

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: M11-8-026

APPLICANT: The Haven, Inc.

PROJECT TITLE: Sexual Assault Program

PROJECT FUNDS :

FUND: \$ 19,926 100.00%

MATCH: \$ 0 0.00%

TOTAL: \$ 19,926 100.00%

PROJECT DURATION: 12 months

START DATE: 05/01/2012

END DATE: 04/30/2013

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 OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 08/03/2012 IS REVIEWED AND APPROVED BY LCLE STAFF.



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

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

CFDA #16.588

FOR LCLE USE ONLY:

Project ID: M11-8-026

VAWA Purpose Area: 5

1. TITLE OF PROJECT

Sexual Assault Program

2. NEW PROJECT

CONTINUATION PROJECT OF: M10 - 8 - 024

3. PROJECT DURATION

Total Length: 12 Months (*Not to exceed 12 Months*)

Desired Start Date: 5/1/2010

Desired End Date: 4/30/2012

4. PROJECT FUNDS

Federal Funds: ~~\$18,408~~ \$19,926

Cash Match

In-Kind Match:

Total Project: ~~\$18,408~~ \$19,926

5A. APPLICANT AGENCY INFORMATION

Agency Name: The Haven, Inc

Physical Address: 201 Duet Street

City: Houma

Mailing Address: P.O. Box 4279

City: Houma

Phone: (985) 872-0757

FAX: (985) 873-7494

Email: julie@havenhelps.org

70360 225e
Zip: 70364-

Zip: 70361-4219

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

Phone: (985) 872-0757

FAX: (985) 873-7494

Email: julie@havenhelps.org

Zip: 70361-4219

Fed Employer Tax Id: 72 - 1233532

DUNS: 963268826 -

CCR CAGE/NCAGE: 5kx14

CCR Expiration Date: 1/31/2013

6. IMPLEMENTING AGENCY

Name: Julie M . Pellegrin

Title: Executive Director

Agency: The Haven, Inc

Address: P.O. Box 4279

City: Houma

Zip: 70361-4219

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: 70361-4219

Phone: (985) 872-0757 FAX: (985) 873-7494

Email: julie@havenhelps.org

8. FINANCIAL OFFICER

Name: Daphne Young

Title: Operations Director

Agency: The Haven, Inc

Address: P.O. Box 4279

City: Houma

Zip: 70361-4219

Phone: (985) 872-0757 FAX: (985) 873-7494

Email: daphne@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 to provide counseling, advocacy, and referrals to survivors of sexual assault.

2012 JUN 11 PM 3:49

LA COMMISSION
ON LAW ENFORCEMENT

VAWA - 1

Revised JULY 2010

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? | <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 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	\$16,340	\$0	\$0	\$16,340
SECTION 200 FRINGE BENEFITS	\$3,586	\$0	N/A	\$3,586
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:	\$19,926	\$0	\$0	\$19,926

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	C
Counselor	Adrienne Naquin-Bolton	FT	\$3,166.67	43.00%	12.00	\$16,340.01	<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"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$16,340.01	F = Fed Funds C = Cash Match	

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH	
								F	C
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$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	\$16,340
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	\$16,340

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 victims 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 major factor in their distress. The sexual assault counselor position is needed to provide counseling and advocacy to survivors. During fiscal year 2011, The Haven's sexual assault program served new 90 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 from 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		\$16,340	\$1,013	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		\$16,340	\$236	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	372.25	12.00	43.00%	\$1,920	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:	\$3,311	\$76	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):				\$3,586	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): \$3,586

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$3,586
CASH MATCH	
TOTAL FRINGE BENEFITS	\$3,586

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 2011. During this time frame, The Haven served 86 survivors who were seeking counseling and other support services. These individual, as well as 56 carryover survivors of abuse received counseling, advocacy, and information and referrals. During July 2011 to April 2012, The Haven has served 145 new survivors of sexual assault,

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 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 experience 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 counseling. Currently, there is no other agency designated to provide sexual assault counseling 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 liaison 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 assessment of the community. The need created by this gap in services is counseling 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, 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. 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 45 survivors of sexual assault.

Goal 2. Assist 50 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 45 survivors of sexual assault with 180 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.

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 entire grant period (May 2012 to April 2013).

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

D-2. TRAINING PROJECTS

Complete this page in lieu of Section D – Activities/Methods. This page is to be completed only if this application is for the training of individuals involved in the criminal justice system. DO NOT use this for in-house training.

1. Training Curriculum (topics to be included):

2. Type of personnel to be trained:

3. Number of personnel to be trained:

4. Geographical locations of trainees (who will be invited):

5. Dates and hours of training:

6. Location of training:

7. Explanation supporting the effectiveness of the training program including how the program will meet the identified need.

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 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 checked="" 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: Melissa Williams

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 158 survivors of sexual assault with individual counseling sessions.

Facilitated 78 group counseling sessions with survivors of abuse

Provided 343 referrals to community resources.

2. Did the project work as expected? Explain.

The project worked as expected. The Counselor was available to provide individual and group counseling to 166 victims of sexual assault. Results of survey was as follows:

96% of respondents stated that because of the service they received from this program so far, they knew more about community resources, knew more about their rights and options as a crime victim, achieved set goals, and increased empowerment to do things.

98% of respondents strongly agreed that the staff treated them with respect, were caring and supportive, and put forth effort to assist them with their needs.

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 services.

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 will 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 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.

The Haven participates in the Lafourche Parish Alliance to review and staff sexual assault cases. The Haven works closely with law enforcement personnel in Terrebonne Parish to coordinate victim services. This includes the Houma Police Department, the Terrebonne Parish Sheriff's office and the Terrebonne District Attorney's Office. All agencies have our brochures carrying our hotline numbers and services. The agencies distribute our literature and assist victims of sexual violence with accessing our programs and services. The Haven is available to these agencies 24 hours a day 7 days a year to assist victims of sexual violence.

Rutha Chatwood

From: Rutha Chatwood
Sent: Friday, August 03, 2012 9:16 AM
To: Julie M. Pellegrin (julie@havenhelps.org)
Cc: Judy Benitez (admin@lafasa.org)
Subject: CORRECTION: M11-8-026; "Sexual Assault Program"

Importance: High

Ms. Julie M. Pellegrin
Executive Director
The Haven, Inc.
P.O. Box 4279
Houma, LA 70361-4279

RE: M11-8-026; "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 scheduled for September 12 and 13, 2012, respectively.

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, Number 1. Title of Project – Please enter the name of this project, Sexual Assault Program, in this section.
2. Page 1, Number 2. Continuation Project – The continuation Subgrant Number entered here should have been M10-8-025. Please make this change.
3. Page 1, Number 3. Project Duration – The End Date of your prior project, M10-8-025, was April 30, 2012. The Start Date of this project is May 1, 2012, and End Date is April 30, 2013. Please make the necessary corrections.
4. Page 1, Number 4. Project Funds – Your Federal funds shown in the amount of \$18,408 is incorrect. The correct figure should be \$19,926. Please correct and adjust the budget accordingly.
5. Page 1, Numbers 5A, 5B, 6, 7, & 8 – The Zip Codes should be a nine-digit Zip Code for the physical and mailing addresses in these sections. Please make the necessary corrections.
6. Pages 3 and 4, Section 100. Personnel – Please supply a job description for the "Counselor" position budgeted in this section and a resume for Ms. Adrienne Naquin-Bolton.
7. Page 16, Program Narrative, D. Activities/Methods – Please correct/update Method 1 and provide information relating to the Goals and Objectives listed on Page 15.
8. Page 20, Program Narrative, I. Evaluation and Dissemination of Reporting – Please provide a copy of the evaluation form used by The Haven for evaluating the services provided through this project.
9. Please submit a current organizational chart of the subgrant agency showing the name of the agency and the placement of the project therein.
10. Please provide two (2) additional letters of support (a minimum of three are required.)

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 LCLE. 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 17, 2012**. Please contact Ms. Judy Benitez at LaFASA if you have any questions.

Sincerely,

Rutha Chatwood

Victim Services Program Manager
LA Commission on Law Enforcement

Mailing Address:

P. O. Box 3133
Baton Rouge, LA 70821-3133

Physical Address:

602 North Fifth Street
Baton Rouge, LA 70802

Phone: 1-225-342-1625

Fax: 1-225-342-1846

Email: rutha.chatwood@lcle.la.gov

Hours: Tuesday - Friday, 7:00 a.m. – 5:30 p.m.