

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C11-7-022

APPLICANT: Metropolitan Center for Women and Children, Inc.

PROJECT TITLE: Domestic Violence Program

PROJECT FUNDS :

FUND:	\$	<u>18,403</u>	80.00%
MATCH:	\$	<u>4,601</u>	20.00%
TOTAL:	\$	<u>23,004</u>	100.00%

PROJECT DURATION: 12 months

START DATE: 01/01/2012

END DATE: 12/31/2012

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 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) BY LCLE UNTIL APPLICANT RESPONSE TO ANY SUBSEQUENT LETTER RESULTING FROM STAFF REVIEW IS REVIEWED AND APPROVED BY LCLE STAFF.



LOUISIANA COMMISSION
ON LAW ENFORCEMENT
AND THE ADMINISTRATION
OF CRIMINAL JUSTICE

CRIME VICTIM ASSISTANCE
FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY: Project ID: C11-7-022 CVA Purpose Area: 2

1. TITLE OF PROJECT Domestic Violence Program (River Parishes)		2. <input checked="" type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-7-023	
3. PROJECT DURATION Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 1/1/2012 Desired End Date: 12/31/2012		4. PROJECT FUNDS Federal Funds: \$18,403 Cash Match In-Kind Match: \$4,601 Total Project: \$23,004	
5A. APPLICANT AGENCY INFORMATION Agency Name: Metropolitan Center for Women & Children Physical Address: (Confidential Address) City: Jefferson Zip: _____ 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: 1/29/2012

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

2011 SEP 15 PM 1:34
LA COMMISSION
ON LAW ENFORCEMENT

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VOCA PURPOSE AREAS

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

<input type="checkbox"/>	Sexual Assault
<input checked="" type="checkbox"/>	Domestic Abuse
<input type="checkbox"/>	Child Abuse
<input type="checkbox"/>	Previously Underserved

State Type of Previously Underserved:

PROJECT BUDGET SUMMARY

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

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

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

Person Completing Budget Section: 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	\$4,601	\$18,194
SECTION 200. FRINGE BENEFITS	\$4,065	\$0	N/A	\$4,065
SECTION 300. TRAVEL	\$745	\$0	\$0	\$745
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:	\$18,403	\$0	\$4,601	\$23,004

Provide Source of Cash Match:

Provide Source of In-Kind Match: Volunteer hours

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SECTION 100. PERSONNEL

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

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Advocate	Evelena Conerly	FT	\$2,666.00	42.49%	12.00	\$13,593.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$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	C
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:								\$0.00	F = Fed Funds C = Cash Match	

VOLUNTEERS:

DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions.

	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
Answer Crisis Line, assist residential and non-residential clients from the River Parishes	460.10	\$10.00	\$4,601.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$4,601.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$13,593
CASH MATCH	
IN-KIND MATCH	\$4,601
PERSONNEL TOTAL	\$18,194

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

EMPLOYEE'S NAMES					EMPLOYEE'S NAMES (Continued)				
SOCIAL SECURITY					SOCIAL SECURITY				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
1. Evelena Conerly	.062		\$13,593	\$842	5.	.062		\$0	
2.	.062		\$0	\$0	6.	.062		\$0	
3.	.062		\$0	\$0	7.	.062		\$0	
4.	.062		\$0	\$0	8.	.062		\$0	
MEDICARE					MEDICARE				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
1. Evelena Conerly	.0145		\$13,593	\$197	5.	.0145		\$0	
2.	.0145		\$0	\$0	6.	.0145		\$0	
3.	.0145		\$0	\$0	7.	.0145		\$0	
4.	.0145		\$0	\$0	8.	.0145		\$0	
HEALTHLIFE INSURANCE <small>Provide monthly insurance rates</small>					HEALTHLIFE INSURANCE <small>Provide monthly insurance rates</small>				
RATE	MONTHS	TIME ADJUSTED TO PROJECT	TOTAL		RATE	MONTHS	TIME ADJUSTED TO PROJECT	TOTAL	
1. Evelena Conerly	\$10.00	12.00	42.49%	\$2,600	5.			\$0	
2.			\$0	\$0	6.			\$0	
3.			\$0	\$0	7.			\$0	
4.			\$0	\$0	8.			\$0	
WORKMANS COMPENSATION					WORKMANS COMPENSATION				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
1. Evelena Conerly	0.019		\$13,593	\$258	5.			\$0	
2.			\$0	\$0	6.			\$0	
3.			\$0	\$0	7.			\$0	
4.			\$0	\$0	8.			\$0	
UNEMPLOYMENT TAX <small>Based on the FUTA or SUTA</small>					UNEMPLOYMENT TAX <small>Based on the FUTA or SUTA</small>				
RATE	TYPE		SALARY	TOTAL	RATE	TYPE	SALARY	TOTAL	
1. Evelena Conerly	0.024	CHECK TYPE	\$7,000	\$168	5.	CHECK TYPE		\$0	
2.			\$0	\$0	6.			\$0	
3.	<input type="checkbox"/> FUTA		\$0	\$0	7.	<input type="checkbox"/> FUTA		\$0	
4.	<input checked="" type="checkbox"/> SUTA		\$0	\$0	8.	<input type="checkbox"/> SUTA		\$0	
PUBLIC/PRIVATE RETIREMENT					PUBLIC/PRIVATE RETIREMENT				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
1.			\$0	\$0	5.			\$0	
2.			\$0	\$0	6.			\$0	
3.			\$0	\$0	7.			\$0	
4.			\$0	\$0	8.			\$0	
OTHER:					OTHER:				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
1.			\$0	\$0	5.			\$0	
2.			\$0	\$0	6.			\$0	
3.			\$0	\$0	7.			\$0	
4.			\$0	\$0	8.			\$0	
FRINGE BENEFITS TOTAL (A):				\$4,065	FRINGE BENEFITS TOTAL (B):				\$0

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

Fringe Benefits Total (A+B): \$4,065

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

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SECTION 300. TRAVEL

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

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH		
				F	C	IK
NAME: Evelena Conerly TITLE: Advocate PURPOSE: Travel between River Parishes offices	\$0.51	1,460.78	\$745.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$745.00			

NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL <small>(OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE)</small> NAME/POSITION TITLE/PURPOSE OF TRAVEL	TRAVEL DESTINATION	TRAVEL DATES:		PAID WITH		
		FROM	TO	F	C	IK
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF NIGHTS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS <small>(Include Taxi)</small>	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH			
											F	C	IK	
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:											\$0.00			

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	\$745
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$745

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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, career 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 2010, 124 adults and 108 children sought safe haven at Metro. Additionally, 516 adults and 24 children did not require shelter, but received non-residential services. In 2010, 4,038 Crisis Line calls were received and 8 survivors were awarded TRO's.

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 2010 the following number of calls to Metro's Crisis Line were made:

St. Charles Parish: 68

St. John Parish: 116

St. James Parish: 16

Callers to the Crisis Line were given appointments with the River Parishes Advocate or given referrals. The River Parishes Advocate currently conducts 1 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, BRIEFLY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

GOAL 1: 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, 2012 - December 31, 2012: 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, 2012 - December 31, 2012

- 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.

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

Yes No Is this a faith-based organization?

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

F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

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

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

Yes No 3. Has this individual attended trainings provided by LCLE to learn how victims are served by LAVNS? If no, agency will request LAVNS training from LCLE within 30 days of award. NOTE: More information regarding the LAVNS program, including training information, can be found at: <http://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](http://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, 35 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 2011 Metro's Legal Advocate assisted three 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 contract attorney 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@mcwgn.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 contract attorney.

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 2010
- 2. Dates covered by last audit: July 1, 2009 - June 30, 2010
- 3. Date of next audit: October 2011
- 4. Dates to be covered by next audit: July 1, 2010 - June 30, 2011
- 5. Date next audit will be forwarded to LCLE: October 2011

This organization/agency expends less than \$500,000 in federal funds from all sources during the fiscal year of the organization/agency.

M. VOLUNTEERS

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

Yes No Are volunteers screened in compliance with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate?

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)

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.