

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

**APPLICATION AND REVIEW  
SUMMARY**

APPLICATION NUMBER: M10-8-019

APPLICANT: St. Bernard Battered Women's Program

PROJECT TITLE: Domestic Violence Program

**PROJECT FUNDS :**

FUND: \$ 15,117 100.00%  
MATCH: \$ 0 0.00%  
TOTAL: \$ 15,117 100.00%

PROJECT DURATION: 12 months

START DATE: 05/01/2011

END DATE: 04/30/2012

Continuation of 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 OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.



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

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

CFDA #16.568

**FOR LCLE USE ONLY:** Project ID: M10-8-019 VAWA Purpose Area: 5

<b>1. TITLE OF PROJECT</b> DOMESTIC VIOLENCE PROGRAM		<b>2. <input type="checkbox"/> NEW PROJECT</b> <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: <del>M10-8-018</del> <u>M10-8-018</u>	
<b>3. PROJECT DURATION</b> Total Length: <u>12</u> Months (Not to exceed 12 Months) Desired Start Date: 5/1/2011 Desired End Date: 4/30/2012		<b>4. PROJECT FUNDS</b> Federal Funds: 15117 Cash Match: 0 In-Kind Match: 0 Total Project: 15117	
<b>5A. APPLICANT AGENCY INFORMATION</b> 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		<b>5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY</b> 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 DLNS: 105756618 - CCR CAGE/NCAGE: 4MUD5 CCR Expiration Date: 2/23/2011

<b>6. IMPLEMENTING AGENCY</b> 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	<b>7. PROJECT DIRECTOR</b> 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	<b>8. FINANCIAL OFFICER</b> Name: Mari Baltazar 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: MariB@stbernardbwp.com
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**9. BRIEF PROJECT DESCRIPTION:** (Please do not exceed space provided below.)  
This project is to continue funding for full-time Case Manager to sustain services being offered to women and children in St. Bernard and Plaquemines Parishes.

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LA COMMISSION  
LAW ENFORCEMENT

**VAWA PURPOSE AREAS**

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

**PROJECT BUDGET SUMMARY**

**INSTRUCTIONS:** The Checklist is self-explanatory. In Project Summary, applicable budget category totals will be automatically entered from each of the Detailed Project Budget Summaries. Provide source of Cash and/or In-Kind Match. In last table, enter the percentage of STOP funds directed to each area that this project will address.

**CHECKLIST:**

Are all budgeted items allowable per Program Guidelines?	YES: <input checked="" type="checkbox"/>	NO: <input type="checkbox"/>
Were instructions followed to determine allowable personnel/contractual costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all line item computations correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do line items add to category totals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have category totals been rounded to nearest dollar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Each category amount listed in the table below must equal category totals in each budget section.

Person Completing Budget Section: 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	14022	0	0	14022
SECTION 200 FRINGE BENEFITS	1095	0	N/A	1095
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
<b>TOTAL:</b>	<b>15117</b>	<b>0</b>	<b>0</b>	<b>15117</b>

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	C
Case Manager	Cynthia Stone	FT	2112.5	55.31	12	1402108.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				0	<input type="checkbox"/>	<input type="checkbox"/>
		FT				0	<input type="checkbox"/>	<input type="checkbox"/>
		FT				0	<input type="checkbox"/>	<input type="checkbox"/>
		FT				0	<input type="checkbox"/>	<input type="checkbox"/>
		FT				0	<input type="checkbox"/>	<input type="checkbox"/>
		FT				0	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						1402108.5	F = Fed Funds	C = Cash Match

**PART-TIME OR OVERTIME EMPLOYEES:**

POSITION TITLE	EMPLOYEE NAME	PT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH	
								P	C
N/A							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
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	14022
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	14022

**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 Case Manager is needed to assist with coordination of services and resources available for the women and children utilizing our services. There is no need for overtime as this is a flexible schedule to accommodate the needs of the program participants.

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

The salary for this position was determined by comparing 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 into consideration.

C) Project duties of each position requested:

This individual completes intakes, acts as liaison between the survivors and the other service providers (welfare department, courts, sheriff's office, etc.) to insure the survivor's needs are being met. The individual will also coordinate with the other staff and volunteers in obtaining the goals of the program participants. This individual assists with life skills training and dating violence education. The individual will also provide counselling, safety planning, referrals, etc.

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.)

This position was filled on 11/30/2010 by Mrs. Cynthia Stone. (See attached resume and Job Description.) The position was previously held by Ms. Iola Harkness who left our employment effective 11/17/2010.

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

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

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

EMPLOYEE'S NAME(S)					EMPLOYEE'S NAME(S) (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1. Cynthia Stone	.062		14022	869,364		.062			0.0
2.	.062			0.0		.062			0.0
3.	.062			0.0		.062			0.0
4.	.062			0.0		.062			0.0
MEDICARE					MEDICARE				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1. Cynthia Stone	.0145		14022	203,319		.0145			0.0
2.	.0145			0.0		.0145			0.0
3.	.0145			0.0		.0145			0.0
4.	.0145			0.0		.0145			0.0
HEALTHLIFE INSURANCE					HEALTHLIFE INSURANCE				
Provident/ly Insurance	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	Provident/ly Insurance	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1.				0					0
2.				0					0
3.				0					0
4.				0					0
WORKMAN'S COMPENSATION					WORKMAN'S COMPENSATION				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1. Cynthia Stone	.0006		14022	8,4132					0
2.				0					0
3.				0					0
4.				0					0
UNEMPLOYMENT TAX					UNEMPLOYMENT TAX				
Based on the \$2,000 or Less	RATE	TYPE	SALARY	TOTAL	Based on the \$2,000 or Less	RATE	TYPE	SALARY	TOTAL
1. Cynthia Stone	0010	CHECK TYPE	14022	14,022			CHECK TYPE		0
2.				0					0
3.		<input type="checkbox"/> FLTA		0			<input type="checkbox"/> FLTA		0
4.		<input checked="" type="checkbox"/> SUTA		0			<input type="checkbox"/> SUTA		0
PUBLIC/PRIVATE RETIREMENT					PUBLIC/PRIVATE RETIREMENT				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1.				0					0
2.				0					0
3.				0					0
4.				0					0
OTHER					OTHER				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1.				0					0
2.				0					0
3.				0					0
4.				0					0
			FRINGE BENEFITS TOTAL (A):	1095,1182				FRINGE BENEFITS TOTAL (B):	0.0

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

FRINGE BENEFITS TOTAL (A+B): 1095,1182

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	1095
CASH MATCH	0
TOTAL FRINGE BENEFITS	1095

## 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.

The population that we serve consists of survivors of domestic violence who may also be victims of sexual assault. This population is also female-headed and/or single parents with dependants, have lost their jobs, live at/or below poverty level, have limited access to transportation, may be elderly or disabled, and have low educational attainment and limited workplace skills. A large portion of our service area is extremely rural where transportation is an issue. Our two-parish service area is also divided by the Mississippi River. Portions of St. Bernard and Plaquemines Parishes are located on the east bank of the river. Likewise, portions of St. Bernard Parish and Plaquemines Parish are located on the west bank of the river. Due to budget cuts and increasing costs, we had to close our Plaquemines Women's Outreach location and are now meeting those needs by making appointments by telephone and/or face-to-face meetings at various places in that parish. Plaquemines Parish covers 845 square miles and St. Bernard Parish covers 465 square miles for a total service area of 1,310 square miles. This is almost as much as Orleans, Jefferson, and St. Tammany combined---1,342 square miles.

We are the only program located in St. Bernard Parish that is exclusively dedicated to serving battered women and their children. We provide individual and group counseling to women and children both on a residential or non-residential basis. If participants need specialized services, we make referrals to appropriate agencies. We are the only program in St. Bernard Parish that offers shelter services. While other counseling providers charge for their services on a sliding scale, all of our services are offered free of charge.

Looking at data from the 12-month period from May, 2009 thru April, 2010, we found that we have served 849 unduplicated individuals. We served 483 women, 359 children, and 7 men. Of these, 46.3% were White, 42.4% were African American, 8% were Other, and 3.3% were Multi-Racial. The percentage of individuals identifying as Hispanic was 4.6%.

Our problem is locating enough resources to assist women who have already left their situation with obtaining independent living. Our problem for non-residential or outreach clients are getting them the relief through the courts and holding the abusers accountable for their actions by having the court mandate their attendance at a Batterer's Intervention Program that utilizes the 26-week Duluth Model of intervention.

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

One problem that we plan to address this year is gaps in the system in providing quality services to battered women and their children. We have identified gaps in the court system, intervention services, and follow-up in mandates from the court for perpetrators of domestic violence. We have identified these gaps through repeatedly having clients come back to us and stating that their abusive partners have not followed through with the court mandates and that there have been no repercussions for not following these mandates. Since one of our collaborative partners is the agency that should be seeing these court-mandated perpetrators, the lapse in follow-up is very apparent.

Our Court Advocate assisted 85 clients in filing petitions for Temporary Restraining Orders. Of these, 44 completed the process and were awarded TRO's. Of these 85 petitions, only 51% (44) went on to receive a Protective Order, 39 were either no shows or changed their minds, and 1 was denied. This is a very low percentage in utilizing the court system to get relief from the ongoing abuse. This is another area that we want to address as a unified body.

### 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 #1: To transition clients to a violence-free and independent way of life.

Goal #2: To educate teens on dating violence.

### 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: To offer life skills training at least 2 times a month to increase job readiness for a minimum of 50 survivors.

Objective #2: To have at least 10 survivors qualify for and retain housing assistance.

Goal #2:

Objective #1: Conduct 4 training sessions per year with the intention of providing dating violence education to at least 200 teens.

Objective #2: Provide 200 teens with resources with the expectation that at least 25 students will 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/Objective #1: The following activities/methods will be used to reach the goal of transitioning to independent living. The timeline for this is within 3 months for residential survivors and 1 month for outreach survivors:

1. Group and individual sessions on: job readiness, resume writing, how to dress for an interview, how to respond to questions on an interview and other tips to assist in obtaining employment.
2. Group sessions on building self-esteem.
3. Assist with registering on LaWorks and submitting resumes.
4. Obtain and submit needed documentation to apply for housing assistance programs.

Goal/Objective #2: The following activities/methods will be used to reach the goal of educating teens on dating violence. The timeline for this to be accomplished within the 12-month grant period:

1. Select curriculum to be used.
2. Train Child Advocates and Case Managers on teen dating violence.
3. Establish collaborative with schools, churches, boy/girl scout leaders, etc. to schedule training.
4. Order materials needed for distribution during training sessions.

#### E. DEMOGRAPHICS

1. This project serves the following Congressional District(s)

- 1  2  3  4  5  6  7  All (Statewide Project)

2. Type of Organization:

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](http://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://lclj.la.gov/DEFENDERS/CSV.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 exceeded the objectives of the previous application. We anticipated distributing at least 1,000 brochures; however, we were able to distribute 3,000 brochures. We anticipated holding 2 training sessions; however, we managed to hold 4 sessions. (These were not documented on our Quarterly Progress Report as the advocate was under the impression that the training portion was for training grants only.)

2. Did the project work as expected? Explain

Yes, the project worked as expected. We were well-satisfied with the reception at the agencies where literature was placed and we were well satisfied with the remarks after the training sessions. The literature and the trainings received good to outstanding remarks on the evaluation forms utilized. The Question and Answer sessions showed that the information was retained and held the participant's interest.

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?

We want to show that the life skills training and the dating violence training result in survivors being able to move into independent housing and that teens will have needed education and resources to engage in healthy relationships and/or get out of abusive relationships.

#### 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?

Once the evaluation form is developed, data will be collected from program participants.

2. When will the data be collected?

At the end of their participation.

3. Who will collect and analyze the data?

The Case Manager and the Executive Director.

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

Name: Sarita 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?

The Case Managers, Child Advocates, Housing Advocate, and Executive Director will review results on a weekly basis and will make changes as needed. The program evaluations will be utilized to make changes as needed—especially for the training sessions, the life skills training, and the resource materials used and distributed.

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 each quarter and expenditure reports on a monthly basis. Project results will also be provided to our board of directors and any other funders as needed or requested.

**J. CONTINUATION**

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

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 continue to offer non-residential services in Plaquemines Parish.

The Case Manager 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 include restroom facilities, a kitchen area, and an area for breaks.

Our facility consists of 2 buildings that each contain 6,300 square feet and contain our Administration staff, Children's Program, Outreach Program, and Shelter Program.

**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 much?  
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 much, 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 I) 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 Southeast Louisiana Legal Services as they represent the majority of our survivors who are petitioning the courts for temporary restraining orders and protective orders.

We have recently formed our Anti-Abuse Advocacy (AAA) Task Force on domestic violence. Members include the St. Bernard Parish Sheriff's Office, Child Protection, Family Services of Greater New Orleans - St. Bernard Office (they offer the Barterer Intervention Program), other counseling agencies, school board members, sexual assault advocates, other domestic violence providers, and community representatives.