

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: M11-8-009

APPLICANT: The Haven, Inc.

PROJECT TITLE: Domestic Violence Program

PROJECT FUNDS :

FUND:	\$	<u>15,242</u>	100.00%
MATCH:	\$	<u>0</u>	0.00%
TOTAL:	\$	<u>15,242</u>	100.00%

PROJECT DURATION: 12 months

START DATE: 05/01/2011

END DATE: 04/30/2012

Continuation of M96-8-024

PROJECT SUMMARY:

This project facilitates advocacy, case management, and counseling to survivors of domestic violence.

RECOMMENDATION: FUND X DENY   

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 01/03/12 IS REVIEWED AND APPROVED BY LCLE STAFF.



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

**U.S.D.O.T. VIOLENCE AGAINST  
WOMEN FORMULA GRANT  
PROGRAM**

CFDA #16.588

FOR LOCAL USE ONLY:

Project ID: M11-8-009 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: M10 - 8 - 009	
<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: \$15,242 Cash Match In-Kind Match: Total Project: \$15,242	
<b>5A. APPLICANT AGENCY INFORMATION</b> Agency Name: The Haven, Inc Physical Address: 201 Duet Street City: Houma Mailing Address: P.O. Box 4279 City: Houma Phone: (985) 872-0757 Email: julie@havenhelps.org		<b>5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY</b> Authorized Official: Julie M. Pellegri Title: Executive Director Agency Name: The Haven, Inc. Address: P.O. Box 4279 City: Houma Phone: (985) 872-0757 Email: julie@havenhelps.org	
Fed Employer Tax Id: 72 - 1233532 DUNS: 963268826 - CCR CAGE/NCAGE: 5KX14 CCR Expiration Date: 07/31/12			

<b>6. IMPLEMENTING AGENCY</b> Name: Julie M. Pellegri Title: Executive Director Agency: The Haven, Inc Address: P.O. Box 4279 City: Houma Phone: (985) 872-0757 Email: julie@havenhelps.org	<b>7. PROJECT DIRECTOR</b> Name: Julie M. Pellegri Title: Executive Director Agency: The Haven, Inc Address: P.O. Box 4279 City: Houma Phone: (985) 872-0757 Email: julie@havenhelps.org	<b>8. FINANCIAL OFFICER</b> Name: Vacant Title: Operations Director Agency: The Haven, Inc Address: P.O. Box 4279 City: Houma Phone: (985) 872-0757 Email: julie@havenhelps.org
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**9. BRIEF PROJECT DESCRIPTION:** (Please do not exceed space provided below.)  
This projects facilitates advocacy, case management, and counseling to survivors of domestic abuse.

2011 DEC 9 3:05

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: Julie M. Pellegrin Title: Executive Director  
 Phone: (985) 872-0757 Fax: (985) 873-7494 E-Mail: julie@havenhelps.org

**PROJECT BUDGET SUMMARY**

BUDGET CATEGORY	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100 PERSONNEL	\$12,037	\$0	\$0	\$12,037
SECTION 200 FRINGE BENEFITS	\$3,205	\$0	N/A	\$3,205
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>\$15,242</b>	<b>\$0</b>	<b>\$0</b>	<b>\$15,242</b>

Provide Source of Cash Match:

Provide Source of In-Kind Match:

**USE OF STOP FUNDS IN PERCENTAGES**

Type of Victimization Served:	Percentage of STOP Funds Used:
Sexual Assault	
Domestic Violence/Dating Violence	100%
Stalking	
<b>Total (must equal 100 percent)</b>	<b>100%</b>

**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
Empowerment Advocate	Kim Clement	FT	\$3,125.00	32.10%	12.00	\$12,037.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT	\$0.00			\$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:						\$12,037.50		

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"/>
							\$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
			\$0.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$0.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$12,037
CASH MATCH	
IN-KIND MATCH	
<b>PERSONNEL TOTAL</b>	<b>\$12,037</b>

**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:

Intervention services for survivors of domestic violence attempts to meet the variety of needs survivors and their families identify. First, battered women need to be safe. The Empowerment advocate works with each survivor in establishing safety plans. Second, Battered women need information and referrals. They need to know about the resources and options available to them. The Empowerment Advocate advocates for and refers survivors to a variety of community resources. Third, Battered women need material resources. When their own private resources are limited, they may need to access resources from the city or state. The Empowerment Advocate links survivors with all the community resources which can aid them in establishing independence. Battered women may need medical assistance, housing, food, clothing, transportation, and money. In addition, they may need child care, education, job training, jobs, or legal assistance. Although battered women need, at a minimum, these resources they also need opportunities for connecting, for sharing, for being respected, and for healing. In order to meet the needs of battered women, the empowerment advocate will provide case management and counseling to survivors of domestic abuse.

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

Salary was determined by using LANO salary survey and taking into consideration similar positions in the area.

C) Project duties of each position requested:

The Empowerment Advocate is responsible for providing case management and individual/group counseling to survivors of domestic abuse in the residential setting.

The duties of the Empowerment Advocate are as follows:

- Identify and prioritize survivor's needs, including safety planning
- Identify and refer survivors to local, state, and national resources available
- Develop goals and objectives specific to the survivor's own goals and record these in an individualized service plan
- Provide services to hotline callers
- Facilitate exit interviews with survivors departing from the residential setting
- Provide immediate face-to-face contact with new survivors entering residential facility to help determine emergency needs, orient them to the shelter facility

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.]

Existing personnel will be utilized. Kim Clement is an existing personnel who will now be working on grant activities.

**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

EMPLOYEE'S NAME(S)					EMPLOYEE'S NAME(S) (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1. Kim Clement	.062		\$12,037	\$746	5.	.062			\$0
2.	.062			\$0	6.	.062			\$0
3.	.062			\$0	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Kim Clement	.0145		\$12,037	\$174	5.	.0145			\$0
2.	.0145			\$0	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTH/LIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1. Kim Clement	490.50	12.00	32.10%	\$1,889	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. Kim Clement	0.028		\$12,037	\$337	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. Kim Clement	0.024	CHECK TYPE	\$2,472	\$59	5.		CHECK TYPE		\$0
2.				\$0	6.				\$0
3.		<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0
4.		<input checked="" type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> SUTA		\$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
OTHER	RATE		SALARY	TOTAL	OTHER	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
FRINGE BENEFITS TOTAL (A):				\$3,205	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): \$3,205

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$3,205
CASH MATCH	
<b>TOTAL FRINGE BENEFITS</b>	<b>\$3,205</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 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.

In calendar year 2010, the Terrebonne Parish Sheriff's Office responded to 439 domestic violence complaints and the Houma Police Department reported 260 domestic violence cases. The Haven assisted 580 new survivors of domestic abuse in calendar year 2010.

In order to address the needs of survivors of domestic abuse in Terrebonne Parish, the parish needs a victim service agency which provides intervention services. Intervention services for survivors of domestic abuse attempts to meet the variety of needs survivors and their families identify. First, battered women need to be safe. Second, battered women need information and referrals. They need to know about the resources and options available to them. Third, battered women need material resources. When their own private resources are limited, they may need to access resources from city or state. Battered women may need medical assistance, housing, food, clothing, transportation, and money. In addition, they may need child care, education, job training, jobs training, jobs, or legal assistance. Although battered women need, at a minimum, these resources they also need opportunities for connecting, for sharing, for being respected, and for healing.

The proposed program would focus on providing intervention services to survivors of domestic abuse. The services would include advocacy, case management, referrals, and group counseling.

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

The gap in community resources for Terrebonne Parish was victim services. This gap was identified through a community survey conducted by the United Way for South Louisiana and by the observation of local doctors working in emergency rooms. The need for victim services including hotline services, shelter, individual/group counseling, and safety plan was created by the gap. The Haven was established to meet this community need.

### 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 assist female survivors of domestic abuse recover from the effects of abuse and establish violence free lives

### 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 1.1: to increase safety for battered women by assisting 100 survivors of domestic abuse establish safety plans

Objective 1.2 to decrease isolation by conducting 2 weekly support groups (104 per year) for 80 battered women

Objective 1.3: to increase community resources and support available to survivors by developing individualized goal plans for 100 survivors of abuse

#### 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.

Empowerment will meet face to face immediately with each survivor who enters shelter to establish a safety plan. Empowerment Advocate will check in daily with survivors residing in shelter to modify safety plans as circumstances change. Empowerment Advocate will facilitate a minimum of 2 weekly support groups for survivors of domestic abuse. Empowerment Advocate will offer daily one on one sessions for survivors residing in residential setting to establish goal plans and modify as needed.

Project will begin operations on May 1, 2012 and continue to April 20, 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: Kimberly Clement PHONE: (985) 853-0045 EMAIL: Kimberly@havenhelps.org

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: Melissa Williams PHONE: (985) 872-0757 EMAIL: melissa@havenhelps.org

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://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.)

Two quarters have been reported on the previous application. With two quarters into the application, 80 Survivors of Domestic Violence were provided services by the empowerment advocate. This puts the project on target to reach its goal of providing services to 100 survivors of domestic abuse.

2. Did the project work as expected? Explain.

The project has worked as expected. The Empowerment Advocate provides individual and group counseling to survivors of domestic abuse. She also provides case management, safety planning, and community education.

3. Have the original goals and objectives been revised?  Yes  No

If Yes, explain what changes will be made in the continuation of this project and why?

**I. EVALUATION AND DISSEMINATION OF REPORTING**

**A COPY OF YOUR EVALUATION FORMS USED FOR THIS PROJECT MUST BE INCLUDED.**

1. From who will the data be collected – what is the source?

Each survivor will be given a survey to complete.

2. When will the data be collected?

Survivors will be given the surveys to complete upon discharge. The data will compiled quarterly.

3. Who will collect and analyze the data?

Kimberly Clement will collect and analyze the data.

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

Name: Kimberly Clement

Phone: (985) 853-45

Email: kimberly@havenhelps.org

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

After evaluation, Kimberly Clement will revise or update the project's strategy. Ms. Clement will review the surveys to determine if the current objective are meeting the project's goal. If it is determine that the goal is not being met, she will revise the objectives.

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 and Monthly Expenditure reports. The Haven's Board of Directors will also receive copies of quarterly progress reports. The project's results will be provided to Louisiana Commission on Law Enforcement, The Haven's Board of Directors, and the United Way for South Louisiana.

**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.

The Haven actively fund raises in the communities served by this grant. It is our hope that the community will help to continue this program. The Haven as well, continues to seek funds from the United Way and Terrebonne Parish Consolidated Government. The Haven is committed to ending domestic violence in our community and assisting helping those affected by domestic violence to heal. As such, other grant sources, both private and public, are regularly pursued.

**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.

The resources available to the project include an office for counseling, counseling supplies, and 40 hours of annual continuing education. In addition, the project personnel has access to an office manager, copier, computer, and telephone.

**L. AUDIT REQUIREMENTS**

All applications must check one:

- This organization/agency expends \$500,000 or more in federal funds (during the fiscal year of the organization/agency from any and all sources including the amount of this application) AND MUST SUBMIT THE FOLLOWING INFORMATION:
  1. Date of last audit
  2. Dates covered by last audit:
  3. Date of next audit:
  4. Dates to be covered by next audit:
  5. Date next audit will be forwarded to LCLE:
- This organization/agency expends less than \$500,000 in federal funds from all sources during the fiscal year of the organization/agency.

**M. VOLUNTEERS**

Yes  No Are you using volunteers as match?  
If yes, describe the duties and functions to be performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). If volunteers are used as match, their duties must directly relate to the focus of this project and information stated in Section 100 Personnel.

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

**N. CONSULTATION**

Law enforcement, prosecution, the courts, probation and parole agencies and victim services providers must consult with each other. Briefly describe the process used to consult, coordinate, and collaborate with each agency. Attach original current letters of support and/or written cooperative agreements indicating awareness and cooperation/role with this project.

This project involves collaboration of efforts among several agencies. The Empowerment Advocate shall maintain a network of allied agencies to facilitate services to survivors. It shall include but not be limited to law enforcement, criminal justice, the court system, educational institutions, probationary units, health care providers, mental health providers, and social service agencies.

**Kathy Guidry**

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**From:** Kathy Guidry  
**Sent:** Tuesday, January 03, 2012 6:53 AM  
**To:** 'Julie Pellegrin'  
**Cc:** 'Beth Meeks'  
**Subject:** M11-B-009, The Haven, Inc., Domestic Violence Program

Ms. Julie M. Pellegrin  
The Haven, Inc.  
PO Box 4279  
Houma, LA 70361-4279

RE: M11-8-009, Domestic Violence Program

Dear Ms. Pellegrin:

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 the above project and is under \$20,000, you are only required to attend 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,
  - a. CCR – Please provide verification of the CCR registration and its expiration date.
  - b. The zip code +4 must be provided for all addresses. Street address is 70360-2256. Please correct your copy.
  - c. #8 Financial Officer – Please identify this individual and their email address.
2. Pg. 14, A. Problem Definition #1 – Did the sheriff's office and the police department responded the exact number of complaints as in 2009? What are the current statistic compared from 2010 and 2011?
3. Pg. 15, C. Objectives – The objectives stated are the same as the previous subgrant, M10-8-009. Based on the information on page 14, it states that 580 survivors were served in 2010. Has this project exceeded it objectives, or did this project see a decrease in 2011? Should the objectives be adjusted to reflect what this project is actually accomplishing?
4. Pg. 19, H. Prior Results #1 – Please refer to the objectives in the previous subgrant, M10-8-009 and provide the results on all the objectives.
5. Pg. 22, M. Volunteers – The second question was not answered.
6. Pg. 23, N. Consultation – Three current letters of support were not submitted.

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. 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 Beth Meeks at the Louisiana Coalition Against Domestic Violence or me if you have any questions pertaining to this letter.

Sincerely,

*Katherine C. Guidry*  
Federal Programs Section Manager  
LA Commission on Law Enforcement  
602 N. 5th St., 1st Floor  
Mailing Address:  
PO Box 3133  
Baton Rouge, LA 70821-3133  
P: (225) 342-1829  
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