LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C10-7-024

APPLICANT: Metropolitan Center for Women and Children, Inc.

PROJECT TITLE: Rape Counseling Program

PROJECT FUNDS :

FUND:	$ 27,341	80.00%	PROJECT DURATION:	12 months
MATCH:	$ 6,835	20.00%	START DATE:	01/01/2011
TOTAL:	$ 34,176	100.00%	END DATE:	12/31/2011

Continuation of C05-7-029

PROJECT SUMMARY:

Metropolitan Center for Women and Children will provide victim assistance in the form of individual therapy, group support, crisis intervention, information and referrals to victims of sexual assualt and sexual abuse. Through supervision of direct services delivery of direct services, advocates, volunteers, and staff will be supported, encouraged, and inspired.

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:** C10-7-024 **CVA Purpose Area:** 1

1. TITLE OF PROJECT
Rape Counseling

2. ☐ **NEW PROJECT**
☒ **CONTINUATION PROJECT OF: C09-7-025**

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:	$27,341
Cash Match	
In-Kind Match:	$6,835
Total Project:	**$34,176**

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.)***

Metropolitan Center for Women and Children will provide victim assistance in the form of individual therapy, group support, crisis intervention, information and referrals to victims of sexual assault and sexual abuse. Through supervision of direct services delivery of direct services, advocates, volunteers, and staff will be supported, encouraged, and inspired.

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	$17,500	$0	$6,835	**$24,335**
SECTION 200. FRINGE BENEFITS	$3,619	$0	N/A	**$3,619**
SECTION 300. TRAVEL	$0	$0	$0	**$0**
SECTION 400. EQUIPMENT	$0	$0	$0	**$0**
SECTION 500. SUPPLIES	$0	$0	$0	**$0**
SECTION 600. CONTRACTUAL	$6,222	$0	N/A	**$6,222**
SECTION 700. RENOVATION COSTS	$0	$0	$0	**$0**
SECTION 800. OTHER DIRECT COSTS	$0	$0	$0	**$0**
TOTAL:	**$27,341**	**$0**	**$6,835**	**$34,176**

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
Sexual Assault Advocate	Lori Forte	FT	$2,916.70	50.00%	12.00	$17,500.20	☒	☐
		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:						$17,500.20	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
Shelter Volunteers: Answer Crisis Line, assist residents in shelters, provide information on getting help and/or safety in the form of shelter or other victim services	683.50	$10.00	$6,835.00
			$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			$6,835.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	$17,500
CASH MATCH	$0
IN-KIND MATCH	$6,835
PERSONNEL TOTAL	$24,335

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 Advocate, who is a Licensed Practical Counselor, provides professional support and treatment for survivors of any form of sexual assault.

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:

1. Individual counseling sessions (including play therapy for children)
2. Group counseling sessions
3. Follow up with adult and child clients as needed
4. Maintenance of documentation and statistics on clients served
5. Information, referrals, advocacy for survivors
6. Supervision of interns and volunteers assigned to the Advocate.

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. Lori Forte	.062		$17,500	$1,085	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. Lori Forte	.0145		$17,500	$253	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. Lori Forte	298.00	12.00	50.00%	$1,788	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. Lori Forte	0.019		$17,500	$332	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. Lori Forte	0.023	CHECK TYPE:	$7,000	$161	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):	$3,619				FRINGE BENEFITS TOTAL (B):	$0

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

Fringe Benefits Total (A+B): $3,619

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$3,619
CASH MATCH	
TOTAL FRINGE BENEFITS	$3,619

Revised JULY 2010

SECTION 600. CONTRACTUAL

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

INDIVIDUAL CONSULTANT	TYPE OF SERVICE OR TASK	HOURS DEVOTED	RATE PER HOUR	TOTAL COST	PAID WITH F	PAID WITH C
Name: Michelle St. Raymond Title: Contract Social Worker Agency:	Clinical supervision of direct service staff and MSW students; clinical assistance with cases	124.44	$50.00	$6,222.00	☒	☐
Name: Title: Agency:				$0.00	☐	☐
Name: Title: Agency:				$0.00	☐	☐
Name: Title: Agency:				$0.00	☐	☐
			SUBTOTAL OF CONTRACTUAL COSTS	$6,222.00	F = Federal Funds C = Cash Match	

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH F	PAID WITH C
NAME:			$0.00							$0.00	☐	☐
NAME:			$0.00							$0.00	☐	☐
NAME:			$0.00							$0.00	☐	☐
									SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:	$0.00	F = Federal Funds C = Cash Match	

BRIEFLY EXPLAIN:

A) Purpose of each consultant or other contractual service requested:

Because Metro has a wide continuum of services that must be appropriate for the victims served, it is vital that all advocates receive clinical supervision if they are already on staff as well as supervision and training for new MSW students who are interning at Metro, many of whom remain in the service field, sometimes at Metro itself. Additionally, the contract Social Worker will provide consultation to staff on clinical issues.

B) Why the service requested is necessary and cost effective:

Clinical supervision is necessary to ensure that victims are receiving the best services. The hiring of contract workers is cost effective because it allows Metro to pay only for the services it needs, with no employee benefits and other costs.

C) Method of procurement and basis for determining rate of pay:

The contract employees will be paid $50 per hour. This figure is below the rate identified by state guidelines. The contractor will sign a contract outlining specific duties and number of hours and will be paid monthly during the life of the project.

SECTION 600. CONTRACTUAL SUMMARY	
FEDERAL FUNDS	$6,222
CASH MATCH	
CONTRACTUAL TOTAL	$6,222

Revised JULY 2010

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.

With sexual assault statistics across the country are on the rise, Metro needs funds to address the needs of victims, women, men, and children. The following statements clarify the importance for providing services:
- Sexual violence affects women, children and men, of all ages, races, income levels, lifestyles and geographic areas.
- The right of freedom from sexual violence must be impacted through social change and education efforts.
- Sexual assault is a societal issue and not a concern only of individual survivors and their families. We disagree with many segments of our society that continue to see sexual violence as something that victims somehow cause or bring on themselves. As long as this view is held, sexual violence will continue to be seen as acceptable under certain circumstances.
- No one asks or deserves to be sexually assaulted and those victims of this crime deserve nonjudgmental, unbiased support as they make the decisions they need to make to regain control of their lives.

Statistics in our area and in nation indicate that domestic and sexual violence against children is increasing. U.S. government statistics reveal one in six women will experience an attempted or completed rape at some time in her life, and it is estimated that a majority of female rape victims are younger than 18. More than 300,000 women are estimated to be victims of sexual assault each year in the U.S. There is a pressing need to address the national prevalence of sexual assault, lack of available direct intervention and related assistance services, and the unique aspects of sexual assault trauma from which victims must heal.

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

Metro is the only agency certified by the Louisiana Foundation Against Sexual Assault to provide services to sexual assault victims in St. Tammany Parish. Metro currently has borrowed office space for sexual assault counseling in Covington and owns a sexual assault counseling center in Slidell. Staff provide sexual assault counseling in these two centers. During calendar year 2009, Metro provided sexual assault counseling to 310 new primary victims and 127 new secondary victims.

Because Metro has a wide continuum of services that must be appropriate for the victims served, it is vital that all advocates receive clinical supervision if they are already on staff, as well as supervision for new MSW students who are interning at Metro, many of whom remain in the service field, sometimes at Metro itself. In addition, the addition of the contract Licensed Clinical Social Worker will provide clinical staff with consultation services when needed. Metro believes that this supervision of both current staff and new staff is a direct investment in the longetivity of present staff and to the future with a commitment to helping, supervising, and consulting those who are coming into the direct service profession.

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: The Sexual Assault Advocate will assist primary and secondary victims of sexual trauma in the recovery process by providing group support, individual therapy, and play therapy.

GOAL 2: Hire one contract worker (LCSW) to assist Metro's advocates and student interns through clinical supervision in providing direct services to victims.

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 primary and secondary victims of sexual trauma in the recovery process by providing group support, individual therapy, and play therapy.

Objective 1: Provide 150 victims who are residents of St. Tammany Parish with sexual assault counseling.
Objective 2: The Sexual Assault Advocate will provide 200 units of group support per quarter.
Objective 3: The Sexual Assault Advocate will provide 200 units of individual and play therapy per quarter.

GOAL 2: Hire one contract worker (LCSW) to assist Metro's advocates and student interns through clinical supervision in providing direct services to victims.

Objective 1: Establish a contract with a LCSW.
Objective 2: Provide 3 MSW students with supervision during this project year.
Objective 3: Provide 10 staff members with clincal supervision through the assistance of the contract LCSW.

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 primary and secondary victims of sexual trauma in the recovery process by providing group support, individual therapy, and play therapy.

Objective 1: Provide 150 victims who are residents of St. Tammany Parish with sexual assault counseling.
Objective 2: The Sexual Assault Advocate will provide 200 units of group support per quarter.
Objective 3: The Sexual Assault Advocate will provide 200 units of individual and play therapy per quarter.

Methods:
Hold daily and weekly sessions with sexual assault victims, including play therapy sessions for child victims.

GOAL 2: Hire one contract worker (LCSW) to assist Metro's advocates and student interns through clinical supervision in providing direct services to victims.

Objective 1: Establish a contract with a LCSW.
Objective 2: Provide 3 MSW students with supervision during this project year.
Objective 3: Provide 10 staff members with clincal supervision through the assistance of the contract LCSW.

Methods:
1. Contract with the LCSW.
2. The contractor will hold weekly clinical supervision sessions with MSW students.
3. The contractor will meet weekly with clinical staff to discuss current cases.

Timeline:
GOAL 1: January 1 - December 31, 2011
GOAL 2: January 1 - December 31, 2011

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: Wayne Barnes 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.)

The following objectives are in the current subgrant:
Objective 1: We will provide 200 units of group support per quarter.
During the first two quarters of 2010, 564 units of group support were provided.
Objective 2: We will provide 200 units of individual and play therapy per quarter.
During the first two quarters of 2010, 1,416 units of individual and play therapy were provided.

2. Did the project work as expected? Explain.

The project was successful in that it allowed Metro to continue to operate offer free and confidential counseling services for victims in St. Tammany Parish. The funding received through this subgrant provided a portion of the Sexual Assault Advocate's salary.

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 St. Tammany Sexual Assault Advocate will provide the data collected via the surveys given to survivors.

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 sexual assault counseling in St. Tammany Parish.

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 Sexual Assault 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 shelter staff and to provide assistance to shelter residents. The volunteers, including Master of Social Work students, provide counseling to both adults and children. The volunteers answer the Crisis Line,assist residents in shelters, and provide information on getting help and/or safety in the form of shelter or other victim services. One MSW student is assigned to provide sexual assault counseling in St. Tammany Parish.

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.