

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C11-3-005

APPLICANT: Family Counseling Agency, Inc.

PROJECT TITLE: Domestic Violence Program

PROJECT FUNDS :

FUND: \$ 160,955 80.00%

MATCH: \$ 40,239 20.00%

TOTAL: \$ 201,194 100.00%

PROJECT DURATION: 12 months

START DATE: 09/01/2011

END DATE: 08/31/2012

Continuation of C88-3-001

PROJECT SUMMARY:

We are requesting pre-award costs starting September 1, 2011. Turning Point is requesting to continue funding to victims of domestic violence. Comprehensive services will assist victims in Turning Point's emergency safety shelter (including Rapides Parish Non-Residentials) and the six outreach Parishes: Grant, Catahoula, Concordia, LaSalle, Winn and Avoyelles.

RECOMMENDATION: FUND X DENY    

SPECIAL CONDITIONS :

1. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.
2. 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

FOR LCLE USE ONLY: Project ID: C11-3-005 CVA Purpose Area: 2, 3, 4

1. TITLE OF PROJECT Domestic Violence Program		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-3-007	
3. PROJECT DURATION Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: <del>04/20/11</del> <u>09/01/11</u> Desired End Date: <del>11/10/12</del> <u>08/31/12</u>		4. PROJECT FUNDS Federal Funds: \$160,955 Cash Match: \$0 In-Kind Match: \$40,239 Total Project: \$201,194	
5A. APPLICANT AGENCY INFORMATION Agency Name: Family Counseling Agency Physical Address: 1605 Murray Street City: Alexandria Zip: 71301- Mailing Address: P.O. Box 1908 City: Alexandria, Louisiana Zip: 71309- Phone: (318) 448-0284 FAX: (318) 448-0280 Email: famcounsel@aol.com		5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Joseph W. Franklin Title: Executive Director Agency Name: Family Counseling Agency Address: 1605 Murray Street City: Alexandria, Louisiana Zip: 71301- Phone: (318) 448-0284 FAX: (318) 448-0280 Email: jfranklin@fca4cenla.com	
Fed Employer Tax Id: 72-0677893 DUNS: 039181698 - CCR CAGE/ENCA: 4MQ92 CCR Expiration Date: 1/16/2012			

6. IMPLEMENTING AGENCY Name: Joseph W. Franklin Title: Executive Director Agency: Family Counseling agency Address: 1605 Murray City: Alexandria Zip: 71301- Phone: (318) 448-0284 FAX: (318) 448-0280 Email: jfranklin@fca4cenla.com	7. PROJECT DIRECTOR Name: Annie S. Brown Title: Program Director Agency: Turning Point Program Address: P.O. Box 1908 City: Alexandria Zip: 71309- Phone: (318) 442-7196 FAX: (318) 442-3801 Email: abrown@fca4cenla.com	8. FINANCIAL OFFICER Name: Cynthia Valentine Title: Finance Director Agency: Family Counseling Agency Address: 1605 Murray Street City: Alexandria Zip: 71301- Phone: (318) 448-0284 FAX: (318) 448-0280 Email: cvalentine@fca4cenla.com
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9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)  
 We are requesting pre-award costs starting <sup>Sept 2011</sup> August 2010. Turning Point Program is requesting a continuation of funding to victims of domestic violence. Comprehensive services will assist victims in Turning Point's emergency safer shelter. (including Rapides Parish Non-Residentials) and in the six outreach parishes (Grant, Catahoula, Concordia, LaSalle, Winn, and Avoyelles)

LA COMMISSION  
ON LAW ENFORCEMENT  
2011 SEP 26 PM 2:45

**VOCA PURPOSE AREAS**

Please Check Type of Victimization Served (Check all that apply):

<input 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:

**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 type="checkbox"/>	<input type="checkbox"/>
Were instructions followed to determine allowable personnel/contractual costs?	<input type="checkbox"/>	<input type="checkbox"/>
Are all line item computations correct?	<input type="checkbox"/>	<input type="checkbox"/>
Do line items add to category totals?	<input type="checkbox"/>	<input type="checkbox"/>
Have category totals been rounded to nearest dollar?	<input 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: Cynthia Valentine Title: Finance Director  
 Phone: (318) 448-0284 Fax: (318) 448-0280 E-Mail: cvalentine@fca4cenla.com

**PROJECT BUDGET SUMMARY**

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$130,300	\$0	\$36,743	\$167,043
SECTION 200. FRINGE BENEFITS	\$19,731	\$0	N/A	\$19,731
SECTION 300. TRAVEL	\$8,299	\$0	\$0	\$8,299
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	\$2,625	\$0	\$3,496	\$6,121
<b>TOTAL:</b>	<b>\$160,955</b>	<b>\$0</b>	<b>\$40,239</b>	<b>\$201,194</b>

**Provide Source of Cash Match:**

**Provide Source of In-Kind Match:** Volunteers to Program and PSA advertising to reach victims

**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
Outreach Advocate	Lasandra Augustine	FT	\$2,100.25	57.00%	12.00	\$14,365.71	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outreach advocate	Tiney Dunbar	FT	\$2,100.25	100.00%	12.00	\$25,203.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal Advocate	Shaundreka Mitchell	FT	\$2,100.25	80.00%	12.00	\$20,162.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outreach Advocate	Milissa Tarazon	FT	\$2,100.25	100.00%	12.00	\$25,203.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Empowerment Advocate	Angel Scallan	FT	\$2,100.25	100.00%	12.00	\$25,203.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Community Liason	Karen Giroir	FT	\$1,680.25	100.00%	12.00	\$20,163.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$130,300.11	F = Fed Funds C = Cash Match	

**PART-TIME OR OVERTIME EMPLOYEES:**

POSITION TITLE	EMPLOYEE NAME	PT DT	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
Answer crisis calls, volunteer court escort and direct services. Booths at festivals, health fairs, community presentations, assist with shelter activities(sort donations, meet and advocate for victim's emergency) answer crisis calls, Volunteer court escort and directs services	3,027.00	\$9.00	\$27,243.00
Professional Volunteer services(attorneys, teachers, nurses, etc.)	190.00	\$50.00	\$9,500.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$36,743.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$130,300
CASH MATCH	
IN-KIND MATCH	\$36,743
PERSONNEL TOTAL	\$167,043

**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:

All position are needed to provide advocacy, legal advocacy and volunteer services for victims of domestic violence locally and throughout Region VI. No overtime

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

Salaries vary within stated range for ech position based on education and experience.

C) Project duties of each position requested:

Duties for advocates and legal advocate include providing advocacy for victims, handling crisis calls during working hours, training direct service volunteers, providing consultation and back up to volunteers after hours, facilitating groups and traveling to outreach offices to network and provide direct services

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.]

Lasandra Augustine, Existing personnel, Outreach Advocate, covered at 57% funding level.  
Tiney Dunbar: Existing personnel, Outreach Advocate, covered at a 100% funding level  
Shaundreka Mitchell, Existing personnel, Legal Advocate, covered at a 80% funding level.  
Melissa Tarazon, Existing personnel, Outreach Advocate, covered at a 100% funding level.  
Angel Scallan, Existing personnel, Empowerment Advocate, covered at a 100% funding level.  
Karen Giroir, Existing personnel, Community Liason, covered at a 100% funding level.

**SECTION 200. FRINGE BENEFITS (Employer's Share Only)**

Enter the Individual Name(s) of the employees receiving fringe benefits for each position funded through this grant. There are two sets of each benefit below to allow budgeting for eight employees. For further information and direction, please refer to the application instructions.

Check:  All Fringe Benefits Will Be Paid by Applicant Agency  Additional Fringe Benefits Will Be Paid by Applicant Agency

EMPLOYEE'S NAME:					EMPLOYEE'S NAME: (Continued)					
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL	
1. Lasandra Augustine	.062		\$14,365	\$890	4. Angel Scallon	.062		\$25,203	\$1,562	
2. Tinay Dunbar	.062		\$25,203	\$1,562	6. Karen Giroir	.062		\$20,163	\$1,250	
3. Shaundrea Mitchell	.062		\$20,162	\$1,250	7.	.062			\$0	
4. Melissa Tarazon	.062		\$25,203	\$1,562	8.	.062			\$0	
MEDICARE					MEDICARE					
RATE			SALARY	TOTAL	RATE			SALARY	TOTAL	
1. Lasandra Augustine	.0145		\$14,365	\$208	4. Angel Scallon	.0145		\$25,203	\$365	
2. Tinay Dunbar	.0145		\$25,203	\$365	6. Karen Giroir	.0145		\$20,163	\$292	
3. Shaundrea Mitchell	.0145		\$20,162	\$292	7.	.0145			\$0	
4. Melissa Tarazon	.0145		\$25,203	\$365	8.	.0145			\$0	
HEALTH/LIFE INSURANCE					HEALTH/LIFE INSURANCE					
Rate	MONTHS	TIME DEDUCTED TO PROJECT	TOTAL		Rate	MONTHS	TIME DEDUCTED TO PROJECT	TOTAL		
1. Lasandra Augustine	16.90	12.00	57.00%	\$115	4. Angel Scallon	292.45	12.00	100.00%	\$3,509	
2. Tinay Dunbar	26.20	12.00	100.00%	\$314	6. Karen Giroir	21.16	12.00	100.00%	\$253	
3. Shaundrea Mitchell	26.20	12.00	80.00%	\$251	7.				\$0	
4. Melissa Tarazon	26.20	12	100.00%	\$314	8.				\$0	
WORKMAN'S COMPENSATION					WORKMAN'S COMPENSATION					
RATE			SALARY	TOTAL	RATE			SALARY	TOTAL	
1. Lasandra Augustine	0.028		\$14,365	\$402	4. Angel Scallon	0.028		\$25,203	\$705	
2. Tinay Dunbar	0.028		\$25,203	\$705	6. Karen Giroir	0.028		\$20,163	\$564	
3. Shaundrea Mitchell	0.028		\$20,162	\$564	7.				\$0	
4. Melissa Tarazon	0.028		\$25,203	\$705	8.				\$0	
UNEMPLOYMENT TAX					UNEMPLOYMENT TAX					
RATE	TYPE		SALARY	TOTAL	RATE	TYPE		SALARY	TOTAL	
1. Lasandra Augustine	0.023	CHECK TYPE	\$3,990	\$91	4. Angel Scallon	0.023	CHECK TYPE	\$7,000	\$161	
2. Tinay Dunbar	0.023		\$7,000	\$161	6. Karen Giroir	0.023		\$7,000	\$161	
3. Shaundrea Mitchell	0.023	<input type="checkbox"/> RUTA	\$5,600	\$128	7.		<input type="checkbox"/> RUTA		\$0	
4. Melissa Tarazon	0.023	<input type="checkbox"/> SUTA	\$7,000	\$161	8.		<input type="checkbox"/> SUTA		\$0	
PUBLIC/PRIVATE RETIREMENT					PUBLIC/PRIVATE RETIREMENT					
RATE			SALARY	TOTAL	RATE			SALARY	TOTAL	
1.			\$0	\$0	4.			\$0	\$0	
2.			\$0	\$0	6.			\$0	\$0	
3.			\$0	\$0	7.			\$0	\$0	
4.			\$0	\$0	8.			\$0	\$0	
OTHER: Dental					OTHER: Dental					
RATE			SALARY	TOTAL	RATE			SALARY	TOTAL	
1. Angel Scallon	0.02		\$25,203	\$504	4.			\$0	\$0	
2.			\$0	\$0	6.			\$0	\$0	
3.			\$0	\$0	7.			\$0	\$0	
4.			\$0	\$0	8.			\$0	\$0	
FRINGE BENEFITS TOTAL (A):				\$10,909	FRINGE BENEFITS TOTAL (B):				\$8,822	

PLEASE NOTE: IF MORE THAN EIGHT EMPLOYEES CHARGED TO THIS PROJECT, PLEASE COMPLETE AN ADDENDUM PAGE.

Fringe Benefits Total (A+B): \$19,731

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$19,731
CASH MATCH	
TOTAL FRINGE BENEFITS	\$19,731

**SECTION 300. TRAVEL**

Itemize travel expenses of project personnel. Mileage is allowable in agency owned vehicles. Charges are not to exceed established agency travel rates, but in no case can this exceed current Louisiana Travel Guideline rates. Only 50% of out-of-state travel reimbursement and requires prior approval from LCLE.

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH									
				F	C	IK							
NAME: Lasandra Augustine TITLE: Outreach Advocate PURPOSE: To provide support to victims of domestic violence	\$0.51	2,500.00	\$1,275.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME: Tinay Dunbar TITLE: Outreach Advocate PURPOSE: To provide support to victims of domestic violence	\$0.51	3,255.00	\$1,660.05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME: Shaundrea Mitchell TITLE: Legal Advocate PURPOSE: To provide support to victims of domestic violence	\$0.51	1,500.00	\$765.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME: Melissa Tarazon/Karen Giroir TITLE: Outreach Advocate/Community Liason PURPOSE: To provide support to victims of domestic violence	\$0.51	9,019.00	\$4,599.69	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
SUBTOTAL FOR LOCAL TRAVEL:			\$8,299.74	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>									
NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE)	TRAVEL DESTINATION	TRAVEL DATES:		PAID WITH									
		FROM	TO	F	C	IK							
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
SUBTOTAL FOR NON-LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:				\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>								
CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF HOURS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH		
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON-LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	\$8,299
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$8,299



### 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.

1. Assist victims of domestic violence to help know warning signs of abuse by educating victims on domestic and to help victims safety plan at all times when in an abusive relationship.
2. Community awareness to the community and professional field as well and continue to target the under serve population including Jena Band Chotaw.

### 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.

- Goal 1: 1. Advocate will provide referral, individual sessions, shelter services, direct services, and safety planning to victims  
2. Provide over 3,000 individual counseling session for women and children, and over 400 group sessions.
- Goal 2: 1. Increase awareness with media, presentation, PBS, over 125 community education  
2. Provide minimum of 400 professional training, schools, rural area town halls, legal services, teachers, attorneys, educating at 1500 people.

### 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.

Goal 1. Assist over 800 victims of domestic violence to educate about domestic violence and how to safety while in abusive relationship.

1. Objective: Provide individual counseling to victim to educate on warning signs of domestic violence, crisis call, confidential advocacy. Safety Planning while in abusive relationship(keep important document in area that is accessible, important number in safe place and always use a code).
2. Maintain full time residential advocate and part-time advocate, and outreach advocate, to provide counseling safety planning to direct services and under serve population. Case management available to set goals address the emotional financial needs and empower. To have legal advocate to advocate on behalf survivor in court system, referral to legal services, assist with legal matters residential and non-residential.

Goal 2. Facilitate community awareness on domestic violence to the public targeting the underserve population. Staff continue to provide direct services, crisis line coverage, provide support group, adult and children services activities for children.

2. Outreach advocate will work with volunteer to facilitate training on domestic violence will provide 450 professional training reaching agencies in the 7 parishes such as social services, legal services, social workers, health care, law enforcement, mental health agencies, school system, judiciary members, attorneys and other agency personnel which will train at least 1500 people.

### 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):

1. Power and Control Wheel, Domestic Violence 101 (covers crisis calls, counseling, advocacy, warning signs, pertinent information)
2. Dating Violence (warning signs, danger of a control relationship, counseling, awareness of the danger)
3. Safety Planning (have pertinent information in safe place, safe number, safe address, safe haven, and confidentially)

#### 2. Type of personnel to be trained:

Clerk of courts, attorney, school teacher, paraprofessional, healthcare, personnel agencies, and social services

#### 3. Number of personnel to be trained: 1500

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

Region VI area

#### 5. Dates and hours of training: 2 monthly/1 hr

6. Location of training: Community Center, Town Hall  
Schools

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

Training will continue to identify the danger of domestic violence and how it affects the person and how the people in the environment also has a negative impact on them as well. Training will show the warning signs and how to detect the warning signs. Training will show how to safety plan when in a relationship and when you decide to leave a relationship as well. The training will also inform you on services available in the community such as referrals and resources available for victims.

### E. DEMOGRAPHICS

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

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

#### 2. Type of Organizations:

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

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

- |   |   |
|---|---|
| <input type="checkbox"/> Community-Based Organization                                       | <input type="checkbox"/> Prosecution  |
| <input type="checkbox"/> Court  | <input type="checkbox"/> Sexual Assault Program                                 |
| <input checked="" type="checkbox"/> Domestic Violence Program                               | <input type="checkbox"/> Sexual Assault State Coalition                         |
| <input type="checkbox"/> Domestic Violence State Coalition                                  | <input type="checkbox"/> Tribal Coalition                                       |
| <input type="checkbox"/> Dual Program (Sexual Assault and Domestic Violence)                | <input type="checkbox"/> Tribal Government                                      |
| <input type="checkbox"/> Dual State Coalition (Sexual Assault and Domestic Violence)        | <input type="checkbox"/> Tribal Sexual Assault and/or Domestic Violence Program |
| <input type="checkbox"/> Government Agency (Department of Human Services, Bureau of Health) | <input type="checkbox"/> Unit of Local Government                               |
| <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> University/School                                      |
| <input type="checkbox"/> Probation, Parole, or Other Correctional Agency                    | <input type="checkbox"/> Other (Specify):                                       |

Yes  No Is this a faith-based organization?

Yes  No Is this a culturally specific community-based organization?

### F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

#### 1. Name of the individual responsible for assisting victims in regard to accessing and using the LAVNS system:

NAME: Carol VanMol PHONE: (318) 473-6650 EMAIL:

Yes  No 2. Does this individual also serve as agency's point of contact for LAVNS? If not, please provide name and contact information:

NAME: PHONE: ( ) - EMAIL:

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

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

### G. CRIME VICTIMS REPARATIONS (CVR)

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

NAME: Earlene Piazza PHONE: (318) 449-5467 EMAIL:

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

Yes  No 3. Does the agency have posters displayed for promoting CVR and brochures readily available to victims? If no, please fax a written request (contact person, agency name, mailing address) for free CVR posters and brochures to 225-923-6159. NOTE: More information regarding the CVR program, including applications and other forms, can be found at: <http://lclc.la.gov/programs/cvr.asp>

#### H. PRIOR RESULTS (For Continuation Projects Only)

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

Survivors intake done in a timely manner once survivors enter in safe shelter. Documentation is being filed.

2. Safety planned are being done while in the shelter and before exiting the shelter for victim and children. Resource guide is also placed in with safety plan to help victims sustain once they exit shelter.

3. Legal advocate utilize every resource in the community from legal services to pro bono services and documentation kept in file once victim leaves.

4. The program done over 200 presentation on domestic violence to the community, which included safety planning and advocacy. Rating for presentation were excellent and the audience was eager to learn more about domestic violence.

2. Did the project work as expected? Explain.

Yes, the project did work and it allows the program to educate the community more on domestic violence and how to protect yourself when in a abusive relationship and how to reach out for help in a safe way. Feedback from the victims and community informs us on what to target while dealing with domestic violence.

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?

Data will come from recipients of sources, training and community awarness inadmitly throughout enrollment of the program. Source will be through surveys from training and feedback from recipients in program.

2. When will the data be collected?

Data will be collected pn a daily basis.

3. Who will collect and analyze the data?

The advocate will collect and analyze the data.

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

Name: Annie S. Brown

Phone: (318) 442-7196

Email: abrown@fca4cenla.com

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

Annie S. Brown will update goals or add goals if needed to meet outcome and accomplish project.

6. Name the recipients who will receive the project's results and the schedule of reporting (i.e. monthly, quarterly, yearly). Recipients MUST state the Louisiana Commission on Law Enforcement will receive Quarterly Progress Reports and expenditure reports quarterly/monthly as specified at award time. Recipients should also include, if applicable, board of directors, applicant agency (if different from implementing agency), courts with jurisdiction, etc.

Projects results will be reported to the board of directors, general public, and other funding sources, through an annual report provided by Family Counseling Agency. Also, quarterly statistics are presented to the Turning Point Committee. The Office of Community Services receives monthly reports; Violence Against Women, and Interest on Lawyer's Trust Account (IOLTA) are provided quarterly reports. The Office of violence against Women receives semi annual reports. The Louisiana Commission on Law Enforcement receives financial quarterly and annual reports through Red River Delta Law Enforcement Planning Council. The United Way of Central Louisiana recieves an Annual Report, as well as an annual proposal for funding that reports program statistics and outcome measurements.

#### 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 of Central Louisiana, Office of Community Services, and contributing organizations and individuals will be utilized for continued funding for this project at the conclusion of the project. Support will also be provided by the Emergency shelter Grant Program, Louisiana Coalition against Domestic Violence, federal Emergency Management Agency. The child Adult Food Care Program, and agency fundraisers. In addition, we continue to seek/review other local, state, and federal resources on an on-going.

#### 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.

Turning Point Program for battered women and their minor children is housed in a former nursing home and is located in Alexandria, La. It is a single story brick building with a security system, privacy fence, and room for growth. Residents have private two-or-three bedrooms. There is a half bathroom shared between two bedrooms, and a large shower room, with three private shower stalls. There is a handicapped accessible bathroom. Non-residential offices are available in Avoyelles, Grant, Winn, LaSalle, Catahoula and Concordia parishes through partnership with local collaborative agencies.

#### 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:                        | October 2010           |
| 2. Dates covered by last audit:               | 07/01/09 to 06/30/2010 |
| 3. Date of next audit:                        | October 31, 2011       |
| 4. Dates to be covered by next audit:         | 07/01/2010 to 06/30/11 |
| 5. Date next audit will be forwarded to LCLE: | November 15, 2011      |

- 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.

Legal Advocate assist victim with the procedure of victim compensation by referral to victims reparation person, walking them through the process as for getting documentation that may be needed, help assist with filling out of forms, referral to contact person at law enforcement to assist with reports that may be needed and the same is done for medical documentation needed.

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.

Advocate is allowed to sit in on Criminal Bond Hearing. Assist victims with Temporary Restraining Orders. Courts has allowed advocates to sit in Domestic Violence Court that has been established in 2009 to offer the victims services. Courts allow court escort and see advocates as a friend of the court. Referral are made from other providers in the community to our program. Are call upon to speak on domestic violence in the community. Law enforcement will allow legal advocate to call get keep watch on victim's home is victim is in fear of safety.

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.

Making sure that the victim first understand the procedure and how important it is to show a history of abuse by reporting to law enforcement that will support their case in court. Also walking them through the process explaining in detail what steps need to be taken and safety planning with the victim. Continue to do court escort and walk them through the process.

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.

Applicant will comply with the Louisiana Child Protection Act (LRS 15:587)