

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C12-7-017

APPLICANT: The Haven, Inc.

PROJECT TITLE: Victim Assistance Program

PROJECT FUNDS :

FUND: \$ 11,872 80.00%
MATCH: \$ 2,968 20.00%
TOTAL: \$ 14,840 100.00%

PROJECT DURATION: 12 months

START DATE: 11/01/2012

END DATE: 10/31/2013

Continuation of C00-7-018

PROJECT SUMMARY:

This project facilitates counseling and advocacy for survivors of sexual assault and domestic abuse. The goals of this project are to provide support services including referrals, advocacy, and counseling to survivors of sexual and domestic assault and their families.

RECOMMENDATION : FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.



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

**CRIME VICTIM ASSISTANCE
FORMULA GRANT PROGRAM**

CFDA #16.575

12

FOR LCLE USE ONLY:

Project ID: C12-7-017

CVA Purpose Area: 1,2,3,4

1. TITLE OF PROJECT

Victims Assistance Program

2. NEW PROJECT

CONTINUATION PROJECT OF: C11-7-016

3. PROJECT DURATION

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

Desired Start Date: 11/1/2011

Desired End Date: 10/31/2012

*incorrect
Same as last grant*

4. PROJECT FUNDS

Federal Funds: \$11,872

Cash Match \$2,968

In-Kind Match:

Total Project: **\$14,840**

5A. APPLICANT AGENCY INFORMATION

Agency Name: The Haven, Inc.

Physical Address: 201 Duet Street

City: Houma

Zip: 70360-2256

Mailing Address: P.O. Box 4279

City: Houma

Zip: 70361-4279

Phone: (985) 872-0757

FAX: (985) 873-7494

Email: julie@havenhelps.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Julie M. Pellegrin

Title: Executive Director

Agency Name: The Haven, Inc.

Address: P.O. Box 4279

City: Houma

Zip: 70361-4279

Phone: (985) 872-0757

FAX: (985) 873-7494

Email: julie@havenhelps.org

01-31-2013

Fed Employer Tax Id: 72 - 1233532

DUNS: 963268826 -

CCR CAGE/NCAGE: 5KX14

CCR Expiration Date: 1/1/2013

6. IMPLEMENTING AGENCY

Name: Julie M. Pellegrin

Title: Executive Director

Agency: The Haven, Inc.

Address: P.O. Box 4279

City: Houma

Zip: 70361-4279

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

Email: julie@havenhelps.org

7. PROJECT DIRECTOR

Name: Julie M. Pellegrin

Title: Executive Director

Agency: The Haven, Inc.

Address: P.O. Box 4279

City: Houma

Zip: 70361-4279

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

Email: julie@havenhelps.org

8. FINANCIAL OFFICER

Name: Daphne Young

Title: Operations Director

Agency: The Haven, Inc.

Address: P.O. Box 4279

City: Houma

Zip: 70361-4279

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

Email: daphne@havenhelps.org

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

This project facilitates counseling and advocacy for survivors of sexual and domestic abuse. The goals of the project are to provide support services including referrals, advocacy, and counseling to survivors of sexual and domestic assault and their families.

2012 OCT -4 AM 9:29

LA COMMISSION
LAW ENFORCEMENT

VOCA PURPOSE AREAS

| | |
|---|------------------------|
| Please Check Type of Victimization Served (Check all that apply): | |
| <input checked="" type="checkbox"/> | Sexual Assault |
| <input checked="" type="checkbox"/> | Domestic Abuse |
| <input checked="" type="checkbox"/> | Child Abuse |
| <input checked="" type="checkbox"/> | Previously Underserved |
| State Type of Previously Underserved: racial and ehcnic minorities, non english speaking, rural | |

PROJECT BUDGET SUMMARY

INSTRUCTIONS: The Checklist is self-explanatory. In Project Summary, applicable budget category totals will be automatically entered from each of the Detailed Project Budget Summaries. Provide source of Cash and/or In-Kind Match. In last table, check the type of victimization types that this project will address.

CHECKLIST:

| | YES: | NO: |
|--|-------------------------------------|--------------------------|
| Are all budgeted items allowable per Program Guidelines? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Were instructions followed to determine allowable personnel/contractual costs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all line item computations correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do line items add to category totals? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Have category totals been rounded to nearest dollar? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Each category amount listed in the table below must equal category totals shown on Pages 3 through 11.

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

PROJECT BUDGET SUMMARY

| BUDGET CATEGORIES | FEDERAL FUNDS | CASH MATCH | IN-KIND MATCH | SECTION TOTAL |
|--|-----------------|----------------|---------------|-----------------|
| SECTION 100. PERSONNEL | \$11,872 | \$2,968 | \$0 | \$14,840 |
| SECTION 200. FRINGE BENEFITS | \$0 | \$0 | N/A | \$0 |
| SECTION 300. TRAVEL | \$0 | \$0 | \$0 | \$0 |
| SECTION 400. EQUIPMENT | \$0 | \$0 | \$0 | \$0 |
| SECTION 500. SUPPLIES | \$0 | \$0 | \$0 | \$0 |
| SECTION 600. CONTRACTUAL | \$0 | \$0 | N/A | \$0 |
| SECTION 700. RENOVATION COSTS | \$0 | \$0 | \$0 | \$0 |
| SECTION 800. OTHER DIRECT COSTS | \$0 | \$0 | \$0 | \$0 |
| TOTAL: | \$11,872 | \$2,968 | \$0 | \$14,840 |

Provide Source of Cash Match: The source of the cash match is the Terrebonne Parish Consolidated Government.

Provide Source of In-Kind Match:

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/Advocate | Kirby Soltis | FT | \$2,917.00 | 42.40% | 12.00 | \$14,841.69 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | FT | \$0.00 | 42.39% | | \$0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | FT | | | 1435 | \$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: | | | | | | \$14,841.69 | | |

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"/> |
| | | | | | | | \$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 | \$11,872 |
| CASH MATCH | \$2,968 |
| IN-KIND MATCH | |
| PERSONNEL TOTAL | \$14,840 |

SECTION 100. PERSONNEL (Continued) – BRIEFLY EXPLAIN

Yes No Are job descriptions for each position attached? If not, explain:

Yes No Are resumes for each position attached? If not, explain:

A) Need for each position shown above; justify need for overtime:

Intervention services for survivors of domestic and sexual violence attempts to meet the variety of needs survivors and their families identify. First, victims of violence must reestablish safety. The Counselor/Advocate works with each survivor to establish an individual safety plan. Second, survivors need information and referrals. They need to know about the resources and options available to them. The Counselor/Advocate provides individual referrals and when necessary advocates for survivors with those resources. This includes referrals for needed medical assistance, transportation, benefits, and everyday needs. Finally, survivors also need opportunities for connecting, for sharing, for being respected, and for healing. In order to meet the needs of survivors the Counselor/Advocate will provide counseling both individually and in group for survivors of abuse.

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

The salary was determined by comparing similar positions with similar educational requirements in Terrebonne Parish. In addition, a LANO salary comparison and LAFASA salary study was utilized.

C) Project duties of each position requested:

Project duties for both positions requested are as follows:

1. Provide direct services to domestic and/or sexual violence survivors through crisis intervention, group or individual supportive counseling sessions and advocacy.
2. Provide advocacy for violence survivors and their families.

D) Indicate if personnel will be new or existing personnel. If existing, indicate if position has been backfilled. If this is a continuation application, indicate the personnel's original status. [Existing personnel is an employee that currently works for the agency, but will now be working on grant activities. If so, the position from which the employee was moved must be filled. If employee is same from the previous grant, indicate if the employee was originally hired for that position.]

Personnel is the same from previous grant and was hired to fill the positions.

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. | .062 | | | \$0 | 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. | .0145 | | | \$0 | 5. | .0145 | | | \$0 |
| 2. | .0145 | | | \$0 | 6. | .0145 | | | \$0 |
| 3. | .0145 | | | \$0 | 7. | .0145 | | | \$0 |
| 4. | .0145 | | | \$0 | 8. | .0145 | | | \$0 |
| HEALTHLIFE INSURANCE Provide monthly insurance rates | RATE | MONTHS | TIME DEVOTED TO PROJECT | TOTAL | HEALTHLIFE INSURANCE Provide monthly insurance rates | RATE | MONTHS | TIME DEVOTED TO PROJECT | TOTAL |
| 1. | | | | \$0 | 5. | | | | \$0 |
| 2. | | | | \$0 | 6. | | | | \$0 |
| 3. | | | | \$0 | 7. | | | | \$0 |
| 4. | | | | \$0 | 8. | | | | \$0 |
| WORKMAN'S COMPENSATION | RATE | | SALARY | TOTAL | WORKMAN'S COMPENSATION | RATE | | SALARY | TOTAL |
| 1. | | | | \$0 | 5. | | | | \$0 |
| 2. | | | | \$0 | 6. | | | | \$0 |
| 3. | | | | \$0 | 7. | | | | \$0 |
| 4. | | | | \$0 | 8. | | | | \$0 |
| UNEMPLOYMENT TAX 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. | | CHECK TYPE: | | \$0 | 5. | | CHECK TYPE: | | \$0 |
| 2. | | | | \$0 | 6. | | | | \$0 |
| 3. | | <input type="checkbox"/> FUTA | | \$0 | 7. | | <input type="checkbox"/> FUTA | | \$0 |
| 4. | | <input 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): | | | | \$0 | 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): \$0

| SECTION 200. FRINGE BENEFITS SUMMARY | |
|--------------------------------------|------------|
| FEDERAL FUNDS | |
| CASH MATCH | |
| TOTAL FRINGE BENEFITS | \$0 |

PROGRAM NARRATIVE

A. PROBLEM DEFINITION

1. Identify the nature and magnitude of the specific problem existing in your particular community that needs to be addressed through this proposed project. **Document the need, not the symptoms or solutions.** Be sure to include current valid local data to support the justification. Give the source and date of your information. State the needs of your agency and the needs of the victims in your area as related to this problem and justify the need for the proposed project.

In calendar year 2009, the Terrebonne Parish Sheriff's Office responded to 439 domestic violence complaints and the Houma Police Department reported 260 domestic violence cases. During 2009 the Terrebonne Parish Sheriff's Office confirmed 30 sexual assault cases and the Houma Police Department confirmed 15 sexual assault cases. As research indicates the majority of sexual assault crimes go unreported. In 2011, the Haven was contacted by over 900 new primary victims of sexual and domestic assault for support services like counseling and advocacy.

In order to address the needs of survivors of domestic and sexual abuse in Terrebonne Parish, the parish needs a victim service agency which provides intervention services. Intervention services, for survivors of domestic and sexual abuse, attempts to meet the variety of needs survivors and their families identify. First, survivors need to be safe. Second, survivors need information and referrals. They need to know about the resources and options available to them. Third, survivors need material resources. When these own private resources are limited, they may need to access resources from city or state. Survivors 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 survivors, at a minimum, these resources they also need opportunities for connecting, for sharing, for being respected, and for healing.

This project facilitates needed support services of counseling and advocacy to survivors of domestic and sexual assault. The project personnel will assist the survivor in navigating her way through the various agencies she will find herself involved with. The project personnel will facilitate crisis intervention, individual and group counseling and advocate on survivors behalf.

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

There are no agencies which provide support services to victims of sexual or domestic violence in Terrebonne parish. The gap was identified in the 1980s with the closing of the YWCA in Houma. This gap led to victims of sexual and domestic violence having no where to turn for counseling and other support services. The Haven was incorporated to fill this gap and has remained in the parish to provide crucial victim services to those affected by sexual and domestic violence.

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 (low self-esteem, acceptance of responsibility for partner's actions, guilt, feelings of helplessness, denial, isolation) for 60 survivors (adult and child) of sexual assault.

Goal 2. Reduction of primary trauma (nightmares, exaggerated startle response, hyper vigilance, trust issues, recurrent and intrusive, recollections, and restricted range of affect associated with sexual violence) for 80 survivors of domestic abuse.

Goal 3. Provision of emotional support for 30 child witness to domestic violence.

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 20 survivors of sexual assault with 150 individual counseling sessions.

Objective 1.2 Provide 15 survivors of sexual assault victims with local community resources to help them establish safety in their homes and communities.

Objective 2.1 Provide 25 survivors of domestic abuse with 125 individual sessions focusing on assessing needs, goal planning, and safety planning

Objective 2.2 Provide 45 group counseling sessions to 35 survivors of domestic violence.

Objective 3.1 Provide 20 child witnesses to domestic violence 45 group counseling sessions

Objective 3.2 Facilitate 75 individual counseling sessions with 20 child witness to domestic violence 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.

Hire and train a Counselor/Advocate. The Counselor/Advocate will provide a weekly group session for child witnesses and a weekly group session for adult survivors of domestic abuse. In addition the Counselor/Advocate will facilitate 150 individual counseling sessions to survivors of sexual assault, 125 individual counseling sessions to survivors of domestic abuse, and 75 individual counseling sessions for child witness to domestic abuse. In order to ensure the Counselor/Advocate is using best practices for service delivery, she will receive 30 hours of continuing education during the grant period.

The activities undertaken to achieve the goals and objectives are on going through out the grant period of November 1, 2012 to October 31, 2013, the entire 12 months of this grant.

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.

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.)

Form November, 2011 to June, 2012, Approximately, four hundred and eight survivors of sexual and domestic assault were provided with individual counseling, group counseling, crisis line support, and/or advocacy.

2. Did the project work as expected? Explain.

The project worked as expected. Through outreach efforts and collaboration with other service providers in the area, The Haven's available services for victims of domestic and sexual violence were publicized. This allowed victims to learn of our services and contact the agency for counseling and other support services.

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?

The data will be collected from the employed Counselor/Advocates. The source of the data will be detailed records kept in their appointment books.

2. When will the data be collected?

The data will be collected monthly and compiled into a quarterly report.

3. Who will collect and analyze the data?

Kirby Soltis will collect and analyze the data against stated objectives and goals.

4. Who will be responsible for submitting the data for the Quarterly Progress Reports: State name and contact information.

Name: Kirby Soltis

Phone: (985) 872-757

Email: kirby@havenhelps.org

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

Following evaluation, Kirby Soltis will update or revise the project's strategy. She will do this by analyzing the data and modify goals and objectives as needed.

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 Board of Directors of The Haven, and the Louisiana Commission on Law Enforcement will receive quarterly progress reports and monthly expenditure reports.

J. CONTINUATION

- Yes No Do you plan to continue this project at the conclusion of federal support?
Since continued VOCA funding is limited and not assured, alternate funding sources should be sought. Name the sources and potential sources of continued funding for this project at the conclusion of Federal support.

The United Way for South Louisiana and the Terrebonne Parish Consolidated Government is potential sources of continued funding. In addition, local private funding sources will be considered and sought.

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 counselor/advocate is housed at The Haven's facility. The facility is equipped with private offices, a waiting room, and a file room that allows for confidential information to be stored. The Haven has an Operations Director and several clerical volunteers who will provide clerical support. Each project personnel will have a separate office with computers, printers, and phones. A copy machine and fax machine are available for use in communal areas. The Counselor/Advocate will also provide services in The Haven's shelter, Margaret's Home. There she will use a small private office equipped with a computer, phone, and printer. She has access to a children's playroom and an adult group room.

L. AUDIT REQUIREMENTS

All applications must check one:

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

M. VOLUNTEERS

- Yes No Are you using volunteers as match?
If yes, describe the duties and functions performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). Volunteers' duties must directly relate to the focus of this project and information stated in Section 100 Personnel.
- Yes No Are volunteers screened in compliance with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate?

N. REQUIRED COMPONENTS

1. Subgrantees are required to help victims apply for victim compensation. Describe a specific plan on how applicant has or will interface with the Louisiana Crime Victims Reparations Program.

The Haven has a relationship with the Victim Services Coordinator of the Terrebonne Parish Sheriff's office. We have regular contact with the individual. The Haven keeps her card and reparation forms and when needed distribute these to victims and assist them with completing the paperwork. When needed, appointments are made with the coordinator and counselor's accompany victims to the appointment.

2. Describe how applicant has/will coordinate activities with other criminal justice system/private service providers in the community. If you have obtained cooperative agreements, a copy may be attached to the application in addition to the brief description.

The Haven coordinates activities by participating in multi-disciplinary teams and staffings.

3. Indicate how the applicant will address the issue of encouraging the victims to report to law enforcement. Policies and procedures may be attached to the application in addition to the brief description.

The Haven will encourage victims to report to law enforcement by offering police accompaniment services to victims. Advocates and Counselors are available 24 hours per day to accompany victims during the process of reporting abuse.

4. State that the applicant will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate. The Louisiana Child Protection Act refers to screening prospective employees, NOT reporting instances of child abuse.

The Haven will comply with the Louisiana Child Protection Act (LRS 15:587.1).