LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C10-7-025

APPLICANT: Metropolitan Center for Women and Children, Inc.

PROJECT TITLE: Shelter Pgm - Children/Domestic Violence

PROJECT FUNDS :

FUND:	$ 26,202	80.00%	PROJECT DURATION: 12 months
MATCH:	$ 6,551	20.00%	START DATE: 11/01/2010
TOTAL:	$ 32,753	100.00%	END DATE: 10/31/2011

Continuation of C95-7-010

PROJECT SUMMARY:

Metropolitan Center for Women and Children operates four shelters for battered women and their children. One shelter is a 15-bed emergency shelter; two shelters are 15-bed transitional shelters; and one shelter is a safe house. Metro provides food, clothing, medical care, transportation, job placement assistance, legal assistance, a 24-hour crisis line and individual and group counseling. Direct Serivce Staff are in the shelters 24 hours each day.

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: C10-7-025 CVA Purpose Area: 2

1. TITLE OF PROJECT
Shelter Program

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: C09-7-026

3. PROJECT DURATION
Total Length: 12 Months *(Not to exceed 12 Months)*
Desired Start Date: 11/1/2010
Desired End Date: 10/31/2011

4. PROJECT FUNDS

Federal Funds:	$26,202
Cash Match	
In-Kind Match:	$6,551
Total Project:	**$32,753**

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 operates 4 shelters for battered women and their children. One shelter is a 15-bed emergency shelter; two shelters are 15-bed transitional shelters and one is a safe house. Metro provides food, clothing, medical care, transportation, job placement assistance, legal assistance, a 24-hour crisis line and individual and group counseling. Direct Service Staff are in the shelters 24 hours a day.

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	$23,766	$0	$6,551	**$30,317**
SECTION 200. FRINGE BENEFITS	$2,436	$0	N/A	**$2,436**
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:	**$26,202**	**$0**	**$6,551**	**$32,753**

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
Shelter Manager	Shirley Young	FT	$2,667.00	74.26%	12.00	$23,766.17	☒	☐
		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:						$23,766.17	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	655.10	$10.00	$6,551.00
			$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			$6,551.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	$23,766
CASH MATCH	$0
IN-KIND MATCH	$6,551
PERSONNEL TOTAL	**$30,317**

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:

State guidelines (Department of Family and Child Services/Family Violence Prevention and Intervention) dictate that all Emergency shelters for battered women and their children be staffed 24 hours a day. Women and children can be admitted into the facility 24 hours a day. The Shelter Manager admits all new residents, assists them with the items they need (clothing, personal care items, etc.) and makes an initial "safety plan" for each member of the family. The Shelter Manager also monitors the physical safety of the complex. If protection is needed, the Shelter Manager calls law enforcement for assistance. In many instances, the perpetrator is actively trying to find these women and the children to do them further harm or to threaten them about "going to the authorities."

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:

The Shelter Manager oversees all the functions of the shelter, supervises the Shelter Advocates, and is available for direct victim assistance. A Shelter Advocate is in the shelter 27 hours a day, 7 days a week to assist residents. They answer the Crisis Hot Line, screen potential residents, conduct intake interviews and assess needs. They may assist in obtaining transportation, monitor child supervision, food preparation, building safety and security. They perform exit interviews when survivors leave. They conduct individual and group counseling sessions for both the women and their children.

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. Shirley Young	.062		$23,766	$1,473	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. Shirley Young	.0145		$23,766	$344	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.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1. Shirley Young	0.019		$23,766	$451	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. Shirley Young	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):	$2,436				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): $2,436

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$2,436
CASH MATCH	
TOTAL FRINGE BENEFITS	**$2,436**

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.

Metro operates the only traditional battered women's shelter in Jefferson Parish. While there are a few facilities for homeless women and children, their needs are quite different. Again, many of the women coming to the shelter are in fear of their lives if they are found. Their children usually have to be placed in different schools because of concerns of kidnapping by the perpetrator. Women who enter the Emergency Shelter receive support through counseling, advocacy and case management. Without this service these women would be further victimized by their abusers.

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.

The Shelter Manager will oversee the accomplishments of the goals, objectives, activities/methods, and timeline of this proposal.

Goal 1: Assist battered women and children with safe haven.

Goal 2: Provide supportive services to battered women and children who reside in Metro's shelters.

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: Assist battered women and children with safe haven.

Objective 1: Provide staff coverage 24 hours per day to keep the shelter open and operating per local health and fire codes and per the Family Violence Prevention and Intervention office for 150 women and 85 children.

Objective 2: Provide staff coverage 24 hours a day to monitor/ensure the safety of 150 women and 85 children in the shelter through monitoring the surveillance cameras, doors, windows, etc. and calling law enforcement officers, if needed.

Goal 2: Provide supportive services to battered women and children who reside in Metro's shelters.

Objective 1: Provide 260 playgroups for the children.
Objective 2: Provide 400 individual counseling units for the residential women.
Objective 3: Provide 45 weekly support groups for the adults.
Objective 4: Assist 150 women and 85 children with an individualized safety plan and plan of service based on their individual needs and goals.

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 battered women and children with safe haven.

Objective 1: Provide staff coverage 24 hours per day to keep the shelter open and operating per local health and fire codes and per the Family Violence Prevention and Intervention office for 150 women and 85 children.
Activity/Method: Metro will maintain staff coverage of the shelters 24-hours a day with a staff member who has received the training required by the Department of Children and Family Services and the Louisiana Coalition Against Domestic Violence prior to their assumption of duties.

Objective 2: Provide staff coverage 24 hours a day to monitor/ensure the safety of 150 women and 85 children in the shelter through monitoring the surveillance cameras, doors, windows, etc. and calling law enforcement officers, if needed.
Activity/Method: Metro will hold regular training sessions for all personnel working in the shelter. This training will include (but is not limited to) conducting fire drills, how the fire alarm system works, how the surveillance cameras and monitors are operated, which requirements are needed for the Board of Health, and how to appropriately notify law enforcement should the shelter's safety be compromised.

Timeline:
Goal 1: November 1, 2010 - October 31, 2011

Goal 2: Provide supportive services to 150 women and 85 children who reside in Metro's shelters.

Objective 1: Provide 260 playgroups for the children.
Activity/Method: Hold age appropriate play groups for the children.

Objective 2: Provide 400 individual counseling units for the residential women.
Activity/Method: Residential women will be assigned an advocate upon entering the shelter.
Activity/Method: The advocate and the resident will meet daily.

Objective 3: Provide 45 weekly support groups for the adults.
Activity/Method: Residential women will participate in the weekly domestic violence survivors' group.
Activity/Method: Residential women will participate in weekly "rap session" groups.

Objective 4: Assist 150 women and 85 children with an individualized safety plan and plan of service based on their individual needs and goals.
Activity/Method: The Advocate will work with each adult and each child to determine the degree of (1) support they need, (2) the lethality of the perpetrator, (3) medical and legal needs, and (4) other needs. Together, a plan of service and a safety plan will be agreed on, documented, and reviewed on a regular basis.

Timeline:
Goal 2: November 1, 2010 - October 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: Shirley Young PHONE: (504) 837-5400 EMAIL: syoung@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 goals were proposed in the previous application.
Goal 1: Assist 150 battered women and children with safe haven.
Goal 2: Provide supportive services to 134 women and 80 children who reside in Metro's shelters.

Results: In the three QPR's submitted Metro provided shelter to 111 women and 107 children. It is anticipated that Metro will provide services to an additional 60 women and 40 children by end of the current subgrant funding. Shelter residents participated in the groups and received individual counseling, referrals and assistance as needed.

2. Did the project work as expected? Explain.

The project was successful in that it allowed Metro to continue to operate shelters for battered women and their children. The funding received through this subgrant provided a portion of the Shelter Manager's salary. The Shelter Manager oversees the entire operation of all shelters and ensures that the residents receive the assistance they need.

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 Shelter Manager 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 shelters.

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 Shelter Manager.

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?

Shelter 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.

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.