENFORCEMENT 2009 SEP 30 P 2 05

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:	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 in each budget section.

Person Completing Budget Section: Gail P. Gowland Title: Executive Director

Phone: (504) 277-3177 Fax: (504) 279-9377 E-Mail: deanobwp@aol.com14

PROJECT BUDGET SUMMARY

BUDGET CATEGORY	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100 PERSONNEL	13473	0	0	**13473**
SECTION 200 FRINGE BENEFITS	1052	0	N/A	**1052**
SECTION 300 TRAVEL	0	0	0	**0**
SECTION 400 EQUIPMENT	0	0	0	**0**
SECTION 500 SUPPLIES	0	0	0	**0**
SECTION 600 CONTRACTUAL	0	0	N/A	**0**
SECTION 800 OTHER DIRECT COSTS	0	0	0	**0**
TOTAL:	**14525**	**0**	**0**	**14525**

Provide Source of *Cash* Match: N/A

Provide Source of *In-Kind* Match: N/A

USE OF STOP FUNDS IN PERCENTAGES

Type of Victimization Served:	Percentage of STOP Funds Used:
Sexual Assault	
Domestic Violence/Dating Violence	100
Stalking	
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	PAID WITH C
Women's Advocate	Iola Harkness	FT	2050	82.3	4	674860	☒	☐
Women's Advocate	Joyce Watson	FT	2050	82	4	672400	☒	☐
		FT				0	☐	☐
		FT				0	☐	☐
		FT				0	☐	☐
		FT				0	☐	☐
		FT				0	☐	☐
		FT				0	☐	☐
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						1347260	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
N/A							0	☐	☐
							0	☐	☐
							0	☐	☐
							0	☐	☐
							0	☐	☐
							0	☐	☐
							0	☐	☐
							0	☐	☐
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							0	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
N/A			0
N/A			0
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			0

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	13473
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	**13473**

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 Women's Advocates are needed to assist with coordination and research in the project described as well as to continue with regularly assigned duties.

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

The salary for the positions were determined by the salaries already in place for similar positions at this program as well as other programs in the area. Length of time in service and experience were also put in considerations.

C) Project duties of each position requested:

These individuals completes intakes, act as liaison between the survivor and the other service providers (welfare department, courts, sheriff's office, etc.) to insure the survivor's need are being met. These individuals will also coordinate with the other staff and volunteers in obtaining the goals of this project.

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 positions to be filled by original employee hired from the previous grant-----Iola Harkness and by existing personnel Joyce Watson.

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. Iola Harkness	.062		6749	418.438	5.	.062			0.0
2. Joyce Watson	.062		6724	416.888	6.	.062			0.0
3.	.062			0.0	7.	.062			0.0
4.	.062			0.0	8.	.062			0.0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Iola Harkness	.0145		6749	97.8605	5.	.0145			0.0
2. Joyce Watson	.0145		6724	97.498	6.	.0145			0.0
3.	.0145			0.0	7.	.0145			0.0
4.	.0145			0.0	8.	.0145			0.0
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. Iola Harkness	.0006		6749	4.0494	5.				0
2. Joyce Watson	.0006		6724	4.0344	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. Iola Harkness	.0010	CHECK TYPE:	6749	6.749	5.		CHECK TYPE:		0
2. Joyce Watson	.0010		6724	6.724	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):	1052.2413				FRINGE BENEFITS TOTAL (B):	0.0

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

FRINGE BENEFITS TOTAL (A+B): 1052.2413

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	1052
CASH MATCH	0
TOTAL FRINGE BENEFITS	1052

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.

Our program has identified several service organization that we are going to target to attempt to bring about social change and assist with better serving the women and children served. Survivors utilizing our services have reported that they are often made to feel alienated from various agencies when trying to access resources when attempting to leave their abusive relationships. Reports of this type abound at programs around the state and resources are needed to educate these service agencies on an individual basis in order that they are better able to serve the women and children who come to them for assistance.

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

These gaps were identified by advocating with these other agencies to better provide services.

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: To provide training opportunities for local service agencies who serve women and children who are survivors of domestic violence.

Goal #2: To distribute literature throughout our service area to better advertise our services in order that more victims of domestic violence will know about and seek services at our program.

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**.

Objective#1: To conduct at lease 2 training sessions for other service organizations with the expectation that 50 service providers will be better educated on domestic violence issues.

Objective#2: To distribute at least 1,000 brochures and /flyers to service organizations with the expectation that we will reach at least 25 new survivors who seek services at our program.

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, Objective #1: To provide 2 training sessions at a local facility and provide different speakers on topics pertaining to providing services to survivors of domestic violence. We plan to invite as many as 100 participants to each event with the expectation that 50% will attend. These trainings will occur prior to 12/31/2011.

Goal #2, Objective #2: Local staff members will assist the Women's Advocate with the distribution of materials and make sure that these supplies are replenished as needed. This will be done with the expectation that at least 25 new survivors will seek services at our program. Replenishing supplies is an on-going process that occurs once a month at each location.

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: Barbara Green. PHONE: (504) 277-3177 EMAIL: BarbaraG@stbernardbwp.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: Gail Gowlandt PHONE: (504) 231-1247 EMAIL: DeanoBWP@aol.com

☒ 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.)

We conducted 2 training sessions for other service organizations and educated about 55 service providers. We also distributed 1,200 brochures /flyers that increased the number of survivors that sought services at our program.

2. Did the project work as expected? Explain.

Yes. The service providers that attended the training are now equipped with a better understanding of how they can better serve survivors of domestic violence. The brochures /flyers increased the number of survivors seeking help through our program .

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 advocates input data into our "Alice" database.

2. When will the data be collected?

Data is collected on a daily basis and put into the database.

3. Who will collect and analyze the data?

Advocates do monthly reports that are shared with other program personnel.

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

Name: Santa Aaron Phone: (504) 277-3177 Email: SantaA@stbernardbwp.com

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

Once data is collected and input into the database, staff involved in the project will look at the goals and objectives and make changes as needed. They will consult with other advocates for this purpose.

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.

As in the past , statistical data is shared on a regular basis with our Board of Directors, other domestic violence programs, the Department of Social Services, the Louisiana Commission on Law Enforcement, and other funding sources or service agencies who request this information.

The information is always furnished ensuring survivor confidentiality.

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.

In the event funding were not available through this grant source, we would seek funding from other funding sources, private foundations, or through increased fund-raising efforts.

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.

We are offering residential and non-residential services at our location in St. Bernard Parish and continur to offer non-residential services in Plaquemines Parish.

The Women's Advocate is part of our Administrative staff and as such is provided with her own private office, telephone, computer, and office supplies. She also has access to all common areas used by other members, interns, and volunteers. These includes restroom facilities, a kitchen area, and an area for breaks.

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.

We have always maintained a good working-relationship with the St. Bernard Sheriff's Office and also with New Orleans Legal Assistance Corporation (NOLAC) as they represent the majority of our survivors who are petitioning the courts for temporary restraining orders and protective orders.

We look forward to collaborating even further with the Sheriff's Office by encouraging them to re-establish their Domestic Violence Officer with personnel from othe service providers in providing quality services to the women and children whose lives have been impacted by domestic violence.