LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: M10-8-025

APPLICANT: The Haven, Inc.

PROJECT TITLE: Sexual Assault Program

PROJECT FUNDS :

FUND:	$ 18,408	100.00%	
MATCH:	$ 0	0.00%	
TOTAL:	$ 18,408	100.00%	

PROJECT DURATION: 12 months

START DATE: 05/01/2011

END DATE: 04/30/2012

Continuation of M96-8-007

PROJECT SUMMARY:

This program facilitates counseling and advocacy for survivors of sexual assault. The goals of the project are to provide referrals, advocacy, and counseling to survivors of sexual assault.

RECOMMENDATION : FUND X DENY ___

SPECIAL CONDITIONS :

1. NO DRAWDOWN (AWARD) OF FUTURE V.A.W.A. FUNDING UNTIL THE V.A.W.A. PREVIOUSLY REQUIRED FEDERAL ANNUAL REPORT IS SUBMITTED AND APPROVED BY LCLE.
2. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 08/10/11 IS REVIEWED AND APPROVED BY LCLE STAFF.
3. PRE-AWARD COSTS ALLOWABLE FROM 05/01/2011.

LOUISIANA COMMISSION ON LAW ENFORCEMENT AND THE ADMINISTRATION OF CRIMINAL JUSTICE

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

CFDA #16.588

FOR LCLE USE ONLY: Project ID: M10-8-025 VAWA Purpose Area: 5

1. TITLE OF PROJECT
Sexual Assault Program

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: M09 - 8 - 009

3. PROJECT DURATION
Total Length: 12 Months (*Not to exceed 12 Months*)
Desired Start Date: 5/1/2011
Desired End Date: 4/30/2012

4. PROJECT FUNDS
Federal Funds: $18,408
Cash Match
In-Kind Match:
Total Project: $18,408

5A. APPLICANT AGENCY INFORMATION
Agency Name: The Haven, Inc
Physical Address: 201 Duet Street
City: Houma Zip: 70364-2256
Mailing Address: P.O. Box 4279
City: Houma Zip: 70361-4279
Phone: (985) 872-0757 FAX: (985) 873-7494
Email: julie@havenhelps.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: Julie M . Pellegrin
Title: Executive Director
Agency Name: The Haven, Inc.
Address: P.O. Box 4279
City: Houma Zip: 70361-4279
Phone: (985) 872-0757 FAX: (985) 873-7494
Email: julie@havenhelps.org

Fed Employer Tax Id: 72 - 1233532 DUNS: 963268826 - CCR CAGE/NCAGE: 5kx14 CCR Expiration Date: 6/9/2011

6. IMPLEMENTING AGENCY
Name: Julie M . Pellegrin
Title: Executive Director
Agency: The Haven, Inc
Address: P.O. Box 4279
City: Houma Zip: 70361-4279
Phone: (985) 872-0757 FAX: (985) 873-7494
Email: julie@havenhelps.org

7. PROJECT DIRECTOR
Name: Julie M . Pellegrin
Title: Executive Director
Agency: The Haven, Inc
Address: P.O. Box 4279
City: Houma Zip: 70361-4279
Phone: (985) 872-0757 FAX: (985) 873-7494
Email: julie@havenhelps.org

8. FINANCIAL OFFICER
Name: Naquada Jefferson
Title: Operations Director
Agency: The Haven, Inc
Address: P.O. Box 4279
City: Houma Zip: 70361-4279
Phone: (985) 872-0757 FAX: (985) 873-7494
Email: julie@havenhelps.org

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

This project facilitates counseling and advocacy for survivors of sexual assault. The goals of the project are the provide referrals, advocacy, and counseling to survivors of sexual assault.

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LA COMMISSION LAW ENF ONCEMENT

VAWA PURPOSE AREAS

Check the VAWA Purpose Area(s) that this project will address. You will be required to report performance on each chosen purpose area.

☐ 1. Training law enforcement officers, judges, other court personnel, and prosecutors to more effectively identify and respond to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence.

☐ 2. Developing, training, or expanding units of law enforcement officers, judges, other court personnel, and prosecutors specifically targeting violent crimes against women, including sexual assault and domestic violence.

☐ 3. Developing and implementing more effective police, court, and prosecution policies, protocols, orders, and services devoted to preventing, identifying, and responding to violent crimes against women, including the crimes against women, including sexual assault and domestic violence.

☐ 4. Developing, installing, or expanding data collection and communication systems, including computerized systems, linking police, prosecutions, and the courts or for the purpose of identifying and tracking arrests, protection orders, violations of protection orders, prosecutions, and convictions for violent crimes against women, including the crimes of sexual assault and domestic violence, including the reporting of such information to the National Instant Criminal Background Check System.

☒ 5. Developing, enlarging, or strengthening victim services programs, including sexual assault and domestic violence, and dating violence programs; developing or improving the delivery of victim services to underserved populations; providing specialized domestic violence court advocates in courts where a significant number of protection orders are granted; and increasing reporting and reducing attrition rates for cases involving violent crimes against women, including sexual assault and domestic violence.

☐ 6. Developing, enlarging, or strengthening programs addressing stalking.

☐ 7. Developing, enlarging, or strengthening programs addressing the needs and circumstances of Indian tribes dealing with violent crimes against women, including the crimes of sexual assault and domestic violence.

☐ 8. Supporting formal and informal statewide, multi-disciplinary efforts, to the extent not supported by state funds, to coordinate the response of state law enforcement agencies, prosecutors, courts, victim services agencies, and other state agencies and departments, to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence.

☐ 9. Training of sexual assault forensic medical personnel examiners in the collection and preservation of evidence, analysis, prevention, and providing expert testimony and treatment of trauma related to sexual assault.

☐ 10. Developing, enlarging, or strengthening programs to assist law enforcement, prosecutors, courts, and others to address the needs and circumstances of older and disabled women who are victims of domestic violence or sexual assault, including recognizing, investigating, and prosecuting instances of such violence of assault and targeting outreach and support, counseling, and other victim services to such older and disabled individuals.

☐ 11. Providing assistance to victims of domestic violence and sexual assault in immigration matters.

☐ 12. Maintaining core victim services and criminal justice initiatives while supporting complementary new initiatives and emergency services for victims and their families.

☐ 13. Provide for special victim assistants in law enforcement agencies to serve as liaisons between victims and law enforcement in order to improve the enforcement of protection orders. (Jessica Gonzales Victim Assistants)

☐ 14. Improving responses to police-perpetrated domestic violence. (Crystal Judson Domestic Violence Protocol Program)

PROJECT BUDGET SUMMARY

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

CHECKLIST:	YES:	NO:
Are all budgeted items allowable per Program Guidelines?	☒	☐
Were instructions followed to determine allowable personnel/contractual costs?	☒	☐
Are all line item computations correct?	☒	☐
Do line items add to category totals?	☒	☐
Have category totals been rounded to nearest dollar?	☒	☐

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

Person Completing Budget Section: 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	$14,835	$0	$0	$14,835
SECTION 200 FRINGE BENEFITS	$3,573	$0	N/A	$3,573
SECTION 300 TRAVEL	$0	$0	$0	$0
SECTION 400 EQUIPMENT	$0	$0	$0	$0
SECTION 500 SUPPLIES	$0	$0	$0	$0
SECTION 600 CONTRACTUAL	$0	$0	N/A	$0
SECTION 800 OTHER DIRECT COSTS	$0	$0	$0	$0
TOTAL:	$18,408	$0	$0	$18,408

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	100%
Domestic Violence/Dating Violence	
Stalking	
Total (*must equal 100 percent*)	**100%**

SECTION 100. PERSONNEL

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

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
Counselor	Adrienne Naquin-Bolton	FT	$3,166.67	39.04%	12.00	$14,835.21	☒	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
	SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:					$14,835.21	F = Fed Funds	C = Cash Match

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
	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	$14,835
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	$14,835

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:

Sexual abuse may render some women unable to regain their ability to fully function. Counseling can help survivors of Sexual Abuse move from being vicitms to being survivors. Many survivors will seek out counseling to aid them in moving forward with their lives, although these survivors are sometimes unaware that the abuse issues are a mojor factor in their distress. The sexual assault counselor position is needed to provide counseling and advocacy to survivors. During fiscal year 2010, The Haven's sexual assault program served new 74 victims of sexual assault.

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

The salary for this position was determined by using salary studies form LAFASA and LANO.

C) Project duties of each position requested:

A job description is attached. Duties include: Provision of direct services to violence survivors through crisis intervention, group or individual supportive counseling sessions and advocacy and Facilitation of parenting education groups for parent and loved ones of children who have been victimized.

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.]

Personnel will be existing personnel. Adrienne Naquin-Bolton will be the project personnel and this is her original position with the agency.

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. Adrienne Naquin-Bolton	.062		$14,835	$919	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. Adrienne Naquin-Bolton	.0145		$14,835	$215	5.	.0145			$0
2.	.0145			$0	6.	.0145			$0
3.	.0145			$0	7.	.0145			$0
4.	.0145			$0	8.	.0145			$0
HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1. Adrienne Naquin-Bolton	433.25	12.00	39.04%	$2,029	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. Adrienne Naquin-Bolton	0.023		$14,835	$341	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
UNEMPLOYMENT TAX Based on first $7,000 or Less	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first $7,000 or Less	RATE	TYPE	SALARY	TOTAL
1. Adrienne Naquin-Bolton	0.023	CHECK TYPE:	$3,006	$69	5.		CHECK TYPE:		$0
2.				$0	6.				$0
3.		☐ FUTA		$0	7.		☐ FUTA		$0
4.		☒ SUTA		$0	8.		☐ SUTA		$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
FRINGE BENEFITS TOTAL (A):				$3,573	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): $3,573

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$3,573
CASH MATCH	
TOTAL FRINGE BENEFITS	$3,573

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 Haven continues to receive a large number of referrals and request for sexual assault counseling. The Haven staff compiled statistics for the fiscal year 2010. During this time frame, The Haven served 74 suvivors who were seeking counseling and other support services. These individual, as well as 181 carryover survivors of abuse received counsleing, advocacy, and information and referrals. During July 2010 to April 2011, The Haven has served 145 new survivors of sexual assault and 331 carryover surivors.

Survivors of sexual assault often suffer from post-traumatic stress disorder following the attack/abuse. confronting the legal and medical system requires support from trained advocates. It is also imperative that members of the community are trained to recognize what constitutes sexual assault, its prevalence in our community, and the type of behavior demonstrated afterwards.

Survivors of sexual assault exhibit exhibit behaviors that are consistent with the traumatic effects of the experience. Survivors are often scared and confused. They express feeling of guilt, self-blame, and helplessness. They experice limited capacities to cope on a daily basis. They are in desperate need of support.

This grant will allow The Haven to continue to provide sexual assault counsleing. Currently, ther is no other agency designated to provide sexual assault counsleing in this area. Without the continuation of this grant most of these survivors would go unserved and continue to struggle with the issues of sexual abuse.

The Sexual Assault Counselor will assist the survivor in navigating her way through the various agencies she will find herself involved with (law enforcement, district attorney, hospitals). The Sexual Assault Counselor will facilitate crisis interventions, individual and group counseling, advocate on the survivors behalf, and train affiliate personnel. The counselor shall function as a liason between the survivor and the gaps in the services survivors need in order to regain ability to manage and reorganize their lives.

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

The parishes of Terrebonne and Lafourche have no other providers of sexual assault counseling and/or advocacy services. This gap in community services was identified through a needs assesment of the community. The need created by this gap in services is couneling and advocacy programs designed to provide support services to victims of sexual abuse and their families.

B. GOALS

GOALS: The primary mission of all projects is to have a positive impact on the victims, not just to accumulate statistics on how many are served. Based on the problem identified, BRIEFY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

Goal 1. Reduction of primary trauma (nightmares, exaggerated startle response, hyper vigilance, trust issues, recurrent and intrusive recollections of the abuse, and restricted range of affect) associated with sexual violence for 30 survivors of sexual assault.

Goal 2. Assist survivors and family members of sexual assault to gain access to needed community resources to aid in recovery

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 Provide 30 survivors of sexual asssault with 90 individual counseling sessions.

Objective 1.2 Facilitate 25 group counseling sessions with 15 survivors of abuse.

Objective 2.1 Provide referrals to community resources (housing, medical, legal) for 100 sexual assault survivors.

Objective 2.2 Disseminate information of sexual assault services to community. A minimum of 1800 community citizens will receive information.

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.

Method 1: Employ a sexual assault counselor for the enitre grant period (May 2011 to April 2012).

Method 2. Conselor will conduct indvidual counseling sessions lasting 50 minutes with survivors of sexual assault. Counselor will be given a minimum of 30 continued education hours over the gant period.

Method 3. Send out quarterly newletters to Terrebonne and Lafourche residents informing of program updates and services. Provide community education to 9 groups.

E. DEMOGRAPHICS

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

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

2. Type of Organizations:

Applicant Agency: ☐ Law Enforcement ☐ Prosecution ☐ Court ☐ Non-Profit Organization ☐ Tribal Government

Check the one answer that best describes the organization receiving VOCA Formula Grant Program funds.

- ☐ Community-Based Organization
- ☐ Court
- ☐ Domestic Violence Program
- ☐ Domestic Violence State Coalition
- ☐ Dual Program (Sexual Assault and Domestic Violence)
- ☐ Dual State Coalition (Sexual Assault and Domestic Violence)
- ☐ Government Agency (Department of Human Services, Bureau of Health)
- ☐ Law Enforcement
- ☐ Probation, Parole, or Other Correctional Agency
- ☐ Prosecution
- ☐ Sexual Assault Program
- ☐ Sexual Assault State Coalition
- ☐ Tribal Coalition
- ☐ Tribal Government
- ☐ Tribal Sexual Assault and/or Domestic Violence Program
- ☐ Unit of Local Government
- ☐ University/School
- ☐ 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: Melissa Wiliams PHONE: (985) 872-0757 EMAIL: melissa@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: PHONE: ( ) - EMAIL:

☒ Yes ☐ No 3. Has this individual attended trainings provided by LCLE to learn how victims are served by LAVNS? If no, agency will request LAVNS training from LCLE within 30 days of award. NOTE. More information regarding the LAVNS program, including training information, can be found at: http://lcle.la.gov/programs/lavns.asp.

☒ Yes ☐ No 4. Does the agency have posters displayed for promoting LAVNS and brochures readily available to victims? If no, please go to the LCLE website to request free LAVNS materials at: www.lcle.la.gov/lavns.

G. CRIME VICTIMS REPARATIONS (CVR)

☒ Yes ☐ No 1. Is same individual responsible for assisting victims in regard to services available through the CVR program? If not, please provide name and contact information:

NAME: PHONE: ( ) - EMAIL:

☒ Yes ☐ No 2. Does the agency know who the Crime Victims Reparations (CVR) Claims Investigator is at the Parish Sheriff's Office?

☒ Yes ☐ No 3. Does the agency have posters displayed for promoting CVR and brochures readily available to victims? If no, please fax a written request (contact person, agency name, mailing address) for free CVR posters and brochures to 225-925-6159. NOTE: More information regarding the CVR program, including applications and other forms, can be found at: http://lcle.la.gov/programs/cvr.asp

H. PRIOR RESULTS (For Continuation Projects Only)

1. Based on the objectives of the previous application, what were the measurable outcomes? (Refer to the previous project's performance stated in the quarterly progress reports and other additional information.)

Provided 166 surviovrs of sexual assault with individual counsleing sessions.

Facilitated 23 group counseling sessions with survivors of abuse

Provided 322 referrals to community resources.

Disseminated information of sexual assault srvices to 2100 community members.

2. Did the project work as expected? Explain.

The project worked as expected. The Counselor was available to provide individual and group counseling to victims of sexual assault.

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?

Survivors of Sexual Assault who receive services from the counselor.

2. When will the data be collected?

After completion of counseling servcies.

3. Who will collect and analyze the data?

Julie Pellegrin, Executive Director 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: Adrienne Naquin-Bolton Phone: (985) 872-757 Email: adrienne@havenhelps.org

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

After evaluating the project, Julie Pellegrin, Executive Director will revise the project.

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 expenditure reports on a monthly basis.
The Haven's Board of Directors wiill receive the Quarterly Progress reports.

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.

At the conclusion of Federal support, The Haven hopes to secure funding through either its local government or private donors.

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 availabe 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.

The Haven participates in the Lafourche Parish Alliance to review and staff sexual assault cases. The Haven works closely with law enforcement personnel to coordinate victim services.

Rutha Chatwood

From: Rutha Chatwood
Sent: Wednesday, August 10, 2011 10:04 AM
To: julie@havenhelps.org
Cc: Judy Benitez; Martha Angelette
Subject: M10-8-025; Sexual Assault Program

Importance: High

August 10, 2011

Ms. Julie M. Pellegrin
The Haven, Inc.
c/o Ms. Judy Benitez
Louisiana Foundation Against Sexual Assault
1250 SW Railroad Avenue, Suite 170
Hammond, LA 70403-5011

RE: M10-8-025; "Sexual Assault Program"

Dear Ms. Pellegrin:

This office has received the above referenced application. The application will be presented at the Victim Services Advisory Board and the Commission meetings to be held September 14, and 15, 2011, respectively. 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 on Wednesday, September 14, 2011. The location of this meeting will be provided at a later date.

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

1. Page 1; DUNS, CCR CAGE/NCAGE, CCR Expiration Date: Please provide a current printout of your DUNS, CCR CAGE/NCAGE, and the CCR Expiration Date information from the Central Contractor Registration website so we may verify that the registrations are current.

2. Page 16; D. Activities/Methods: Please correct the end date of the project period in Method 1.

   In Method 3, you provided information about community education that will be provided. STOP Violence Against Women Formula Grant funds are meant to assist jurisdictions "to develop and strengthen effective law enforcement and prosecution strategies to combat violent crimes against women, and to develop and strengthen victim services in cases involving violent crimes against women." The fourteen statutory program purpose areas do not address prevention programs, so prevention programs, such as media campaigns, community education, trainings, etc., may not be supported under this program.

   However, states may fund outreach efforts aimed at informing victims about services that are available to them. For example, an agency could distribute brochures when providing presentations that explain the signs of domestic violence, describe the services available, and provide a hotline number to access the services. Moreover, the STOP statute permits states to fund "core victim services and criminal justice initiatives, while supporting complimentary new initiatives and emergency services for victims and their families." Initiatives should be designed to reach victims, rather than raise awareness or teach prevention strategies.

   In order to be in compliance with these guidelines, please adjust and clarify your statement by illustrating how the community education and training activities are designed to identify crime victims and refer them to needed services.

3. Page 19; H. Prior Results: Please provide information explaining how the project proceeded as expected and projected, such as the number of victims who received services and a brief synopsis of the results of the evaluations forms processed by the Counselor.

4. Page 22; N. Consultation: Please provide a brief narrative describing how your agency works closely with law enforcement personnel to coordinate the victims services provided by your agency. In addition, please provide at least three letters of support and/or written cooperative agreements indicating awareness and cooperation with law enforcement and criminal justice agencies' roles with this project.

Please email or mail ONLY the changes as directed on the appropriate application pages and return only those pages for which changes or additional information was requested to the District Office. Please do not fax replies, as they are not always legible. All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. This information is due to LCLE **by Friday, August 26, 2011.** Please contact me at 225-342-1625 or rutha.chatwood@lcle.la.gov or Judy Benitez at the Louisiana Foundation Against Sexual Assault if you have any questions or concerns.

Sincerely,

Rutha Chatwood

Victim Services Program Manager
LA Commission on Law Enforcement

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