

**LOUISIANA COMMISSION ON LAW ENFORCEMENT**

**LCLE USE ONLY**

Applicant Hereby Applies to the LCLE for Financial Support for the Within-Described Project:

Receipt Date	Award Date	Subgrant Number(s)
3/13/2013		-- 1166

<b>1. Type of Funds for which you are applying</b>	STOP Violence Against Women Act (Federal 16.588 STOP )		
<b>2. Applicant</b>	<b>Name Of Applicant:</b> The Haven, Inc.		
	<b>Federal I.D:</b> 721233532	<b>Parish:</b> Terrebonne	
	<b>Street Address Line 1:</b>		
	<b>Address Line 2:</b>	<b>Address Line 3:</b> PO Box 4279	
	<b>City:</b> Houma	<b>State:</b> LA	<b>Zip:</b> 70361-4279
<b>3. Recipient Agencies</b>	The Haven, Inc.		
<b>4. Project Director</b>	<b>Name:</b> Mrs. Julie M. Pellegrin		<b>Title:</b> Executive Director
	<b>Agency:</b>		
	<b>Street Address Line 1:</b> confidential		
	<b>Address Line 2:</b>	<b>Address Line 3:</b>	
	<b>City:</b> Houma	<b>State:</b> LA	<b>Zip:</b> 70361
<b>5. Financial Officer</b>	<b>Name:</b> Ms. Daphne Young		<b>Title:</b> Operations Director
	<b>Agency:</b>		
	<b>Street Address Line 1:</b> PO Box 4279		
	<b>Address Line 2:</b>	<b>Address Line 3:</b>	
	<b>City:</b> Houma	<b>State:</b> LA	<b>Zip:</b> 70361-4279
<b>6. Contact</b>	<b>Name:</b> Ms. Daphne Young		<b>Title:</b> Operations Director
	<b>Agency:</b>		
	<b>Street Address Line 1:</b> PO Box 4279		
	<b>Address Line 2:</b>	<b>Address Line 3:</b>	
	<b>City:</b> Houma	<b>State:</b> LA	<b>Zip:</b> 70361-4279
<b>7. Brief Summary of Project</b> (Do Not Exceed Space Provided)	<b>Short Title (May not exceed 50 characters)</b> Domestic Violence Program		
	This project facilitates trauma informed care for survivors of domestic violence.		

**8. Subgrant Budget TOTAL BUDGET BY CATEGORY**

BUDGET CATEGORY	AMOUNT
PERSONNEL	16,585.00
EMPLOYEE BENEFITS	0.00
TRAVEL (INCLUDING TRAINING)	0.00
EQUIPMENT	0.00
SUPPLIES & OPERATING EXPENSES	0.00
CONSULTANTS	0.00
CONSTRUCTION	0.00
OTHER	0.00
<b>TOTAL</b>	<b>16,585.00</b>

**9. TOTAL BUDGET BY FUND SOURCE**

FUND SOURCE	AMOUNT	PERCENT
FEDERAL	16,585.00	100%
STATE	0.00	
PROJECT INCOME	0.00	
INTEREST	0.00	
STATE MATCH	0.00	
CASH MATCH (NEW APPROP.)	0.00	
IN-KIND MATCH	0.00	
PROJECT INCOME MATCH	0.00	
<b>TOTAL</b>	<b>16,585.00</b>	<b>100%</b>

10. Project Start Date: 5/1/2013

Project End Date: 4/30/2014

11. IN WITNESS WHEREOF, the Applicant has caused this subgrant application to be executed, attested, and ensealed by its proper officials, pursuant to legal action authorizing the same to be done.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED OFFICIAL

\_\_\_\_\_  
TITLE OF AUTHORIZED OFFICIAL

\_\_\_\_\_  
The Haven, Inc.  
NAME OF APPLICANT AGENCY

NOTE: The original copy must be signed in blue ink.  
Titles of all signatories must be inserted.

**LCLE USE ONLY**

In response to this application, LCLE funds are hereby obligated for the project described by the subgrantee in the referenced application, subject to applicant acceptance.

\_\_\_\_\_  
EXECUTIVE DIRECTOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Louisiana Commission on Law Enforcement

**12. BUDGET DETAILS****A. MASTER BUDGETS**

<b>BY RECIPIENT AGENCY</b>	<b>YEAR 1</b>	<b>TOTAL</b>
The Haven, Inc.	16,585.00	<b>16,585.00</b>
<b>Total:</b>	<b>16,585.00</b>	<b>16,585.00</b>

**Applicant Agency:** The Haven, Inc.

<b>BY CATEGORY</b>	<b>YEAR 1</b>	<b>TOTAL</b>
PERSONNEL	16,585.00	<b>16,585.00</b>
EMPLOYEE BENEFITS	0.00	<b>0.00</b>
TRAVEL (INCLUDING TRAINING)	0.00	<b>0.00</b>
EQUIPMENT	0.00	<b>0.00</b>
SUPPLIES & OPERATING EXPENSES	0.00	<b>0.00</b>
CONSULTANTS	0.00	<b>0.00</b>
CONSTRUCTION	0.00	<b>0.00</b>
OTHER	0.00	<b>0.00</b>
<b>Total:</b>	<b>16,585.00</b>	<b>16,585.00</b>

<b>BY SOURCE</b>	<b>YEAR 1</b>	<b>TOTAL</b>
FEDERAL	16,585.00	<b>16,585.00</b>
STATE	0.00	<b>0.00</b>
PROJECT INCOME	0.00	<b>0.00</b>
INTEREST	0.00	<b>0.00</b>
STATE MATCH	0.00	<b>0.00</b>
CASH MATCH (NEW APPROP.)	0.00	<b>0.00</b>
IN-KIND MATCH	0.00	<b>0.00</b>
PROJECT INCOME MATCH	0.00	<b>0.00</b>
<b>Total:</b>	<b>16,585.00</b>	<b>16,585.00</b>

**12. BUDGET DETAILS**

**A. MASTER**

Line Item Details for: The Haven, Inc.

**YEAR 1**

**PERSONNEL**

	<u>COST</u>
Position: Empowerment Advocate	
Name: Gina Sierra	
Computation: 2917 per month x 12 month x 47.38%	16,585.00
<b>Personnel - Year 1 Total:</b>	<b>16,585.00</b>

**EMPLOYEE BENEFITS**

	<u>COST</u>
Position:	
Name:	
Computation:	0.00
<b>Employee Benefits - Year 1 Total:</b>	<b>0.00</b>

**TRAVEL (INCLUDING TRAINING)**

	<u>COST</u>
Purpose of Travel:	
Location:	
Item:	
Computation:	0.00
<b>Travel (Including Training) - Year 1 Total:</b>	<b>0.00</b>

**EQUIPMENT**

	<u>COST</u>
Item:	
Item:	
Quantity:	0.00
<b>Equipment - Year 1 Total:</b>	<b>0.00</b>

**12. BUDGET DETAILS**

**A. MASTER**

Line Item Details for: The Haven, Inc.

**SUPPLIES & OPERATING EXPENSES**

	<u><b>COST</b></u>
Supply Item:	
Computation:	0.00
<hr/>	
<b>Supplies &amp; Operating Expenses - Year 1 Total:</b>	<b>0.00</b>

**CONSULTANTS - CONSULTANT**

	<u><b>COST</b></u>
Name / Position:	
Service Provided:	
Computation:	0.00
<hr/>	
<b>Consultants - Consultant - Year 1 Total:</b>	<b>0.00</b>

**CONSULTANTS - TRAVEL**

	<u><b>COST</b></u>
Consultant:	
Location:	
Item:	
Computation:	0.00
<hr/>	
<b>Consultants - Travel - Year 1 Total:</b>	<b>0.00</b>

**CONSULTANTS - PRODUCT/SERVICE**

	<u><b>COST</b></u>
Consultant:	
Item:	
Computation:	0.00
<hr/>	
<b>Consultants - Product/Service - Year 1 Total:</b>	<b>0.00</b>

**YEAR 1 TOTAL: 16,585.00**

**13. SECTIONS:**

**A. LCLE Budget Summary With Cash & InKind Match**

I. Please itemize the Budget Category expenditures.

(Please verify that the Total Amount equals the Calculated Paid Amount.)

ID	Budget Category	Total Amount	Amount Paid with Federal Dollars	Amount Paid with Cash Match	Amount Paid with In-Kind Match	Calculated Paid Amounts
1.1	Personnel	16,585	16,585	0	0	16,585
Total: Σ		16,585	16,585	0	0	16,585

**13. SECTIONS:****B. LCLE Budget - Personnel****PERSONNEL BUDGET JUSTIFICATION**

1. Are personnel costs requested?

Yes

2. Are employees screened and in compliance with the Louisiana Child Protection Act (LA RS 15:5871.1)?

Yes

3. Are job descriptions for each position attached?

Yes

4. Are resumes for each position attached?

Yes

4.1. If no, explain why.

5. Explain the need for each position and justify the need for any overtime if requested.

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.

6. Explain the basis of determining the salary for each position.

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

## 7. Explain the project duties for each position.

The Empowerment Advocate is responsible for providing trauma informed services including 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

## 8. Indicate if personnel will be new or existing personnel. If existing, indicate if the 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 for the grant and is the personnel's original status with the agency.

## 9. Are volunteers used in this project?

No

## 9.1. Is this a VOCA-funded project?

No

## 9.1.1. If yes, explain the need for an exemption to the requirement of using volunteers.

## 9.2. Are the volunteers used as in-kind match?

No

## 9.3. Are volunteers screened in compliance with the Louisiana Child Protection Act (LA R.S. 15:586.1)?

Yes

## 9.4. Are volunteers screened in compliance with the Louisiana Adult Protective Services Law (LA R.S. 1501-1511)?

Yes

## 9.5. Briefly describe the duties and functions of the volunteers. Indicate the number of hours per duty-function for this project. Duties must directly relate to the focus of this project.

Volunteers are not used for this project. Where volunteers are used The Haven complies with child protection and adult protective services law.

9.6. Are job descriptions for volunteers attached?

No

9.7. Are timesheets kept on volunteers?

Yes

**13. SECTIONS:**

**C. LCLE Budget - Fringe Benefits**

FRINGE BENEFITS JUSTIFICATION

1. Is personnel costs requested?

Yes

2. Please check the appropriate response regarding fringe benefits.

All fringe benefits will be paid by the Applicant Agency

**13. SECTIONS:**

**D. STOP Budget Travel**

**TRAVEL**

Travel is allowed for personnel listed in the Personnel Section of application. Mileage is unallowable in agency-owned vehicles. Charges cannot exceed established agency travel reates, but in no case can travel expenses exceed the current Louisiana Travel Guidelines. **Out-of-state travel rquires prior approval from LCLE.**

1. Is travel expenses being requested

No

2. Are requested travel expenses for local travel?

A response to this question is optional and no answer was provided.

2.1. State who will travel and the purpose for local travel

3. Are requested funds for non-local in-state and/or out-of-state travel?

A response to this question is optional and no answer was provided.

3.1. State who will travel and the purpose of the non-local in-state and/or out-of-state travel.

**NOTE: Out-of-state travel requires prior approval from LCLE. Only 50% of the out-of-state travel costs are allowed. This is inclusive only to the 48 contiguous states. Hawaii, Alaska and international travel is prohibited.**

**13. SECTIONS:**

**E. LCLE Budget - Equipment**

**EQUIPMENT JUSTIFICATION**

1. Is equipment requested for this project?

No

1.1. If yes, explain the need for each equipment item requested.

1.2. Explain the procurement procedures.

1.3. Explain the equipment's relationship to this project.

2. Is this a request for sole source?

No

2.1. If yes, explain why sole source is needed. Also, refer to instructions on requesting sole source.

**NOTE: Sole Source request must be attached to this application.**

**13. SECTIONS:**

**F. LCLE Budget - Supplies & Operating Expenses**

**SUPPLIES & OPERATING EXPENSES JUSTIFICATION**

1. Are supplies requested for this project?

No

1.1. If yes, explain the need and use of each major supply type requested.

1.2. Explain the relationship of the supplies to this project.

2. Are operating expenses requested for this project?

No

2.1. If yes, explain the need of each operating expense requested.

2.2. Explain the relationship of the operating expenses to this project.

**13. SECTIONS:**

**G. LCLE Budget - Consultant**

**CONSULTANTS JUSTIFICATION**

Compensation for individual consultant services is to be reasonable and consistent with that paid for similar services in the market place. Travel, lodging, and meals, if applicable, should be figured in addition to compensation. All expenses must be included in the **LCLE approved contract**.

1. Are consultants requested for this project?

No

2. Explain the purpose of each consultant or other contractual services requested.

3. Explain why each service requested is necessary and cost effective for this project.

4. Explain the procurement procedures and basis for determining rate of pay.

5. Is this request for sole source?

No

5.1. If yes, explain why sole source is needed. Also refer to instructions on requesting sole source.

**NOTE: You must attach the sole source request to this application.**

**13. SECTIONS:****H. STOP Purpose Areas****VAWA PURPOSE AREAS**

Choose "Yes" for 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.

No

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.

No

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

No

4. Developing, installing, or expanding data collection and communication systems, including computerized systems, linking police, prosecutors, and 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.

No

5. Developing, enlarging, or strengthening victim services programs, including sexual assault, domestic violence, and dating violence programs, developing or improving 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 crimes of sexual assault and domestic violence.

Yes

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

No

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

No

8. Supporting formal and informal Statewide, multidisciplinary 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.

No

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.

No

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 or assault and targeting outreach and support, counseling, and other victim services to such older and disabled individuals.

No

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

No

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

Yes

13. Supporting the placement of special victim assistants (to be known as "Jessica Gonzales Victim Assistants") in local law enforcement agencies to serve as liaisons between law enforcement agencies to serve as liaisons between victims of domestic violence, dating violence, sexual assault, and stalking and personnel in local law enforcement agencies in order to improve the enforcement of protection orders. Jessica Gonzales Victim Assistants shall have expertise in domestic violence, dating violence, sexual assault, or stalking and may undertake the following activities -

- Developing, in collaboration with prosecutors, courts, and victim service providers, standardized response policies for local law enforcement agencies, including triage protocols to ensure that dangerous or potentially lethal cases are identified and prioritized;
- Notifying persons seeking enforcement of protection orders as to what responses will be provided by the relevant law enforcement agency;
- Referring persons seeking enforcement of protection orders to supplementary services (such as emergency shelter programs, hotlines, or legal assistance services); and
- Taking other appropriate action to assist or secure the safety of the person seeking enforcement of a protection order.

No

14. Providing funding to law enforcement agencies, nonprofit, nongovernmental victim services providers, and State, Tribal, Territorial, and local governments (which funding stream shall be known as the Crystal Judson Domestic Violence Protocol Program) to promote -

- the development and implementation of training for local victim domestic violence service providers, and to fund victim services personnel, to be known as "Crystal Judson Victim Advocates," to provide supportive services and advocacy for victims of domestic violence committed by law enforcement personnel;
- the implementation of protocols within law enforcement agencies to ensure consistent and effective responses to the commission of domestic violence by personnel within such agencies such as the model policy promulgated by the International Association of Chiefs of Police ("Domestic Violence by Police Officers: A Policy of the IACP, Police Response to Violence Against Women Project" July 2003); and
- the development of such protocols in collaboration with State, Tribal, Territorial and local victim services providers and domestic violence coalitions.

No

**13. SECTIONS:****I. LCLE Program Narrative****PROBLEM DEFINITION**

1. Are you a Law Enforcement agency?

No

1.1. If Yes, was the previous calendar year's (January-December) Uniform Crime Report data submitted?

Yes

No

1.2. If not submitted, please state the date when the UCR data will be submitted.

2. 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.

During calendar year 2012, The Haven sheltered 123 survivors of domestic violence and assisted another 823 new survivors of domestic abuse through the non-residential program. 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 must attempt 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.

3. Describe the 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.

**13. SECTIONS:**

**J. LCLE Goals**

**GOALS**

I. 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.

This project hopes to assist female survivors of domestic abuse recover from the effects of domestic abuse.

**13. SECTIONS:**

**K. LCLE Objectives**

**OBJECTIVES**

**1. Provide at least TWO (2) measureable objectives for EACH goal.** Objectives need to be measureable, 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

**13. SECTIONS:**

**L. LCLE Activities**

**ACTIVITIES**

I. 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 the entire grant period. This must relate back to the Goals and Objectives described earlier for your project. If this is a training project, please state below that you are completing the Training Program information.

Empowerment Advocate 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, 2013 and continue to April 20, 2014

**13. SECTIONS:**

**M. LCLE Training Project**

**Training Projects**

Complete this page in lieu of 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 form for in-house training.

1. Is this a training project?

No

2. Provide a brief concise description of the curriculum (topics to be included).

3. List the type of personnel to be trained.

4. How many individuals expected to be trained?

5. Identify the geographical location(s) of the trainees (who will be invited).

6. Dates and hours of the training

7. Identify the location of the training.

8. Provide a brief concise justification supporting the effectiveness of the training in addressing the identified need.

**13. SECTIONS:**

**N. LCLE Prior Results**

**PRIOR RESULTS**  
**(For Continuation Projects Only)**

1. Is this a continuation project?

Yes

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

Three quarters have been reported on the previous application. With three quarters into the application, 119 Survivors of Domestic Violence were provided services by the empowerment advocate, 100 support groups were facilitated, and 119 goal plans were developed. This puts the project on target to reach its goal of providing services to 100 survivors of domestic abuse.

3. Did the project work as expected? Please explain why.

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.

4. Have the original goals and objectives been revised?

No

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

**13. SECTIONS:**

**O. STOP Demographics**

**DEMOGRAPHICS**

1. Type of Authorized Agency

Non-profit organization

2. Identify the best description of the organization receiving funding.

Dual Program (Domestic Violence and Sexual Assault)

3. Is this a faith-based organization?

No

4. Is this a culturally-specific community-based organization?

No

5. Congressional District that this project serves

3

6. Geographical area to be served.

Suburban

7. State the physical address(es) where services are provided.

The Haven's shelter program is a confidential location.

**13. SECTIONS:**

**P. LCLE Evaluation**

**EVALUATION AND DISSEMINATION OF REPORTING**

1. Pre-test, post-test and/or evaluation form(s) are attached.

Yes

1.1. If no, explain why.

2. From who will the data be collected - what is the source?

Each survivor participating in the program will be given a survey to complete.

3. When will the data be collected?

Survivors will be given the surveys at intervals during their participation. Intervals will be initial meeting, 4 weeks, and upon termination of program services.

4. Who will collect and analyze the data?

Project Personnel, Gina Sierra, will collect the data and analyze he data.

5. Who will be responsible for submitting the data for the Quarterly and Annual Progress/Monitoring reports? Please state their name and contact information below.

ID	Name	Phone Number	Email Address
5.1	Gina Sierra	9858720757	gina@havenhelps.org

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

Following evaluation, Julie Pellegrin will be responsible for updating or revising the project's strategy. This will be accomplished by reviewing the analyzed data and adjusting.

7. 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/Monitoring 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 LCLE will receive quarterly progress/monitoring reports and monthly expenditure reports. The projects results will be provided to The Haven's Board of Directors.

LCLE EVALUATION related attachments:

**File Name:**

✖ evaluation tool.dv shelter.pdf

**File Description:**

evaluation tool

**13. SECTIONS:**

**Q. LCLE Resources**

RESOURCES

I. 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.

**13. SECTIONS:**

**R. LCLE Collaboration/Consultation**

**COLLABORATION/CONSULTATION**

Law enforcement, prosecution, the courts, probation and parole agencies, and community providers must consult with each other.

1. Describe the process used to consult, coordinate, and collaborate with each agency.

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.

2. The following support documents are attached.

Three current letters of support.

**13. SECTIONS:**

**S. LCLE Audit Requirements**

**AUDIT REQUIREMENTS**

1. Does your organization/agency expend \$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)?

No

Please provide the following information if your organization/agency expends \$500,000 or more in Federal funds for the fiscal year being audited:

1.1. Date of last audit

1.1.1. audit period beginning:

1.1.2. audit period ending:

1.2. Date of next audit

1.2.1. audit period beginning:

1.2.2. audit period ending:

1.3. Date next audit will be forwarded to LCLE

**13. SECTIONS:**

**T. STOP LAVNS & CVR**

<p><b>LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)</b></p> <p><b>and</b></p> <p><b>CRIME VICTIMS REPARATIONS (CVR)</b></p>
--

1. Provide the individual, their telephone and email responsible for assisting victims in regard to accessing using the LAVNS system.

Melissa Williams  
melissa@havenhelps.org  
985.872.0757

2. Does this individual also serve as the agency's point of contact for LAVNS?

Yes

2.1. If not, please provide the name, telephone and email.

3. Has this individual received training by LCLE to learn how victims are served by LAVNS?

Yes

3.1. If no, will the agency request LAVNS training from LCLE within 30 days of the award? NOTE: More information regarding LAVNS program, including training information, can be found at: <http://lcle.la.gov/programs/lavns.asp>.

A response to this question is optional and no answer was provided.

4. Does the agency have posters displayed for promoting LAVNS and brochures readily available to victims?

If no, please go to the LCLE website to request free LAVNS materials at: [www.lcle.la.gov/lavns](http://www.lcle.la.gov/lavns).

Yes

5. Is the individual identified above, the same individual responsible for assisting victims in regard to services available through the Crime Victims Reparations (CVR) program?

Yes

5.1. If no, please provide the name, telephone and email.

6. Does the agency know who the CVR Claims Investigator is at the Parish Sheriff's Office?

Yes

7. Does the agency have posters displayed for promoting CVR and brochures readily available to victims?

If no, please visit LCLE's website for additional information on the CVR program, applications and other forms at: [www.lcle.la.gov/programs/cvr.asp](http://www.lcle.la.gov/programs/cvr.asp).

Yes

**13. SECTIONS:****U. LCLE Civil Rights****CIVIL RIGHTS**

Congress links federal financial assistance with federal civil rights laws. Your agency must ensure protections and guarantees of nondiscrimination. This information is required for the agency receiving a grant from the Louisiana Commission on Law Enforcement and Administration of Criminal Justice (LCLE). You may be asked to provide copies of documentation during a site visit or desk audit.

**1. CIVIL RIGHTS CONTACT PERSON** - Identify the designated individual who has lead responsibility in insuring that all applicable civil rights requirements are met.

Julie M. Pellegrin

**1.1. Civil Rights Contact Person's Email**

Julie@havenhelps.org

**1.2. Civil Rights Contact Person's Telephone Number**

985.872.0757

**2. TRAINING** - The Office for Civil Rights online training has been completed. The online training can be obtained at [www.ojp.usdoj.gov/about/ocr/assistance.htm](http://www.ojp.usdoj.gov/about/ocr/assistance.htm).

Yes

**3. EQUAL EMPLOYMENT OPPORTUNITY PLAN (EEOP)** - Is the agency required to submit an EEOP short form to the U.S. Department of Justice?

No

**3.1. If YES,** please identify the date the plan was prepared and the physical location of the plan.

**3.2. If NO,** you must complete, sign, and attach the Equal Employment Opportunity Plan (EEOP) Certification.

The EEOP certification is attached.

**4. NOTICE** - Describe how the agency provides notification that the agency does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, disability, and age in the delivery of services and employment practices. Check all boxes that apply. You may be asked to provide copies of written policies or procedures.

**4.1. Program Participants and Beneficiaries** (posters, brochures, program materials, etc.)

Program Brochures

Verbal Orientation

Website

Written Orientation / Program Manual

4.1.1. Describe Other

The Haven notifies service participants and employees of its non discrimination practices through brochures orientation, website, and written materials including the personnel manual and operations manual.

4.2. Employees (policies, posters, recruitment materials, etc.)

Human Resource Policy

4.2.1. Describe Other

The Haven notifies service participants and employees of its non discrimination practices through brochures orientation, website, and written materials including the personnel manual and operations manual.

5. COMPLAINTS - Describe how the agency informs program beneficiaries how to file complaints alleging discrimination. Check all boxes that apply.

Program Handbook

Written Orientation

Verbal Orientation

Policies

5.1. Describer Other

The Haven has written policies and a grievance process for both employees and service recipients.

6. RESOLUTION - Describe the agency's grievance procedures that incorporate due process standards for prompt and equitable resolution of complaints alleging discrimination in employment practices and delivery of services. Check all boxes that apply.

6.1. Employment

Human Resource Policies

6.1.1. Describe Other

The Haven has written policies and a grievance process for both employees and service recipients.

6.1.2. Describe Procedure

The Haven has written policies and a grievance process for both employees and service recipients.

6.2. Delivery of Services

Program Manual

Agency Policies

Other

6.2.1. Describe Other

Program Participant handbook

6.2.2. Describe Procedure

Program participants are provided with a handbook which details the process. Staff also reviews the contents of the handbook verbally with the program participants.

7. LIMITED ENGLISH PROFICIENCY (LEP) - Describe steps to provide meaningful access to programs who have LEP.

Consider these factors to determine the appropriate level of *reasonable* steps:

- a. The *number or proportion* of LEP persons served or encountered in the eligible service population.
- b. The *frequency* with which LEP individuals come in contact with the program.
- c. The *nature and importance* of the program, activity, or service provided by the program.
- d. The *resources* available to the recipient.

7.1. Does the four factors analysis warrant LEP services?

No

7.1.1. If YES, check all boxes that apply

A response to this question is optional and no answers were selected.

7.1.2. Describe Other

There is no other to describe

8. RELIGIOUS ACTIVITIES - Describe whether the agency conducts religious activities as part of programs or services. If so, please address the following and attach written policies or procedures.

8.1. Do you conduct religious activities as part of the program?

No

8.1.1. If YES, please certify:

A response to this question is optional and no answers were selected.

**SUBSTANTIAL FINDINGS OF DISCRIMINATION** - In the event a Federal or State court or Federal or State Administrative Agency (LCLE) makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origina, sex, sexual orientation, disability, or age against a recipient of funds, the recipient will forward a copy of the finding to the Louisiana Commission on Law Enforcement and the Office for Civil Rights, Office of Justice Programs. Submit any adverse findings within the past three (3) years of the project adward date to the Office for Civil Rights.

9. TECHNICAL ASSISTANCE - Would you like technical assistance with any of these areas?

Resolution

**13. SECTIONS:****V. LCLE EEOP****EQUAL EMPLOYMENT OPPORTUNITY PROGRAM (EEOP)**

Federal regulations require recipients of financial assistance from the Office of Justice Programs (OJP), its component agencies, and the Office of Community Oriented Policing Services (COPS) to prepare, maintain on file, submit to OJP for review, and implement an Equal Employment Opportunity Plan (EEOP) in accordance with 28 C.F.R. §§ 42.301-.308. The regulations exempt some recipients from all of the EEOP requirements. Other recipients, according to the regulations, must prepare, maintain on file and implement an EEOP, but they do not need to submit the EEOP to OJP for review. Recipients that claim a complete exemption from the EEOP requirement must complete **Section A** of the attached form. Recipients that claim the limited exemption from the submission requirement must complete **Section B** of the attached form. **A recipient should complete either Section A or Section B, not both.** If a recipient receives multiple OJP or COPS grants, please complete a form for each grant, ensuring that any EEOP recipient certifies as completed and on file (if applicable) has been prepared within two years of the latest grant. Please send the completed form(s) to the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice, 810 7<sup>th</sup> Street, N.W., Washington, D.C. 20531. For assistance in completing this form, please call (202) 307-0690 or TTY (202) 307-2027.

**1. SECTION A - Declaration Claiming Complete Exemption from the EEOP Requirement.**

1.1. This agency claims a complete exemption from the EEOP requirement.

Yes

1.1.1. This agency (check all the boxes that apply)

Has less than 50 employees.

Is a non-profit organization

Is receiving an award less than \$25,000.

1.2. The EEOP Certification Form for this project has been submitted to the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice, 810 7<sup>th</sup> Street, N.W., Washington, D.C. 20531.

No

1.2.1. Date submitted

1.2.2. If NO, please state when the EEOP will be submitted. LCLE must be notified when the EEOP is submitted.

The EEOP form is being submitted with this grant.

**2. SECTION B - Declaration Claiming Exemption from the EEOP Submission Requirement and Certifying that an EEOP is on File for Review.**

2.1. This agency has 50 or more employees and is receiving a single award or subaward for \$25,000 or more, but less than \$500,000, have formulated an EEOP in accordance with 28 C.F.R. 42:301, et seq., subpart E. The EEOP has been formulated and signed into effect within the past two years by the proper authority and that it is available for review. The EEOP is on file in the office for review by the public and employee or for review or audit by officials of LCLE or the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice, as required by relevant laws and regulations.

No

2.1.1. The EEOP is on file and can be viewed at:

**13. SECTIONS:**

**W. LCLE FFATA**

**FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPENSATION QUESTIONNAIRE**

*If there are any changes to this questionnaire, you must notify LCLE in writing.*

1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches, and all affiliates worldwide) receive

(1) 80 percent or more your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements;

**AND**

(2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

No

If the answer to Question #1 is **NO**, **STOP** you are not required to provide the data requested below.

2. If the answer to Question #1 is **YES**, does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m (a), 78o(d) or section 6104 of the Internal Revenue Code of 1986?

A response to this question is optional and no answer was provided.

3. If the answer to Question #2 is **YES**, provide link to SEC: <http://www.sec.gov/>

4. If the answer to Question #2 is **NO**, please provide the name and amount of the top 5 highly compensated officials of the sub-awardee organization. This will be the same compensation information that appears in sub-awardee's Central Contractor Registration (CCR) profile, as applicable.

ID	Name	Annual Income
----	------	---------------

**13. SECTIONS:**

**X. LCLE Non Profit**

**PRIVATE NON-PROFIT AGENCY CHECKLIST**

The following items must be included with submission of this application for direct funding of private non-profit agencies. This information does not have to be submitted to LCLE for governmental applicants proposing to pass through some or all of the funds to a non-profit agency.

1. ATTACHMENT 1 - A copy of the most recent audited financial report, which must not be more than one year old; or a letter stating that the most report is on filed with LCLE.

Yes

2. ATTACHMENT 2 - A list of the members of the Board of Directors, stating each member's position.

Yes

3. ATTACHMENT 3 - A copy of the Louisiana Secretary of State Commerical Division stating that the organization is active and in good standing.

Yes

4. ATTACHMENT 4 - A copy of the by-laws of the organization, clearly defining the line of authority and responsibility moving between the Board and staff, outlining the hiring practices of the organization, and demonstrating the management and controls maintained by the Board; or for continuation subgrants, a letter from the Board Secretary certifying that the by-laws previously submitted are still in effect or copies of the latest amendments and changes.

Yes

5. ATTACHMENT 5 - Evidence that the Project Director, Financial Officer, and Board Officers and any employee that is responsible for the receipt and expenditure of funds are included in an employee dishonesty insurance policy for 30% of the funds requested or 10% of the organization's budget, whichever is greater.

Yes

6. ATTACHMENT 6 - A written statement that a checking account for subgrant funds will be arranged so that at least two (2) signatures are required for issuance of checks, and a list of those individuals who have such authority.

Yes

LCLE NON PROFIT related attachments:

**File Name:**

- ✂ June 2012 Audit Report[1].pdf
- ✂ Commercial Umbrella Policy Number 29UD0002729938000 Policy Term 071012-13.pdf
- ✂ Letter to Bank.doc
- ✂ 2012-2013 Board List.pdf
- ✂ Secretary of State.doc

**File Description:**

- audit
- crime insurance
- letter regarding signatures
- board list
- sec of state

**13. SECTIONS:**

**Y. STOP Certified Assurances**

**VIOLENCE AGAINST WOMEN ACT (VAWA) FORMULA GRANT PROGRAM  
CERTIFIED ASSURANCES**

**Abbreviations:**

CFR Code of Federal Regulations	OMB Federal Office of Management and Budget
LCLE Louisiana Commission on Law Enforcement	USC United States Code
PL Public Law	VAWA Violence Against Women Act
OJP Office of Justice Programs	VAWO Violence Against Women Office

**THE APPLICANT UNDERSTANDS, AND AGREES, THAT RECEIPT OF A SUBGRANT AS A RESULT OF THIS APPLICATION SUBJECTS THE APPLICANT TO THE FOLLOWING CERTIFIED ASSURANCES 1 THROUGH 77:**

1. **ALLOWABLE COSTS.** The applicant certifies that any allowable costs incurred under any subgrant shall be determined in accordance with the general principles of allowable costs and standards for selected cost items set forth in 2 CFR Part 225 – “Cost Principals for State, Local, and Indian Tribal Governments” (formerly OMB Circular A-87) or 2 CFR Part 230 – “Cost Principals for Non-Profit Organizations” (formerly OMB Circular A-122), as well as the current edition of the OJP Financial Guide, and LCLE Policies.

2. **ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW (ACORN).** The applicant understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of any contract or subaward to either the Association of Community Organizations for Reform Now (ACORN) or its subsidiaries, without prior written approval of OJP. (Federal Memorandum M-10-02 dated October 7, 2009, issued pursuant to Section 163 of the Continuing Appropriations Resolution, 2010, Division B of PL. # 111-68 (CR), as well as State of Louisiana Executive Order BJ 09-16 dated September 17, 2009.)

3. **AUDIT CONTRACTS.** The applicant understands and agrees that every contract, agreement or understanding to make a study or prepare a report on behalf of a state agency official, by a private firm, consultant or individual who receives compensation thereof from state, federal, local or other public funds from whatever source, shall contain or be deemed to contain an authorization for the legislative auditor to audit the records of such firm, consultant or individual pertaining to such study or report.

4. **AUDIT AND INSPECTION.** The applicant understands and agrees that Office of Justice Programs, Office on Violence Against Women, Louisiana Commission on Law Enforcement, or any of their duly authorized representatives shall have access, for purposes of audit and examination, to any books, documents, papers, computer software, or records of the subgrantee, and to relevant books and records of contractors.

5. **AUDIT REQUIREMENTS.** The Applicant agrees to abide by the requirements of the OMB Circular A-133 entitled “Audits of States, Local Governments, and Non-Profit Organizations.” The effective date of the new OMB Circular A-133 is July 1, 1996, and shall apply to audits for fiscal years beginning after June 30, 1996. The audit reports for June 1997 are the first to come under this Circular. The threshold for the single audit requirement is as follows:

If you have expended \$300,000 (\$500,000 for fiscal years ending after December 31, 2003) or more in a year in Federal awards, you are required to have a single or program specific (if certain criteria are met) audit conducted for that year in accordance with the provisions of the OMB Circular A-133.

If an audit discloses findings or recommendations, then a corrective action plan must be submitted along with the audit report and it must include the following:

- a) The name and telephone number of the contact person responsible for the corrective action plan.

- b) Specific steps taken to comply with the recommendations.
- c) Timetable for performance and /or implementation dates for each recommendation.
- d) Descriptions of monitoring to be conducted to ensure implementation.

A copy of the resultant audit report, if applicable, management letter issued by the auditor, corrective action plan and any written responses to the aforementioned should be forwarded to the Louisiana Commission on Law Enforcement. The audit report with attachments should be sent within 30 days after the completion of the audit, but no later than 9 months after the end of the audited period.

6. **CENTRAL CONTRACTOR REGISTRATION (CCR).** The applicant understands and agrees that it has and will maintain the Central Contractor Registration (CCR) registration. This is mandated by the Federal Funds Accountability and Transparency Act of 2006. Information can be obtained at [www.sam.gov](http://www.sam.gov).

7. **CIVIL RIGHTS REQUIREMENTS.** Recipients of funds must comply with any applicable nondiscrimination requirements, which may include the Omnibus Crime Control and Safe Streets Act of 1968; the Violence Against Women Act of 1994, P.L. 103-322, the Violence Against Women Act of 2000, P.L. 106-386, and the Violence Against Women and Department of Justice Reauthorization Act of 2005, P.L. 109-162; the Juvenile Justice and Delinquency Prevention Act of 1974; Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; the Department of Justice Non-Discrimination Regulations at 28 C.F.R. Part 42, Subparts C, D, G, and I; 28 C.F.R. Part 35; and 28 C.F.R. Part 54.

8. **COMMINGLING OF FUNDS.** The applicant certifies and agrees there will be no commingling of funds on either a program-by-program basis or a project-by-project basis. Funds specifically budgeted and/or received for one project may not be used to support another.

9. **COMPETITIVE PROCUREMENT.** The applicant certifies that procurement of contract services and equipment shall be on a competitive basis in accordance with applicable federal, state, or local procurement regulations, and consistent with policies established by LCLE. Non-competitive procurement (sole source) must receive prior approval from LCLE. Contractors that develop or draft specifications, requirements, statements of work, and/or Request for Proposals (RFPs) for a proposed procurement shall be excluded from bidding or submitting a proposal to compete for the award of such procurement. An exemption to this regulation requires the prior approval of LCLE and is only given in unusual circumstances, such as when a non-profit organization is acting as the agent of the state or local unit of government. Any request for exemption must be submitted in writing to LCLE.

Any state agency or agency of a political subdivision of the state which is using appropriated federal funds must comply with Section 6002 of RCRA. Section 6002 requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by the Environmental Protection Agency (EPA).

10. **COMPLIANCE WITH OTHER STATUTORY REQUIREMENTS.** The applicant certifies that it will comply with all lawful requirements imposed by the awarding Federal agency, specifically including any applicable regulations such as 28 C.F.R. Part 18 – Office of Justice Programs Hearing and Appeal Procedures; 28 C.F.R. Part 22 Confidentiality of Identifiable Research and Statistical Information; 28 C.F.R. Part 23 Criminal Intelligence Systems Operating Policies; 28 C.F.R. Part 30 Intergovernmental Review of Department of Justice Programs and Activities; 28 C.F.R. Part 35 Nondiscrimination on the Basis of Disabilities in State and Local Government Services; 28 C.F.R. Part 42 Non Discrimination; Equal Employment Opportunity; Policies and Procedures; 28 C.F.R. Part 61 Procedures for Implementing the National Environmental Policy Act; 28 C.F.R. Part 63 Flood Plan Management and Wetland Protection Procedures, and the Award Term for Trafficking Persons in 2 C.F.R. § 175.15(b).

11. **COMPLIANCE WITH POLICY.** The applicant certifies that this subgrant shall be subject to the policies and regulations established by the Office of Justice Programs (OJP), the Office on Violence Against Women (OVW), the Louisiana Commission on Law Enforcement (LCLE), and the Victim Services

## ADVISORY BOARD.

The applicant assures compliance with the applicable guidelines, provisions, policies and requirements authorized by the Violence Against Women Act of 1994, P.L. 103-322, the Violence Against Women Act of 2000, P.L. 106-386, the Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C. 3711 et. Seq., the Violence Against Women and Department of Justice Reauthorization Act of 2005, P.L. 109-162, OVW's implementing regulations at 28 CFR Part 90, the current edition of the Office on Violence Against Women (OVW) Financial Grants Management Guide, (and the applicable program guidelines and regulations), as required.

12. **CONFIDENTIALITY REQUIREMENTS.** The applicant agrees to comply with all confidentiality requirements of 42 U.S.C. Section 3789g and 28 C.F.R. Part 22 that are applicable to collection, use, and revelation of data or information. Applicant further agrees, as a condition of subgrant approval, to submit a Privacy Certificate that is in accord with requirements of 28 C.F.R. Part 22 and, in particular, section 22.23.

13. **CRIME REPORTING.** The law enforcement applicant agrees to begin or continue participating in the Uniform Crime Reporting (UCR) Program or the Louisiana Incident Based Reporting System (LIBRS) Programs of LCLE.

14. **CRIME VICTIMS REPARATIONS PROGRAM.** The applicant certifies that it will be responsible for providing assistance to victims in regard to services available through the Crime Victims Reparations Program as appropriate.

15. **DATA UNIVERSAL NUMBERING SYSTEM (DUNS NUMBER).** All applicants must have a Data Universal Numbering System (DUNS Number). Information can be obtained at [www.dnb.com](http://www.dnb.com) or 1-866-705-5711.

16. **DISCRIMINATION FINDING.** The applicant assures that in the event that any federal or state court or administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, age, or disability against a recipient of funds, the recipient will forward a copy of such findings to the Louisiana Commission on Law Enforcement, PO Box 3133, Baton Rouge, LA 70821-3133 and Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice, 810 7<sup>th</sup> St., N.W., Washington, D.C. 20531. The State of Louisiana also includes any discrimination on the grounds of sexual orientation.

17. **DUAL COMPENSATION.** The applicant assures that no contractor will receive dual compensation from his regular employer and the applicant for work performed during a single period of time and that adequate documentation will be maintained to verify such.

18. **ELIGIBILITY FOR FUNDING.** The applicant certifies it has the legal authority to apply for federal assistance and the institutional, managerial, and financial capability (including funds sufficient to pay any required non-federal share of project cost) to ensure proper planning, management, and completion of the project described in this application.

19. **EQUAL EMPLOYMENT OPPORTUNITY PROGRAM.** The applicant assures that if required to formulate an Equal Employment Opportunity Program (EEO) in accordance with 28 C.F.R. 42.302 et seq., compliance with the requirement will follow, and a current EEO will be maintained on file or submitted to the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice according to applicable requirements. If claiming a partial or complete exemption from the EEO requirements, the applicant will submit a copy of the enclosed EEO Certification Form to the Office for Civil Rights.

20. **EQUIPMENT INVENTORY CONTROL.** The applicant certifies that any equipment purchased through the subgrant will be tagged, put in an inventory control system, and identified or distinguished as OJP purchased equipment. When equipment is willfully or negligently lost, stolen, damaged, or destroyed, the subgrantee is responsible for replacing or repairing the equipment. Stolen equipment must be reported to local police, and all resulting reports must be submitted

to LCLE.

21. **EQUIPMENT AND OTHER CAPITAL EXPENDITURES.** The applicant certifies that a) no other equipment owned by the subgrantee is available for the project; b) subgrant funds will not be used to provide reimbursement for the purchase price of equipment already owned by the subgrantee except through permissible depreciation or use allowance actually charged to the subgrantee; c) if equipment is for purposes other than this project, the appropriate proration of costs to each activity involved will be affected; d) the amount of Federal funds applicable to the purchase or rent of equipment shall be reduced by any amount received or credited toward the trade-in or sale of older existing equipment which is being replaced as a result of this subgrant; e) funds provided by this subgrant will not be used to replace items of equipment purchased with LCLE subgrant funds, and f) an equipment inventory listing must be included with each expenditure report in which charges are being reported.

22. **EQUITABLE TREATMENT.** Pursuant to Section 223(a)(15) of the JJDP Act, the applicant assures that youth in the juvenile justice system are treated equitably on the basis of gender, race, family income, and mentally, emotionally, or physically handicapping conditions.

23. **FAITH-BASED EQUAL TREATMENT REGULATIONS.** The grantee agrees to comply with the applicable requirements of 28 C.F.R. Part 38, the Department of Justice regulation governing "Equal Treatment for Faith Based Organizations" (the "Equal Treatment Regulation"). The Equal Treatment Regulation provides in part that Department of Justice grant awards of direct funding may not be used to fund any inherently religious activities, such as worship, religious instruction, or proselytization. Recipients of direct grants may still engage in inherently religious activities, but such activities must be separate in time or place from the Department of Justice funded program, and participation in such activities by individuals receiving services from the grantee or a sub-grantee must be voluntary. The Equal Treatment Regulation also makes clear that organizations participating in programs directly funded by the Department of Justice are not permitted to discriminate in the provision of services on the basis of a beneficiary's religion. Information can be obtained at [www.ojp.gov/about/ocr/equal\\_fbo.htm](http://www.ojp.gov/about/ocr/equal_fbo.htm).

Faith-based organizations should also note that the Safe Street Acts, as amended; the Violence Against Women Act, as amended; and the Juvenile Justice and Delinquency Prevention Act, as amended contain prohibition against discrimination on the basis of religion in employment. Despite these nondiscrimination provisions, the Justice Department has concluded that the Religious Freedom Restoration Act (RFRA) is reasonably construed, on a case-by-case basis, to require that its funding agencies permit faith-based organizations applying for funding under the applicable program statutes both to receive DOJ funds and to continue considering religion when hiring staff, even if the statute that authorizes the funding program generally forbids considering of religion in employment decisions by grantees. For more information on this regulation, please see OCR website at [www.ojp.usdoj.gov/ocr/etfbo.htm](http://www.ojp.usdoj.gov/ocr/etfbo.htm).

24. **FALSE CLAIMS ACT.** The applicant must promptly refer to the Department of Justice, Office of the Inspector General any credible evidence that a principal, employee, agent, contractor, subgrantee, subcontractor, or other person has either 1) submitted a false claim for grant funds under the False Claims Act; or 2) committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving grant funds. Potential fraud, waste, abuse, or misconduct should be reported to the Office of the Inspector General by: a) Mail: Office of the Inspector General, US Department of Justice, Investigations Division, 950 Pennsylvania Ave., N.W., Room 476, Washington, DC 20530; b) Email: [oig.hotline@usdoj.gov](mailto:oig.hotline@usdoj.gov); c) Hotline: 1-800-869-4499 (Phone), 1-202-616-9881 (Fax), or d) Website: [www.usdoj.gov/oig](http://www.usdoj.gov/oig) (Additional information is available from the DOJ OIG website.)

25. **FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT OF 2006 (FFATA).** The applicant agrees to comply with applicable requirements to report first-tier subawards of \$25,000 or more and, in certain circumstances, to report the names and total compensation of the five most highly compensated executives of the recipient and first-tier subrecipients of award funds. Such data will be submitted to the FFATA Subaward Reporting System (FSRS). The details of recipient obligations, which derive from the Federal Funding Accountability and Transparency Act of 2006 (FFATA), are posted on the OJP website at [www.ojp.gov/funding/ffata.htm](http://www.ojp.gov/funding/ffata.htm).

26. **FILING COSTS FOR CIVIL OR CRIMINAL CHARGES.** The applicant certifies that its laws, policies, and practices do not require, in connection with the prosecution of any misdemeanor or felony domestic violence offense, or in connection with the filing, issuance, registration, or service of a protection order, or a petition for a protection order, to protect a victim of domestic violence, stalking, or sexual assault, that the victim bear the costs associated with the filing of criminal charges against the offender, or the costs associated with the filing, issuance, registration, or service of a warrant, protection order, petition for a protection order, or witness subpoena, whether issued inside or outside the state, tribal, or local jurisdiction.
27. **FISCAL REGULATIONS.** Applicant certifies and agrees that fiscal administration of subgrants shall be subject to such further rules, regulations, and policies concerning accounting and records, payment of funds, cost allowance, submittal of financial reports, and any other applicable required documentation which may be prescribed by the organizations and/or publications within these Certified Assurances.
28. **FLOOD DISASTER PROTECTION ACT OF 1973.** The applicant certifies that flood insurance will be purchased in communities where such insurance is available as a condition for the construction or acquisition purpose for use. {Flood Disaster Protection Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234, 87 Stat. 975, approved December 31, 1976)}.
29. **FORENSIC MEDICAL EXAMS.** The applicant assures that grant funds will not be used to pay for the cost of the forensic medical examination or any additional procedure for victims of sexual assault. No State, Indian tribal government, or territorial government may require a victim of sexual assault to participate in the criminal justice system or cooperate with law enforcement in order to be provided with a forensic medical exam, or to be reimbursed for charges incurred on account of such an exam.
30. **FUTURE SUPPORT.** The applicant understands that the awarding of future funding is contingent upon the availability of future federal appropriations.
31. **HATCH ACT.** The applicant, if a governmental entity, assures it will comply with requirements of 5 U.S.C. § 1501-8 and § 7324-28, which limit certain

**LOUISIANA COMMISSION ON LAW ENFORCEMENT**

**LCLE USE ONLY**

Applicant Hereby Applies to the LCLE for Financial Support for the Within-Described Project:

Receipt Date	Award Date	Subgrant Number(s)
3/13/2013		-- 1166

<b>1. Type of Funds for which you are applying</b>	STOP Violence Against Women Act (Federal 16.588 STOP )		
<b>2. Applicant</b>	<b>Name Of Applicant:</b> The Haven, Inc.		
	<b>Federal I.D:</b> 721233532	<b>Parish:</b> Terrebonne	
	<b>Street Address Line 1:</b>		
	<b>Address Line 2:</b>	<b>Address Line 3:</b> PO Box 4279	
	<b>City:</b> Houma	<b>State:</b> LA	<b>Zip:</b> 70361-4279
<b>3. Recipient Agencies</b>	The Haven, Inc.		
<b>4. Project Director</b>	<b>Name:</b> Mrs. Julie M. Pellegrin		<b>Title:</b> Executive Director
	<b>Agency:</b>		
	<b>Street Address Line 1:</b> confidential		
	<b>Address Line 2:</b>	<b>Address Line 3:</b>	
	<b>City:</b> Houma	<b>State:</b> LA	<b>Zip:</b> 70361
	<b>Phone:</b> 985-872-0757	<b>Fax:</b> 985-873-7494 x873	<b>Email:</b> julie@havenhelps.org
<b>5. Financial Officer</b>	Name: Ms. Debra Young		<b>Title:</b> Operations Director

	Name: Ms. Daphne Young		Agency:
	Street Address Line 1: PO Box 4279		
	Address Line 2:		Address Line 3:
	City: Houma		State: LA Zip: 70361-4279
	Phone: 985-872-0757	Fax: 985-873-7494 x873	Email: daphne@havenhelps.org
6. Contact	Name: Ms. Daphne Young		Title: Operations Director
	Agency:		
	Street Address Line 1: PO Box 4279		
	Address Line 2:		Address Line 3:
	City: Houma		State: LA Zip: 70361-4279
	Phone: 985-872-0757	Fax: 985-873-7494 x873	Email: daphne@havenhelps.org
7. Brief Summary of Project (Do Not Exceed Space Provided)	Short Title (May not exceed 50 characters) Domestic Violence Program		
	This project facilitates trauma informed care for survivors of domestic violence.		

8. Subgrant Budget TOTAL BUDGET BY CATEGORY

BUDGET CATEGORY	AMOUNT
PERSONNEL	16,585.00
EMPLOYEE BENEFITS	0.00
TRAVEL (INCLUDING TRAINING)	0.00
EQUIPMENT	0.00
SUPPLIES & OPERATING EXPENSES	0.00
CONSULTANTS	0.00
CONSTRUCTION	0.00
OTHER	0.00
<b>TOTAL</b>	<b>16,585.00</b>

9. TOTAL BUDGET BY FUND SOURCE

FUND SOURCE	AMOUNT	PERCENT
FEDERAL	16,585.00	100%
STATE	0.00	
PROJECT INCOME	0.00	
INTEREST	0.00	
STATE MATCH	0.00	
CASH MATCH (NEW APPROP.)	0.00	
IN-KIND MATCH	0.00	
PROJECT INCOME MATCH	0.00	
<b>TOTAL</b>	<b>16,585.00</b>	<b>100%</b>

10. Project Start Date: 5/1/2013 Project End Date: 4/30/2014

11. IN WITNESS WHEREOF, the Applicant has caused this subgrant application to be executed, attested, and ensealed by its proper officials, pursuant to legal action authorizing the same to be done.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED OFFICIAL

\_\_\_\_\_  
TITLE OF AUTHORIZED OFFICIAL

\_\_\_\_\_  
The Haven, Inc.  
NAME OF APPLICANT AGENCY

NOTE: The original copy must be signed in blue ink.  
Titles of all signatories must be inserted.

LACLE USE ONLY

In response to this application, LACLE funds are hereby obligated for the project described by the subgrantee in the referenced application, subject to applicant acceptance.

EXECUTIVE DIRECTOR

DATE

Louisiana Commission on Law Enforcement

**12. BUDGET DETAILS**

**A. MASTER BUDGETS**

BY RECIPIENT AGENCY	YEAR 1	TOTAL
The Haven, Inc.	16,585.00	<b>16,585.00</b>
<b>Total:</b>	<b>16,585.00</b>	<b>16,585.00</b>

Applicant Agency: The Haven, Inc.

BY CATEGORY	YEAR 1	TOTAL
PERSONNEL	16,585.00	<b>16,585.00</b>
EMPLOYEE BENEFITS	0.00	<b>0.00</b>
TRAVEL (INCLUDING TRAINING)	0.00	<b>0.00</b>
EQUIPMENT	0.00	<b>0.00</b>
SUPPLIES & OPERATING EXPENSES	0.00	<b>0.00</b>
CONSULTANTS	0.00	<b>0.00</b>
CONSTRUCTION	0.00	<b>0.00</b>
OTHER	0.00	<b>0.00</b>
<b>Total:</b>	<b>16,585.00</b>	<b>16,585.00</b>

BY SOURCE	YEAR 1	TOTAL
FEDERAL	16,585.00	<b>16,585.00</b>
STATE	0.00	<b>0.00</b>
PROJECT INCOME	0.00	<b>0.00</b>
INTEREST	0.00	<b>0.00</b>
STATE MATCH	0.00	<b>0.00</b>
CASH MATCH (NEW APPROP.)	0.00	<b>0.00</b>
IN-KIND MATCH	0.00	<b>0.00</b>
PROJECT INCOME MATCH	0.00	<b>0.00</b>
<b>Total:</b>	<b>16,585.00</b>	<b>16,585.00</b>

**12. BUDGET DETAILS**

**A. MASTER**

Line Item Details for: The Haven, Inc.

**YEAR 1**

**PERSONNEL**

		<u>COST</u>
Position:	Empowerment Advocate	
Name:	Gina Sierra	
Computation:	2917 per month x 12 month x 47.38%	16,585.00

Personnel - Year 1 Total: 16,585.00

**EMPLOYEE BENEFITS**

	<u><b>COST</b></u>
Position:	
Name:	
Computation:	0.00
<hr/>	
<b>Employee Benefits - Year 1 Total:</b>	<b>0.00</b>

**TRAVEL (INCLUDING TRAINING)**

	<u><b>COST</b></u>
Purpose of Travel:	
Location:	
Item:	
Computation:	0.00
<hr/>	
<b>Travel (Including Training) - Year 1 Total:</b>	<b>0.00</b>

**EQUIPMENT**

	<u><b>COST</b></u>
Item:	
Item:	
Quantity:	0.00
<hr/>	
<b>Equipment - Year 1 Total:</b>	<b>0.00</b>

**SUPPLIES & OPERATING EXPENSES**

	<u><b>COST</b></u>
Supply Item:	
Computation:	0.00
<hr/>	
<b>Supplies &amp; Operating Expenses - Year 1 Total:</b>	<b>0.00</b>

**CONSULTANTS - CONSULTANT**

	<u><b>COST</b></u>
Name / Position:	
Service Provided:	
Computation:	0.00
<hr/>	
<b>Consultants - Consultant - Year 1 Total:</b>	<b>0.00</b>

**CONSULTANTS - TRAVEL**

**COST**

Consultant:

Location:

Item:

Computation:

0.00

Consultants - Travel - Year 1 Total: 0.00

**CONSULTANTS - PRODUCT/SERVICE**

Consultant:

Item:

Computation:

COST

0.00

Consultants - Product/Service - Year 1 Total: 0.00

**YEAR 1 TOTAL: 16,585.00**

**13. SECTIONS:**

**A. LCLE Budget Summary With Cash & InKind Match**

1. Please itemize the Budget Category expenditures.

(Please verify that the Total Amount equals the Calculated Paid Amount.)

ID	Budget Category	Total Amount	Amount Paid with Federal Dollars	Amount Paid with Cash Match	Amount Paid with In-Kind Match	Calculated Paid Amounts
1.1	Personnel	16,585	16,585	0	0	16,585
Total: Σ		16,585	16,585	0	0	16,585

**13. SECTIONS:**

**B. LCLE Budget - Personnel**

**PERSONNEL BUDGET JUSTIFICATION**

1. Are personnel costs requested?

Yes

2. Are employees screened and in compliance with the Louisiana Child Protection Act (LA RS 15:5871.1)?

Yes

3. Are job descriptions for each position attached?

Yes

4. Are resumes for each position attached?

Yes

4.1. If no, explain why.

5. Explain the need for each position and justify the need for any overtime if requested.

5. Explain the need for each position and justify the need for any overtime if requested.

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.

6. Explain the basis of determining the salary for each position.

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

7. Explain the project duties for each position.

The Empowerment Advocate is responsible for providing trauma informed services including 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

8. Indicate if personnel will be new or existing personnel. If existing, indicate if the 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 for the grant and is the personnel's original status with the agency.

9. Are volunteers used in this project?

No

9.1. Is this a VOCA-funded project?

No

9.1.1. If yes, explain the need for an exemption to the requirement of using volunteers.

9.2. Are the volunteers used as in-kind match?

No

9.3. Are volunteers screened in compliance with the Louisiana Child Protection Act (LA R.S. 15:586.1)?

Yes

9.4. Are volunteers screened in compliance with the Louisiana Adult Protective Services Law (LA R.S. 1501-1511)?

Yes

9.5. Briefly describe the duties and functions of the volunteers. Indicate the number of hours per duty-function for this project. Duties must directly relate to the focus of this project.

Volunteers are not used for this project. Where volunteers are used The Haven complies with child protection and adult protective services law.

9.6. Are job descriptions for volunteers attached?

No

9.7. Are timesheets kept on volunteers?

Yes

**13. SECTIONS:**

**C. LCLE Budget - Fringe Benefits**

**FRINGE BENEFITS JUSTIFICATION**

1. Is personnel costs requested?

Yes

2. Please check the appropriate response regarding fringe benefits.

All fringe benefits will be paid by the Applicant Agency

**13. SECTIONS:**

**D. STOP Budget Travel**

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**TRAVEL**

Travel is allowed for personnel listed in the Personnel Section of application. Mileage is unallowable in agency-owned vehicles. Charges cannot exceed established agency travel rates, but in no case can travel expenses exceed the current Louisiana Travel Guidelines. **Out-of-state travel requires prior approval from LCLE.**

1. Is travel expenses being requested

No

2. Are requested travel expenses for local travel?

A response to this question is optional and no answer was provided.

2.1. State who will travel and the purpose for local travel

3. Are requested funds for non-local in-state and/or out-of-state travel?

A response to this question is optional and no answer was provided.

3.1. State who will travel and the purpose of the non-local in-state and/or out-of-state travel.

**NOTE: Out-of-state travel requires prior approval from LCLE. Only 50% of the out-of-state travel costs are allowed. This is inclusive only to the 48 contiguous states. Hawaii, Alaska and international travel is prohibited.**

**13. SECTIONS:**

**E. LCLE Budget - Equipment**

**EQUIPMENT JUSTIFICATION**

1. Is equipment requested for this project?

No

1.1. If yes, explain the need for each equipment item requested.

1.2. Explain the procurement procedures.

1.3. Explain the equipment's relationship to this project.

2. Is this a request for sole source?

No

2.1. If yes, explain why sole source is needed. Also, refer to instructions on requesting sole source.

**NOTE: Sole Source request must be attached to this application.**

**13. SECTIONS:**

**F. LCLE Budget - Supplies & Operating Expenses**

**SUPPLIES & OPERATING EXPENSES JUSTIFICATION**

1. Are supplies requested for this project?

No

1.1. If yes, explain the need and use of each major supply type requested.

1.2. Explain the relationship of the supplies to this project.

2. Are operating expenses requested for this project?

No

2.1. If yes, explain the need of each operating expense requested.

2.2. Explain the relationship of the operating expenses to this project.

**13. SECTIONS:**

**G. LCLE Budget - Consultant**

**CONSULTANTS JUSTIFICATION**

Compensation for individual consultant services is to be reasonable and consistent with that paid for similar services in the market place. Travel, lodging, and meals, if applicable, should be figured in addition to compensation. All expenses must be included in the **LCLE approved contract**.

1. Are consultants requested for this project?

No

2. Explain the purpose of each consultant or other contractual services requested.

3. Explain why each service requested is necessary and cost effective for this project.

4. Explain the procurement procedures and basis for determining rate of pay.

5. Is this request for sole source?

No