LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C10-7-023

APPLICANT: Metropolitan Center for Women and Children, Inc.

PROJECT TITLE: Domestic Violence Program

PROJECT FUNDS :

FUND:	$ 17,658	80.00%	PROJECT DURATION:	12	months
MATCH:	$ 4,415	20.00%	START DATE:	01/01/2011	
TOTAL:	$ 22,073	100.00%	END DATE:	12/31/2011	

Continuation of C97-7-006

PROJECT SUMMARY:

Crisis counseling (individual and group), personal system advocacy, and emergency legal advocacy services are provided for domestic violence victims in the River Parishes provided by the River Parishes Advocate. Referrals are made for any services needed that Metropolitan Center for Women and Child does not provide.

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:** C10-7-023 **CVA Purpose Area:** 2

1. TITLE OF PROJECT

Domestic Violence Program River Parishes

2. ☐ **NEW PROJECT**

☒ **CONTINUATION PROJECT OF: C09-7-024**

3. PROJECT DURATION

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

Desired Start Date: 1/1/2011

Desired End Date: 12/31/2011

4. PROJECT FUNDS

Federal Funds:	$17,658
Cash Match	
In-Kind Match:	$4,414
Total Project:	**$22,072**

5A. APPLICANT AGENCY INFORMATION

Agency Name: Metropolitan Center for Women & Children
Physical Address: 3929 Jefferson Hwy.
City: Jefferson Zip: 70121-1627
Mailing Address: P.O. Box 10775
City: Jefferson Zip: 70181-0775
Phone: (504) 837-5400 FAX: (504) 828-2893
Email: metro@mcwcgno.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Dale E. Standifer
Title: Executive Director
Agency Name: Metropolitan Center for Women & Children
Address: P.O. Box 10775
City: Jefferson Zip: 70181-0775
Phone: (504) 837-5400 FAX: (504) 828-2893
Email: metro@mcwcgno.org

Fed Employer Tax Id: 72 - 1062244 DUNS: 932694417 - CCR CAGE/NCAGE: 5DG31 CCR Expiration Date: 1/29/2011

6. IMPLEMENTING AGENCY

Name: Dale E. Standifer
Title: Executive Director
Agency: Metropolitan Ctr for Women & Chi
Address: P.O. Box 10775
City: Jefferson Zip: 70181-0775
Phone: (504) 837-5400 FAX: (504) 828-2893
Email: metro@mcwcgno.org

7. PROJECT DIRECTOR

Name: Dale E. Standifer
Title: Executive Director
Agency: Metropolitan Ctr for Women & Chi
Address: P.O. Box 10775
City: Jefferson Zip: 70181-0775
Phone: (504) 837-5400 FAX: (504) 828-2893
Email: metro@mcwcgno.org

8. FINANCIAL OFFICER

Name: William Anderson
Title: Accountant
Agency: Metropolitan Ctr for Women & Chi
Address: P.O. Box 10775
City: Jefferson Zip: 70181-0775
Phone: (504) 837-5400 FAX: (504) 828-2893
Email: metro@mcwcgno.org

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

Crisis counseling (individual and group), personal system advocacy, and emergency legal advocacy services for domestic violence victims in the River Parishes are provided by the River Parishes Advocate. Referrals are made for any services needed that Metropolitan Center for Women and Children does not provide.

VOCA PURPOSE AREAS

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

☐	Sexual Assault
☒	Domestic Abuse
☐	Child Abuse
☐	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?	☒	☐
Were instructions followed to determine allowable personnel/contractual costs?	☒	☐
Are all line item computations correct?	☒	☐
Do line items add to category totals?	☒	☐
Have category totals been rounded to nearest dollar?	☒	☐

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

Person Completing Budget Section: Marilee Waguespack Title: Office/Grants Manager

Phone: (504) 837-5400 Fax: (504) 828-2893 E-Mail: metro@mcwcgno.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$13,593	$0	$4,414	**$18,007**
SECTION 200. FRINGE BENEFITS	$4,065	$0	N/A	**$4,065**
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:	**$17,658**	**$0**	**$4,414**	**$22,072**

Provide Source of *Cash* Match:

Provide Source of *In-Kind* Match: Volunteer hours

SECTION 100. PERSONNEL

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

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
Advocate	Evelena Conerly	FT	$2,666.00	42.49%	12.00	$13,593.40	☒	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						$13,593.40	F = Fed Funds C = Cash Match	

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							$0.00	F = Fed Funds C = Cash Match	

VOLUNTEERS:

DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions.	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
Volunteers: Answer Crisis Line, assist residential and non-residential clients from the River Parishes	441.40	$10.00	$4,414.00
			$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			$4,414.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	$13,593
CASH MATCH	$0
IN-KIND MATCH	$4,414
PERSONNEL TOTAL	**$18,007**

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:

The River Parish Advocate will assist survivors of domestic violence and their children in St. Charles, St. John and St. James Parishes. The Advocate will also provide individual and group counseling, assistance with legal advocacy, shelter placement, transportation and community referrals.

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

Staff salaries are based on: (1) The Department of Family and Child Services/Family Violence Prevention and Intervention recommendations, (2) salaries of workers in other shelters around the state, and (3) comparable salaries for the skills needed in the Metropolitan New Orleans area.

C) Project duties of each position requested:

Provide individual and group counseling, lethality assessments, safety plans and legal advocacy, shelter placements and referrals.

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.]

Existing

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. Evelena Conerly	.062		$13,593	$842	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. Evelena Conerly	.0145		$13,593	$197	5.	.0145			$0
2.	.0145			$0	6.	.0145			$0
3.	.0145			$0	7.	.0145			$0
4.	.0145			$0	8.	.0145			$0
HEALTH LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1. Evelena Conerly	510.00	12.00	42.49%	$2,600	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. Evelena Conerly	0.019		$13,593	$258	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. Evelena Conerly	0.024	CHECK TYPE:	$7,000	$168	5.		CHECK TYPE:		$0
2.				$0	6.				$0
3.		☐ FUTA		$0	7.		☐ FUTA		$0
4.		☒ SUTA		$0	8.		☐ SUTA		$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
			FRINGE BENEFITS TOTAL (A):	$4,065				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): $4,065

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$4,065
CASH MATCH	
TOTAL FRINGE BENEFITS	$4,065

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.

Metropolitan Center for Women and Children (Metro), established in 1986, is an independent, non-profit 501(c)(3) social service agency serving victims of domestic violence, sexual assault, stalking and human trafficking. Metro's mission is to break the cycle of violence and aid survivors of sexual assault and domestic violence through advocacy, intervention, empowerment and transformation. Metro services include a 24-hour, 7-day Crisis Line that provides counseling and/or referrals for victims.

The facts about family violence are staggering: Every year an estimated 1.3 million women are victims of physical assault by an intimate partner - and 30%-60% of these perpetrators also abuse children in these households." (Source: National Coalition Against Domestic Violence) Some pertinent examples the impact that domestic violence include that nearly 75% of calls to law enforcement occur after separation from batterers. The National Domestic Violence Hotline has received more than 700,000 calls for assistance since February 1996. (Source: National Domestic Violence Hotline, December 2001) Each year, medical expenses from domestic violence total at least $3 to $5 billion. Businesses forfeit another $100 million in lost wages, sick leave, absenteeism and non-productivity. (Source: Domestic Violence for Health Care Providers, 3rd Edition, Colorado Domestic Violence Coalition, 1991) Every year, domestic violence results in almost 100,000 days of hospitalizations, almost 30,000 emergency department visits, and almost 40,000 visits to a physician. (Source: American Medical Association, 1991)

Metro currently provides services and shelter, when requested, to survivors in eight (8) southeast Louisiana parishes with a population of 1,030,363. These parishes include a spectrum of communities from urban to suburbs to exurbs to rural areas. Metro has a main office complex, four shelters, and six satellite offices. Metro provides free and confidential services to women, children, teen and male survivors of domestic violence, sexual assault, stalking, and/or trafficking. The Continuum of Services include individual advocacy, information and referrals, group support, medical advocacy, legal services including protective orders, emergency shelter, careeer and financial counseling, transitional housing, safety planning, support and information for the concerned loved ones of survivors, educational/primary prevention presentations, accommodation for the needs of survivors with disabilities, support for the needs of survivors from the LGBTQ community, and support and services for the non-English speaking residents, particularly Hispanics.

In 2009, 150 adults and 131 children sought safe haven at Metro. Additionally, 552 adults and 71 children did not require shelter, but received non-residential services. Metro assisted with 161 Temporary Restraining Orders. In 2009, 4,265 Crisis Line calls were received.

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

The Metropolitan Center for Women and Children is the only program in the three-parish area to exclusively and comprehensively serve battered women and their children. The continued existence of this program is needed to provide safe haven, support and advocacy for these victims of violence. Additionally, Metro serves as a source of information and training for the law enforcement personnel of these parishes as well as community groups and schools.

In 2009 the following number of calls to Metro's Crisis Line were made:
St. Charles Parish: 79
St. John Parish: 121
St. James Parish: 14
Callers to the Crisis Line were given appointments with the River Parishes Advocate or given referrals. The River Parishes Advocate currently conducts 2 weekly group sessions for battered women in the River Parishes region.

B. GOALS

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

GOAL 1: To assist victims of spouse abuse in the River Parishes of St. Charles, St. John, and St. James by providing counseling, referrals, and advocacy for victims of domestic violence and their children to minimize the physical and psychological effects of being abused or witnessing abuse and reducing the risk of further injury or death.

GOAL 2: To increase legal protection for battered women and their children from further abuse, or even death, at the hand of their abusive partners.

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: To assist victims of spouse abuse in the River Parishes of St. Charles, St. John, and St. James by providing counseling, referrals, and advocacy for victims of domestic violence and their children to minimize the physical and psychological effects of being abused or witnessing abuse and reducing the risk of further injury or death.

Objective 1: Individual and group sessions will be provided to 35 women during the grant period, targeting the effects of being battered.
Objective 2: Referrals for safe refuge will be provided by securing shelter for 10 women and 5 children.

GOAL 2: To increase legal protection for battered women and their children from further abuse, or even death, at the hands of their abusive partners.

Objective 1: Legal advocacy and support will be provided for 10 battered women who are Metro River Parish clients.
Objective 2: Five (5) applicants for Temporary Restraining Orders who received legal advocacy assistance through Metro will be successful in obtaining the orders.

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: To assist victims of spouse abuse in the River Parishes of St. Charles, St. John, and St. James by providing counseling, referrals, and advocacy for victims of domestic violence and their children to minimize the physical and psychological effects of being abused or witnessing abuse and reducing the risk of further injury or death.

Objective 1: Individual and group sessions will be provided to 35 women during the grant period, targeting the effects of being battered.
Objective 2: Referrals for safe refuge will be provided by securing shelter for 10 women and 5 children.

Methods:
The Advocate will provide individual one hour sessions to victims.
The Advocate will provide one and a half hour weekly group sessions to victims.
The Advocate will provide referrals to Metro's shelter if the victim needs - and wishes - to enter the shelter.

Timeline:
January 1, 2011 - December 31, 2011: Individual and group sessions will be held by the Advocate. Referrals will made to Metro's Emergency Shelter.

GOAL 2: To increase legal protection for battered women and their children from further abuse, or even death, at the hands of their abusive partners.

Objective 1: Legal advocacy and support will be provided for 10 battered women who are Metro River Parish clients.
Objective 2: Five (5) applicants for Temporary Restraining Orders who received legal advocacy assistance through Metro will be successful in obtaining the orders.

Methods:
The Advocate will advise each client that Metro has an in-house legal advocate and describe the services that are available.
The Advocate and the legal advocate will provide assistance in obtaining Temporary Restraining Orders or referrals for other legal services beyond the capability of the legal advocate.
Metro's Legal Advocate will accompany the client to court when obtaining a Temporary Restraining Order.

Timeline:
January 1, 2011 - December 31, 2011
- Assist domestic violence victims in the River Parishes (St. Charles, St. John, St. James)
- Provide assessments and shelter, if needed, to domestic violence victims in the River Parishes
- Provide legal advocacy for domestic violence victims in obtaining temporary restraining orders

E. DEMOGRAPHICS

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

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

2. Type of Organizations:

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

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

- ☐ Community-Based Organization
- ☐ Court
- ☐ Domestic Violence Program
- ☐ Domestic Violence State Coalition
- ☒ Dual Program (Sexual Assault and Domestic Violence)
- ☐ Dual State Coalition (Sexual Assault and Domestic Violence)
- ☐ Government Agency (Department of Human Services, Bureau of Health)
- ☐ Law Enforcement
- ☐ Probation, Parole, or Other Correctional Agency
- ☐ Prosecution
- ☐ Sexual Assault Program
- ☐ Sexual Assault State Coalition
- ☐ Tribal Coalition
- ☐ Tribal Government
- ☐ Tribal Sexual Assault and/or Domestic Violence Program
- ☐ Unit of Local Government
- ☐ University/School
- ☐ Other (Specify):

☐ Yes ☒ No Is this a faith-based organization?

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

F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

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

NAME: Evelena Conerly PHONE: (504) 837-5400 EMAIL: wbarnes@mcwcgno.org

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

NAME: Darlene Santana PHONE: (504) 837-5400 EMAIL: dsantana@mcwcgno.org

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

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

G. CRIME VICTIMS REPARATIONS (CVR)

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

NAME: PHONE: ( ) - EMAIL:

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

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

H. PRIOR RESULTS (For Continuation Projects Only)

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

Based upon the data from the Quarterly Progress Reports for the current subgrant, 38 victims from the River Parishes have received services. These services include advocacy, individual counseling sessions, group session, legal advocacy and shelter (with ancillary services) when requested. In the first half of 2010 Metro's Legal Advocate assisted two victims of domestic violence in applying and receiving temporary restraining orders.

2. Did the project work as expected? Explain.

The project was, and continues to be, successful. Metro is the only non-faith based agency to offer free and confidential services to battered women who reside in the River Parishes. Metro's services are advertised through outreach activities in the River Parishes and advertisement in the local newspaper. The results of these activities are shown in the increased number of victims who seek 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 River Parishes Advocate and the Legal Advocate will provide the data.

2. When will the data be collected?

The data is collected monthly and reported quarterly.

3. Who will collect and analyze the data?

Marilee Waguespack, Office/Grants Manager

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

Name: Marilee Waguespack Phone: (504) 837-5400 Email: metro@mcwcgno.org

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

The status of the project is reported monthly to Metro's administration. Metro's Office/Grants Manager, Marilee Waguespack, will update or revise the project's strategy by ensuring that the measurable outcomes are met.

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

The Louisiana Commission on Law Enforcement will receive Quarterly Progress Reports and expenditure reports quarterly/monthly as specified at award time. The project's results will also be shared with Metro's Board of Directors.

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.

Metro will continue to seek funds to support its services in the River Parishes.

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.

Metro will provide adequate office space, office supplies, telephone access and computer usage for the River Parishes Advocate and the Legal Advocate.

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	November 2009
2.	Dates covered by last audit:	July 1, 2008 - June 30, 2009
3.	Date of next audit:	July 1, 2010
4.	Dates to be covered by next audit:	July 1, 2009 - June 30, 2010
5.	Date next audit will be forwarded to LCLE:	November 2010

☐ 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?

Volunteers are used to support the staff and to provide assistance to survivors. The volunteers, including Master of Social Work students, provide counseling to both adults and children. The volunteers also answer the Crisis Line to provide counseling and/or referrals.

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.

Assistance is provided through distribution of compensation brochures, making direct referrals to the compensation program through the sheriff's claims investigator, and assisting with applications, forms and procedures. All eligible clients are urged to seek this assistance. Transportation, if needed, is provided.

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.

Metro interacts with other criminal justice system/private service providers through the following:

- Membership and attendance at the Jefferson Stalking Committee,
- Regular contact with all local police and the Sheriff's departments (attending meetings and providing training and information),
- Regular contact with the D.A.'s Office in Jefferson Parish (providing information, providing expert witnesses), and
- Letters of understanding with the New Orleans Legal Assistance Corporation.

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.

All victims are encouraged to report to law enforcement and to cooperate with them. The benefits of this are reviewed carefully at the time of intake and during the course of their involvement with Metro.

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.

All employees and volunteers who work with children have a local criminal background check (through the State Police), and their fingerprints are kept on file. This is per the guidelines outlined in LARS 15:587.1.