

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C11-7-027

APPLICANT: St. Bernard Battered Women's Program

PROJECT TITLE: Domestic Violence Program

PROJECT FUNDS :

FUND:	\$	<u>18,403</u>	80.00%	PROJECT DURATION:	<u>12</u> months
MATCH:	\$	<u>4,601</u>	20.00%	START DATE:	<u>07/01/2012</u>
TOTAL:	\$	<u>23,004</u>	100.00%	END DATE:	<u>06/30/2013</u>

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. Provide extensive safety planning for clients in need of protection from abuse and offer safe shelter to survivors.

RECOMMENDATION : FUND X DENY    

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 12/29/11 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: CLL-1-021

CVA Purpose Area: 1,2,5

<b>1. TITLE OF PROJECT</b> Domestic Violence Program		<b>2. <input type="checkbox"/> NEW PROJECT</b> <b><input checked="" type="checkbox"/> CONTINUATION PROJECT OF:</b> C10-7-028	
<b>3. PROJECT DURATION</b> Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 7/1/2012 Desired End Date: 6/30/2013		<b>4. PROJECT FUNDS</b> Federal Funds: \$18,403 Cash Match In-Kind Match: \$4,601 Total Project: \$23,004	
<b>5A. APPLICANT AGENCY INFORMATION</b> Agency Name: St. Bernard Battered Women's Prog., Inc. Physical Address: 3010 Jean Lafitte Pkwy. City: Chalmette Zip: 70043-4036 Mailing Address: P.O. Box 7 City: Arabi Zip: 70032-0007 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 Program, Inc. Address: 3010 Jean Lafitte Pkwy. City: Chalmette Zip: 70043-4036 Phone: (504) 277-3177 FAX: (504) 279-9377 Email: deanobwp@aol.com	
Fed Employer Tax Id: 58 - 1834566 DUNS: 105756618 - CCR CAGENCAGE: 4MUDS CCR Expiration Date: 12/30/2011			

<b>6. IMPLEMENTING AGENCY</b> Name: Gail P. Gowland Title: Executive Direc 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: GailG@stbernardbwp.com	<b>7. PROJECT DIRECTOR</b> Name: Santa Aaron Title: Program Coordinator 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: SantaA@stbernardbwp.com	<b>8. FINANCIAL OFFICER</b> 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: MariB@stbernardbwp.com
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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. We will also provide extensive safety planning for clients in need of protection from abuse and offer safe shelter to survivors as needed.

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Revised JULY 2010

rec'd 12/7/17 Ket

**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.

<b>CHECKLIST:</b>	<b>YES:</b>	<b>NO:</b>
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	\$16,861	\$0	\$4,601	\$21,462
SECTION 200. FRINGE BENEFITS	\$1,542	\$0	N/A	\$1,542
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
<b>TOTAL:</b>	<b>\$18,403</b>	<b>\$0</b>	<b>\$4,601</b>	<b>\$23,004</b>

**Provide Source of Cash Match:**  
N/A

**Provide Source of In-Kind Match:** 460.10 Volunteer Hours @ \$10.00.

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Revised JULY 2010

**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
Program Coordinator	Santa Aaron	FT	\$3,333.00	42.16%	12	\$16,862.31	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$16,862.31		

F = Fed Funds  
C = Cash Match

**PART-TIME OR OVERTIME EMPLOYEES:**

POSITION TITLE	EMPLOYEE NAME	FT 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
Assist with clerical duties needed by our Program Coordinator in conjunction with legal advocacy and court accompaniment and also in our Children's Program while mothers are completing needed paperwork for legal assistance.	460.10	\$10.00	\$4,601.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$4,601.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$16,861
CASH MATCH	
IN-KIND MATCH	\$4,601
PERSONNEL TOTAL	\$21,462

**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 will assist victims of domestic violence with the completion, and filing of petitions for Temporary Restraining Orders and also accompanies them to court for their hearings. This individual is also responsible for training other program staff on the completion of petitions for TRO's and to be back-ups for court accompaniment. This individual will also provide safety planning 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 of the Program Coordinator 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 shelters 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 educational 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 presentation and training offered 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, Santa Aaron, Program Coordinator.

**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. Santa Aaron	.062		\$16,861	\$1,045	5.	.062		\$0	\$0	
2.	.062		\$0	\$0	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. Santa Aaron	.0145		\$16,861	\$244	5.	.0145		\$0	\$0	
2.	.0145		\$0	\$0	6.	.0145		\$0	\$0	
3.	.0145		\$0	\$0	7.	.0145		\$0	\$0	
4.	.0145		\$0	\$0	8.	.0145		\$0	\$0	
HEALTHLIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTHLIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	
1.				\$0	5.				\$0	
2.				\$0	6.				\$0	
3.				\$0	7.				\$0	
4.				\$0	8.				\$0	
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	
1.				\$0	5.				\$0	
2.				\$0	6.				\$0	
3.				\$0	7.				\$0	
4.				\$0	8.				\$0	
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	
1. Santa Aaron	0.015	CHECK TYPE	\$16,861	\$252	5.		CHECK TYPE	\$0	\$0	
2.			\$0	\$0	6.			\$0	\$0	
3.		<input type="checkbox"/> FUTA	\$0	\$0	7.		<input type="checkbox"/> FUTA	\$0	\$0	
4.		<input checked="" type="checkbox"/> SUTA	\$0	\$0	8.		<input type="checkbox"/> SUTA	\$0	\$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):				\$1,541	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): \$1,541**

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$1,542
CASH MATCH	
<b>TOTAL FRINGE BENEFITS</b>	<b>\$1,542</b>

**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 effects of Hurricane 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, 60% of the women coming to shelter reported they had no income upon entering shelter and 30% had incomes less than \$10,000.00.

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 provided shelter to 365 women and children for a total of 15,361 nights of shelter. Of these 365 individuals, 151 were women and 214 were children. During this same period, our Court Advocate assisted with the completion of 188 petitions for Temporary Restraining Orders in which 149 were actually filed and were granted.

We provided service through our hotline, non-residential, and residential program to 1,148 survivors of domestic violence and/or sexual assault; 781 women and 367 children. Of these, 51 % were white, 43% were African American, 4% were Multi-Racial, 1% were Asian or Pacific Islanders, and the remaining 1% were listed as Other. The program participants came from the following parishes; 52% from St. Bernard; 2% from Plaquemines; 24% from Orleans; 14% from Jefferson; 2% from St. Tammany, and 6% from other Louisiana Parishes or out of state. Of this number, 2% also identified as victims of sexual assault. The 507 individuals calling our hotline for services also were calling on behalf of their minor children which was 700. These 700 children are not captured in our database at the present time.

We found that 30% 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 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 and 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.

This task force is no longer meeting; however, we are still pursuing the possibility of filling this gap in services. There is a new domestic violence investigator with the Sheriff's Office and we will be seeking his assistance on addressing this on-going issue.

### 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 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 Program Coordinator to assist Outreach Advocates and Court Advocates in expanding participation in legal services with the expectation that 50 new individuals will be added during this grant period.

During the first 4 months of our current grant (July 1, 2011 to October 31, 2011) we have provided 1,194 hours of legal advocacy, referrals, and supportive services to 38 women and 35 children.

**Objective #2:** To utilize Program Coordinator to assist Court Advocates and Outreach Advocates in expanding 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 first 4 months of our current grant (July 1, 2011 to October 31, 2011), we have assisted 307 individuals. Of these, 100 were non-residential/outreach clients (44 women and 56 children). Of these individuals, we assisted 37 women in completing petitions for Temporary Restraining Orders, completed safety plans with all of them, and accompanied 20 to court.

### 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 Program Coordinator in St. Bernard Parish (with the assistance of Court Advocates, Outreach Advocates, and volunteers) will increase public awareness in our service area in order to identify victims. 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 Program Coordinator in St. Bernard Parish (with the assistance of the Court Advocates, Outreach Advocates, Women's Advocates, 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 Program Coordinator and the Court Advocates 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 will be on-going throughout the grant period of 7/1/2012 to 6/30/2013.

**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: Megan Troclair PHONE: (504) 277-3177 EMAIL: MeganT@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://lele.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.lele.la.gov/lavns](http://www.lele.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://lele.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.

Objective #1: During the first 4 months of our current grant (July 1, 2011 to October 31, 2011) we have provided 1,194 hours of legal advocacy, referrals, and supportive services to 38 women and 35 children.

Objective #2: During the first 4 months of our current grant (July 1, 2011 to October 31, 2011), we have assisted 307 individuals. Of these, 100 were non-residential/outreach clients (44 women and 56 children). Of these individuals, we assisted 37 women in completing petitions for Temporary Restraining Orders, completed safety plans with all of them, and accompanied 20 to court.

2. Did the project work as expected? Explain.

Yes, the project is working as expected and we are able to increase awareness of our program as well as the services we offer. More work is needed in Plaquemines Parish to increase awareness which will increase program participation. To this end, we have started a new campaign in having Public Service Awareness announcements published in the newspapers in that parish as well as in St. Bernard Parish.

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 RESULTS

**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 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 throughout the survivors participation 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 and analyzed by that program. A report is printed each quarter and shared with individuals involved in each program component.

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 and the services being provided.

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 regular 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 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.

Our program has confidential office space that is utilized by our Program Coordinator 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, communication equipment, parking facilities, and bathroom facilities are available to survivors needing to use our services.

We continue to have regular PSA's published in newspapers in both St. Bernard and Plaquemines Parish with designated telephone lines to call. Whenever funds permit, we plan to open and staff an outreach office once again in Plaquemines Parish to better serve survivors in that parish.

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?

Volunteer duties include, but are not limited to, assisting individuals with the completion of petitions for Temporary Restraining Orders, clerical duties (data entry, filing, copying, etc.), and other general office duties.

#### 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.

Crime Victims Reparation Program Brochures are distributed to victims utilizing our services. The advocate explains what services are available and will coordinate the efforts of survivors meeting the criteria with the local representative of the Louisiana Crime Victims Reparation Program. Victims sign documentation 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 - Coordinated 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 Reparation 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 in the event they would like to apply at a later date.

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 interns and volunteers. A criminal background check is obtained from Louisiana State Police on all new hires and staff members on a regular basis.

#### Kathy Guidry

**From:** Kathy Guidry  
**Sent:** Thursday, December 29, 2011 10:10 AM  
**To:** 'Helmer Magnuson'  
**Cc:** Ronald Lampard  
**Subject:** C11-7-027, St. Bernard Battered Women's Program, Inc., Domestic Violence Program

Ms. Gail B. Gowland  
St. Bernard Battered Women's Program, Inc.  
c/o Jefferson Parish Dept. of Community Justice Agency  
1221 Elmwood Park Blvd., Suite 607  
Jefferson, LA 70123-2337

RE: C11-7-027; "Domestic Violence Program"

Dear Ms. Gowland:

This office has received the above application. This application will be presented at the Victim Services Advisory Board and the Commission meetings, which are scheduled for February 29 and March 1, 2012, respectively. The information regarding the location of the meetings is yet to be determined. Since this application request is to continue this project and is under \$20,000, you will be required to attend only the Victim Services Advisory Board meeting.

Based on the preliminary review of the referenced application, the following issues must be addressed and resolved. Additional issues may arise between the agency review process and the Advisory Board/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. Pg. 1, - CCR CAGE/NGAGE: The application states "4MUDS"; the CCR website states "4MUDS". Please correct this figure. The CCR website shows that it expires 12/30/2011. Verification that this has been renewed must be sent to LCLE. An award cannot be issued if this is not current.
2. Pg. 15, C. Objectives - Each objective needs to have a baseline. The results under each objectives needs to be entered on page 19, H. Prior Results.
3. Pg. 20, I. Evaluation and Dissemination of Reporting #5 - Once the group meets to review the progress, who is responsible for the updates/revisions?
4. Subgrant Award Report #8 - It states all funds will be used for domestic violence. However, #11 states child physical and sexual abuse, domestic violence, adult sexual assault, and elder abuse and on page 2 VAWA Purpose Area's "Sexual Assault", "Domestic Abuse", and "Child Abuse" are checked. These areas must be consistent.

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 Monday, January 16, 2012. Please contact the District Office if you have any questions pertaining to this letter.

Sincerely,