

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C10-7-028

APPLICANT: St. Bernard Battered Women's Program

PROJECT TITLE: Domestic Violence Program

PROJECT FUNDS :

FUND: \$ 17,658 80.00%

PROJECT DURATION: 12 months

MATCH: \$ 4,415 20.00%

START DATE: 07/01/2011

TOTAL: \$ 22,073 100.00%

END DATE: 06/30/2012

Continuation of C00-7-022

PROJECT SUMMARY:

To provide quality services to women and children whose lives have been impacted by domestic violence. To this end, we propose to provide assistance with navigating the court system to provide safety to this population through legal advocacy and court accompaniment.

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) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 04/06/2011 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: C10-7-028 CVA Purpose Area: 1, 2, 3

1. TITLE OF PROJECT Domestic Violence Program		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C09-7-029	
3. PROJECT DURATION Total Length: 12 Months (<i>Not to exceed 12 Months</i>) Desired Start Date: 7/1/2011 Desired End Date: 6/30/2012		4. PROJECT FUNDS Federal Funds: \$17,657 Cash Match In-Kind Match: \$4,415 Total Project: \$22,072	
5A. APPLICANT AGENCY INFORMATION Agency Name: St. Bernard Battered Women's Prog, Inc. Physical Address: 3010 Jean Lafitte Pkwy. City: Chalmette Zip: 70043-4036 Mailing Address: P.O. Box 7 City: Arabi Zip: 70032-0007 Phone: (504) 277-3177 FAX: (504) 279-9377 Email: <u>deanobwp@aol.com</u>		5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Gail P. Gowland Title: Executive Director Agency Name: St. Bernard Battered Women's Program, Inc. Address: 3010 Jean Lafitte Pkwy. City: Chalmette Zip: 70043-4036 Phone: (504) 277-3177 FAX: (504) 279-9377 Email: <u>GailG@stbernardbwp.com</u> <u>12/30/11</u>	
Fed Employer Tax Id: 58 - 1834566 DUNS: 105756618 -		CCR CAGENCAGE: 4MUDS CCR Expiration Date: <u>2/23/2011</u>	

6. IMPLEMENTING AGENCY Name: Gail P. Gowland Title: Executive Director Agency: St. Bernard Battered Women's Pro Address: 3010 Jean Lafitte Pkwy. City: Chalmette Zip: 70043-4036 Phone: (504) 277-3177 FAX: (504) 279-9377 Email: <u>GailG@stbernardbwp.com</u>	7. PROJECT DIRECTOR Name: Cindi Stone Title: Outreach/Court Advocate Agency: St. Bernard Battered Women's Pro Address: 3010 Jean Lafitte Pkwy. City: Chalmette Zip: 70043-4036 Phone: (504) 277-3177 FAX: (504) 279-9377 Email: <u>BarbaraG@stbernardbwp.com</u>	8. FINANCIAL OFFICER Name: Mari Baltazar Title: Grants Manager Agency: St. Bernard Battered Women's Pro Address: 3010 Jean Lafitte Pkwy. City: Chalmette Zip: 70043-4036 Phone: (504) 277-3177 FAX: (504) 279-9377 Email: <u>MariB@stbernardbwp.com</u>
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9. BRIEF PROJECT DESCRIPTION: (*Please do not exceed space provided below.*)
To provide quality services to women and children whose lives have been impacted by domestic violence. To this end, we propose to provide assistance with navigating the court systems to provide safety to this population through legal advocacy and court accompaniment. Provide extensive safety planning for clients in need of protection from abuse and offering safe shelter to survivors.

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):

<input checked="" type="checkbox"/>	Sexual Assault
<input checked="" type="checkbox"/>	Domestic Abuse
<input checked="" type="checkbox"/>	Child Abuse
<input type="checkbox"/>	Previously Underserved

State Type of Previously Underserved:

PROJECT BUDGET SUMMARY

INSTRUCTIONS: The Checklist is self-explanatory. In Project Summary, applicable budget category totals will be automatically entered from each of the Detailed Project Budget Summaries. Provide source of Cash and/or In-Kind Match. In last table, check the type of victimization types that this project will address.

CHECKLIST:	YES:	NO:
Are all budgeted items allowable per Program Guidelines?	<input checked="" type="checkbox"/>	<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 shown on Pages 3 through 11.

Person Completing Budget Section: Mari Baltazar Title: Grants Manager
Phone: (504) 277-3177 Fax: (504) 279-9377 E-Mail: MariB@stbernardbwp.com

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$16,178	\$0	\$4,415	\$20,593
SECTION 200. FRINGE BENEFITS	\$1,479	\$0	N/A	\$1,479
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 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$0	\$0	\$0	\$0
TOTAL:	\$17,657	\$0	\$4,415	\$22,072

Provide Source of Cash Match: N/A

Provide Source of In-Kind Match: 441.5 Volunteer Hours at \$10.00.

SECTION 100. PERSONNEL

Enter Position Titles and Names of the employees for each position funded through this grant. For further information and direction, please refer to the application instructions.

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Court Advocate	Cindi Stone	FT	\$2,112.50	63.82%	12.00	\$16,178.37	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<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"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$16,178.37	F = Fed Funds	C = Cash Match

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT	OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH	
									F	C
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:								\$0.00	F = Fed Funds	C = Cash Match

VOLUNTEERS:

DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions.	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
Volunteers will expend approximately 60 hours distributing literature and seeking contributions to continue the program; and, 61.5 hours assisting in preparations before, during, and after training sessions. 320 volunteer hours will be use to assist with clerical duties, residential duties, legal advocacy and court accompaniment.	441.50	\$10.00	\$4,415.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$4,415.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$16,178
CASH MATCH	
IN-KIND MATCH	\$4,415
PERSONNEL TOTAL	\$20,593

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:

This position assists victims of domestic violence with the completion and filing of petitions for Temporary Restraining Orders and also accompanies them to court. This individual also provides safety planning, advocacy and referrals to other service providers. There is no need for overtime for this position.

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

The salary for the Court Advocate and the rate of match for the volunteers was determined by comparing them to the salaries of employees already on staff and with similar positions at other programs around the state.

C) Project duties of each position requested:

Besides the duties listed under need for this position, other duties include community education, distribution of brochures and pamphlets, placement of informational articles in local newspapers, coordination of services between local, state, and regional agencies, and coordinating staff in maintaining and updating training manuals and supplies. She also assists in presentations and training of referred to other domestic violence providers.

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.]

Position will be filled by existing employee, Cindi Stone.

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. Cindi Stone	.062		\$16,178	\$1,003					\$0
2.	.062			\$0					\$0
3.	.062			\$0					\$0
4.	.062			\$0					\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Cindi Stone	.0145		\$16,178	\$234					\$0
2. *Grant pays only	.0145			\$0					\$0
3. \$14 of Medicare	.0145			\$0					\$0
4.	.0145			\$0					\$0
HEALTHLIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTHLIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1.				\$0					\$0
2.				\$0					\$0
3.				\$0					\$0
4.				\$0					\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1.				\$0					\$0
2.				\$0					\$0
3.				\$0					\$0
4.				\$0					\$0
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL
1. Cindi Stone	0.015	CHECK TYPE:	\$16,178	\$242			CHECK TYPE:		\$0
2.				\$0					\$0
3.		<input type="checkbox"/> FLTA		\$0			<input type="checkbox"/> FLTA		\$0
4.		<input checked="" type="checkbox"/> SLTA		\$0			<input type="checkbox"/> SLTA		\$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				\$0					\$0
2.				\$0					\$0
3.				\$0					\$0
4.				\$0					\$0
OTHER	RATE		SALARY	TOTAL	OTHER	RATE		SALARY	TOTAL
1.	7.00			\$0					\$0
2.				\$0					\$0
3.				\$0					\$0
4.				\$0					\$0
FRINGE BENEFITS TOTAL (A):				\$1,479	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): \$1,479

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$1,479
CASH MATCH	\$0
TOTAL FRINGE BENEFITS	\$1,479

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.

St. Bernard and Plaquemines Parishes were still recovering from the affects of Hurricanes Katrina, Rita, and Gustav when the BP Oil Spill further exacerbated the rise in unemployment, the lack of affordable housing, the lack of available child care in the parishes, and the rise in domestic violence. As with the storms, the rise in domestic violence did not happen immediately. The rise in domestic violence happens approximately 6 to 9 months following disasters according to a study conducted by Newcomb College in 2007. We found this to be true after the storms and that is what is happening at the present time. Individuals are seeking medical attention, shelter, and legal remedies to assist them in getting to safety and away from the perpetrators of this abuse. From information obtained from our database, 51% of the women coming to shelter reported they had no income upon entering shelter and 30% had incomes less than \$10,000.

Need: There is a tremendous need for more public awareness of the signs of domestic abuse, more involvement by the community to assist individuals who they think may be involved in abusive relationships, and more awareness of the resources available to individuals in these situations. During the last 12 month period, our program sheltered 336 women and children for a total of 8,083 nights of shelter. Of these 336 individuals, 133 were women and 203 were children. In 2010, our Court Advocate assisted with the completion of 188 petitions for Temporary Restraining Orders in which 149 were actually filed and were granted.

During 2010, we provided services through our hotline, non-residential, and residential program to 824 survivors of domestic violence and/or sexual assault; 503 women, 319 children, and 2 men. Of these, 40% were white, 48% were African American, 6% were Multi-Racial, 2% were Asian or Pacific Islanders, and the remaining 4% were listed as Other. The program participants came from the following parishes: 43% from St. Bernard; 1% from Plaquemines; 34% from Orleans; 14% from Jefferson; 2% from St. Tammany; and, 6% from other Louisiana Parishes or out of state.

We found that 45% of the individuals who called our hotline came into shelter. Once in shelter, they had a tendency to stay for a longer period of time due to the lack of jobs, affordable housing, and child care. They stayed longer and were able to qualify for our homeless prevention assistance.

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

We started a task force on domestic violence in 2010. One area that was cited by members of this task force was mandating enrollment into a batterer's intervention program. In order to hold perpetrators accountable for their actions, it is our desire to have area judges mandate attendance to the 26-week Duluth Model of batterer intervention sessions.

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 expand public awareness of services available through our program and increase advocacy, referral, and follow-up services in addition to increasing Court Advocacy services for survivors of domestic violence in St. Bernard and Plaquemines Parishes.

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 utilize Court Advocate in St. Bernard and Plaquemines Parish to assist in expanding participation in legal services with the expectation that 50 new individuals will be added during this grant period.

During the first six months of the previous grant (July 1, 2010 to December 31, 2010 we have provided 528 hours of legal advocacy.

Objective #2: To utilize Court Advocate in St. Bernard and Plaquemines Parish to expand legal advocacy and court accompaniment with the expectation that 50 women will be assisted with filing Temporary Restraining Orders and will be accompanied to court.

In the first six months of the previous grant (July 1, 2010 to December 31, 2010 we have assisted 203 individual in obtaining restraining orders against abusing spouse/partner.

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.

Objective #1: Our Court Advocate in St. Bernard Parish (with the assistance of volunteers) will increase public awareness in the service area. They will accomplish this by: distributing a minimum of 500 brochures, posting a minimum of 20 posters, and placing ads in local newspapers. These activities will be accomplished on a quarterly basis during the grant period. Booklets containing information and available services will be distributed to sheriff's deputies so that they can be given to survivors who call law enforcement for assistance.

Objective #2: Our Court Advocate in St. Bernard Parish (with the assistance of the Women's Advocate and other trained staff members) will assist 50 women with filing Temporary Restraining Orders (TRO's) and will accompany them to court for the TRO hearing. These activities are performed on an as-needed basis. The Court Advocate will train volunteers and together they will also provide training on domestic violence to program staff and other agencies. Trainings will be held approximately on a quarterly basis.

The activities undertaken to achieve the goals & objectives are on going through out the grant period of 7/1/2011 to 6/30/2012.

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: 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: 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.)

Our measurable outcomes were to increase awareness of our program and increase participation. We accomplished this by distributing literature about our services to agencies who come into contact with our program participants. We also increased awareness by participating in local fairs and presentations to United Way agencies for their annual campaigns. We also established a task force on domestic violence and are collaborating with various community partners to increase services as well as awareness.

Prior Objective #1: To utilize Legal Advocate in St. Bernard Parish and Outreach Coordinator in Plaquemines Parish to assist in expanding participation in legal services with the expectation that 50 new individuals will be added during this grant period.

During the 1st 6 months of the previous grant period (7/1/2010 to 12/31/2010) - 528 hours of legal advocacy were provided to clients.

Prior Objective #2: To utilize Legal Advocate in St. Bernard Parish and Outreach Coordinator in Plaquemines Parish to expand legal advocacy and court accompaniment with the expectation that 50 women will be assisted with filing Temporary Restraining Orders and will be accompanied to court.

During the 1st 6 months of the previous grant period (7/1/2010 - 12/31/2010) - 203 individuals were assisted with filling out TRO's.

2. Did the project work as expected? Explain.

Yes, the project worked as expected and we were able to increase awareness of our program as well as the services we offer.

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?

The objectives were changed in order to provide more accurate and quantifiable data on the projects core activities.

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?

We collect data by utilizing the attached surveys. The Law Enforcement Satisfaction Survey is completed by any program participants who have had contact with any law enforcement agency. The Survivor Feedback Forms are completed by all program participants.

2. When will the data be collected?

The data is collected at various times during the time that a survivor is participating in any of our programs.

3. Who will collect and analyze the data?

The surveys have been created using Survey Monkey and the results are compiled by that program. A report is printed each quarter and shared with individuals involved in the project.

4. Who will be responsible for submitting the data for the Quarterly Progress Reports: 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?

Each quarter the individuals involved in this project will meet and review the reports and make any changes needed to improve the program.

6. Name the recipients who will receive the project's results and the schedule of reporting (i.e. monthly, quarterly, yearly). Recipients MUST state the Louisiana Commission on Law Enforcement will receive Quarterly Progress Reports and expenditure reports quarterly/monthly as specified at award time. Recipients should also include, if applicable, board of directors, applicant agency (if different from implementing agency), courts with jurisdiction, etc.

The Louisiana Commission on Law Enforcement will receive Quarterly Progress Reports on a quarterly basis and expenditure reports on a monthly basis. Monthly reports will be provided to our Board of Directors and will be provided to other agencies as soon as possible upon receiving a request from them.

J. CONTINUATION

Yes No Do you plan to continue this project at the conclusion of federal support?
Since continued VOCA funding is limited and not assured, alternate funding sources should be sought. Name the sources and potential sources of continued funding for this project at the conclusion of Federal support.

At the conclusion of federal funding, we will seek funds from other grant sources, private individuals, corporate sponsors, or foundations. We will also increase fund-raising efforts to continue this program as we feel it is vital to combating domestic violence in our community.

K. RESOURCES

Describe all 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.

Our program has confidential office space that is utilized by our Court Advocate in St. Bernard Parish. Due to budget cuts and limited participation at our Plaquemines Women's Outreach Center, that facility was closed and we now offer services there on an as-needed basis. All office equipment, communications equipment, parking facilities, and bathroom facilities are available to survivors needing to use our services.

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 performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). Volunteers' duties must directly relate to the focus of this project and information stated in Section 100 Personnel.

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

Volunteers expend approximately 20 hours distributing literature and seeking contributions to continue the program; and, 21.5 hours assisting in preparations before, during, and after training sessions.

N. REQUIRED COMPONENTS

1. Subgrantees are required to help victims apply for victim compensation. Describe a specific plan on how applicant has or will interface with the Louisiana Crime Victims Reparations Program.

Brochures are distributed to victims utilizing our services. The advocates explain what services are available and will coordinated the efforts of survivors meeting the criteria with the local representative of the Louisiana Crime Victims Reparation Program. Victims sign documenting that they have been given this information. Although most victims do not want to involve law enforcement, we encourage them to take advantage of this program.

2. Describe how applicant has/will coordinate activities with other criminal justice system/private service providers in the community. If you have obtained cooperative agreements, a copy may be attached to the application in addition to the brief description.

We will continue to coordinate services on behalf of our survivors with:

- (1) SLLS - Legal aid attorneys who represent survivors in court in both St. Bernard and Plaquemines Parishes;
- (2) Private Attorneys - When it is necessary, referrals are made to private attorneys for pro bono representation or at a reduced rate;
- (3) Sheriff's Office - We coordinate services with the Sheriff's Office whenever a woman needs transportation from Plaquemines Parish to the shelter in St. Bernard. We also coordinate services when individuals need to return to retrieve her possessions.
- (4) Child Protection - When it becomes necessary to contact child protective services, efforts are coordinated to insure the safety of the child(ren);
- (5) Schools - We work together to insure that children are safely incorporated into the district schools and receive needed supplies and services through the Homeless Liaison at the school board.
- (6) BIP - Coordinate social change efforts with Family Services of Greater New Orleans in St. Bernard to hold batterers accountable for their actions.

3. Indicate how the applicant will address the issue of encouraging the victims to report to law enforcement. Policies and procedures may be attached to the application in addition to the brief description.

As stated above, we refer survivors to the Crime Victims Reparations Program in each parish; however, most survivors do not want to involve law enforcement. We strive to empower survivors to make informed decisions and encourage them to keep their safety and that of their child(ren) at the center of the decision-making process. Upon intake, brochures, fact sheets, and applications are provided.

4. State that the applicant will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate. The Louisiana Child Protection Act refers to screening prospective employees. NOT reporting instances of child abuse.

The St. Bernard Battered Women's Program, Inc. will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate. A criminal background check is obtained from local law enforcement on all new hires, interns, and volunteers. A criminal background check is obtained from Louisiana State Police on all staff members.

CVA - 22

Rutha Chatwood

From: Rutha Chatwood
Sent: Wednesday, April 06, 2011 11:05 AM
To: HMagnuson
Cc: Gail Gowland
Subject: C10-7-028; St. Bernard Battered Women's Program, Inc.; "Domestic Violence Program"

April 6, 2011

Ms. Gail P. Gowland
St. Bernard Battered Women's Program, Inc.
c/o Mr. Helmer Magnuson
Jefferson Community Justice Agencies
1221 Elmwood Park Blvd., Suite 607
Jefferson, LA 70123

RE: C10-7-028; St. Bernard Battered Women's Program, Inc.; "Domestic Violence Program"

Dear Ms. Gowland:

This office has received the above referenced application. The application will be presented at the Victim Services Advisory Board and the Commission meetings scheduled for May 25, and 26, 2011, respectively. Since this application request is to continue this project and is under \$20,000, you are only required to attend the Victim Services Advisory Board meeting.

Based on my review of the application, the following issues must be addressed and resolved. Additional issues may arise between the review process and the Advisory Board and Commission meetings. If so, you will be given every opportunity and assistance to address and/or resolve any additional issues to avoid delaying the application to be presented.

1. Your Federal funds shown in the amount of \$17,657 are incorrect. The correct figure should be \$17,658. Please correct and adjust the budget accordingly. (The federal amount on the Subgrant Award Report in Section 8 is correct.)

Please email or mail ONLY the changes as directed on the appropriate application pages and return only those pages for which changes or additional information was requested to the District Office. Please do not fax replies, as they are not always legible. All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. This information is due to LCLE by Friday, April 22, 2011. Please contact the District Office if you have any questions.

Sincerely,

Rutha Chatwood
Victim Services Program Manager
LA Commission on Law Enforcement
P. O. Box 3133
Baton Rouge, LA 70821-3133
Phone: 1-225-342-1625
Fax: 1-225-342-1846
Email: rutha.chatwood@lcle.la.gov

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