

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C11-9-011

APPLICANT: Metropolitan Center for Women and Children, Inc.

PROJECT TITLE: Rape Counseling Program

PROJECT FUNDS :

FUND: \$ 30,000 80.00%

MATCH: \$ 7,500 20.00%

TOTAL: \$ 37,500 100.00%

PROJECT DURATION: 12 months

START DATE: 01/01/2012

END DATE: 12/31/2012

Continuation of C07-9-011

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 assault and sexual abuse who are residents of Orleans Parish.

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: C10-9-011 CVA Purpose Area: 1

1. TITLE OF PROJECT
Rape Counseling Program

2. NEW PROJECT
 CONTINUATION PROJECT OF: C10-9-012

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: \$30,000
Cash Match
In-Kind Match: \$7,500
Total Project: \$37,500

5A. APPLICANT AGENCY INFORMATION
Agency Name: Metropolitan Center for Women & Children
Physical Address:
City: Zip:
Mailing Address: P.O. Box 10775
City: Jefferson Zip: 70181-0775
Phone: (504) 837-5400 FAX: (504) 828-2893
Email: metro@mcwcn.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: Dale Standifer
Title: Executive Director
Agency Name: Metropolitan Center for Women and Child
Address: P.O. Box 10775
City: Jefferson Zip: 70181-0775
Phone: (504) 837-5400 FAX: (504) 828-2893
Email: metro@mcwcn.org

Fed Employer Tax Id: 72 - 1062244 DUNS: 932694417 - CCR CAGENCAGE: 5DGS1 CCR Expiration Date: 1/29/2012

6. IMPLEMENTING AGENCY
Name: Dale 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@mcwcn.org

7. PROJECT DIRECTOR
Name: Dale 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@mcwcn.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@mcwcn.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 who are residents of Orleans Parish.

LA COMMISSION
ON LAW ENFORCEMENT
2011 SEP 26 PM 3:34

VOCA PURPOSE AREAS

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

<input checked="" type="checkbox"/>	Sexual Assault
<input 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@mcwcn.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$27,239	\$0	\$7,500	\$34,739
SECTION 200. FRINGE BENEFITS	\$2,761	\$0	N/A	\$2,761
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:	\$30,000	\$0	\$7,500	\$37,500

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	C
Sexual Assault Advocate	Vickie Landry	FT	\$3,208.33	70.75%	12.00	\$27,238.72	<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:						\$27,238.72	F = Fed Funds	C = Cash Match

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT/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.

DUTIES	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
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; provide referrals when needed	750.00	\$10.00	\$7,500.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$7,500.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$27,239
CASH MATCH	
IN-KIND MATCH	\$7,500
PERSONNEL TOTAL	\$34,739

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 Sexual Assault Advocate will provide and coordinate services for Orleans Parish survivors. No overtime is expected for this position. The project duties are listed below.

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 Sexual Assault Advocate will provide individual counseling sessions to survivors ages 4 through adult; provide group support to survivors in groups organized by gender and age (example: teen girls ages 13-17, young boys ages 6-9, etc.); provide information and referrals to all survivors and loved ones of survivors as requested; provide crisis intervention via telephone and in-person to survivors and/or loved ones; coordinate high quality provision of services to sexual assault survivors in Orleans Parish; represent Metropolitan Center for Women and Children within Orleans Parish regarding sexual assault services and systems interacting with sexual assault survivors.

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	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1. Vickie Landry	.062		\$27,239	\$1,688	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. Vickie Landry	.0145		\$27,239	\$394	5.	.0145			\$0
2.	.0145			\$0	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTH/LIFE INSURANCE	RATE	MONTHS	THREE-DIGIT FD PROJECT	TOTAL	HEALTH/LIFE INSURANCE	RATE	MONTHS	THREE-DIGIT FD PROJECT	TOTAL
1. Paid thru				\$0	5.				\$0
2. Other funds				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1. Vickie Landry	0.019		\$27,239	\$517	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL
1. Vickie Landry	0.023	CHECK TYPE	\$7,000	\$163	5.		CHECK TYPE		\$0
2.				\$0	6.				\$0
3.		<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0
4.		<input checked="" type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> 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):				\$2,760	FRINGE BENEFITS TOTAL (B):				\$0

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

Fringe Benefits Total (A+B): \$2,760

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$2,761
CASH MATCH	
TOTAL FRINGE BENEFITS	\$2,761

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.

In June 2006, Metropolitan Center for Women and Children (Metro) began providing individual counseling, on a part-time basis, at the Children's Advocacy Center in Orleans Parish. In 2011, Metro opened an office in New Orleans to provide sexual assault counseling. The need for full time services is shown by the following Orleans Parish statistics.

Orleans Parish statistics show that 89 reported sexual assault crimes occurred from February 2011 to August 9, 2011. (Source: www.crimemapping.com)

In 2010 Metro received 931 Crisis Line calls from Orleans Parish residents.

In 2010 the Orleans Parish Sexual Assault Advocate reported the following new primary sexual assault victims. (These figures do NOT reflect carried-over clients.)

Primary victims receiving services: 65 (unduplicated count)

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

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

Objective 1: Provide 100 new and carryover victims who are residents of Orleans Parish with sexual assault counseling.

Objective 2: The Sexual Assault Advocate will provide 100 units of group support per year.

Objective 3: The Sexual Assault Advocate will provide 100 units of individual counseling per year.

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 100 victims who are residents of Orleans Parish with sexual assault counseling.

Objective 2: The Sexual Assault Advocate will provide 100 units of group support per year.

Objective 3: The Sexual Assault Advocate will provide 100 units of individual and play therapy per year.

Methods:

Hold daily and weekly sessions with sexual assault victims.

Timeline:

Objectives 1 - 3: January 1 - December 31, 2012

E. DEMOGRAPHICS

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

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

2. Type of Organization:

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: 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](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.)

Goal: To provide comprehensive supportive services to survivors of sexual assault living in Orleans Parish.

Objective 1: Maintain at least one Orleans Parish location for delivery of free, confidential, private counseling services.

Objective 2: Provide direct services to at least 20 survivors (new and carryover) per quarter.

Metro met the objectives for the current subgrant. A counseling office is maintained in Orleans Parish and is staffed by the subgrant advocate. During the first two quarters of the current subgrant (as reported in the Quarterly Progress Reports), a total of 62 new and carryover Orleans Parish victims have received services.

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 Orleans 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 RESULTS

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 Sexual Assault Advocate will provide the data.

2. When will the data be collected?

The data is collected monthly and reported quarterly.

3. Who will collect and analyze the data?

Marilee Waguespack, Office/Grants Manager

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

Name: Marilee Waguespack Phone: (504) 837-5400 Email: metro@mcwegno.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 the Orleans Parish Sexual Assault Advocate.

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 2010
2. Dates covered by last audit: July 1, 2009 - June 30, 2010
3. Date of next audit: July 1, 2011
4. Dates to be covered by next audit: July 1, 2010 - June 30, 2011
5. Date next audit will be forwarded to LCLE: November 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 advocate and to provide assistance to sexual assault victims. The volunteers, including Master of Social Work students, provide counseling to both adults and children. One MSW student is assigned to work with the Orleans Parish Sexual Assault Advocate. 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:

- Attendance at DVAC meetings
 - 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 Southeast Louisiana Legal Services.
- Attendance at the Rape Crisis Network meetings

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.