

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C11-7-023

APPLICANT: Metropolitan Center for Women and Children, Inc.

PROJECT TITLE: Rape Counseling Program

PROJECT FUNDS :

FUND: \$ 28,494 80.00%  
MATCH: \$ 7,124 20.00%  
TOTAL: \$ 35,618 100.00%

PROJECT DURATION: 12 months

START DATE: 01/01/2012

END DATE: 12/31/2012

Continuation of C05-7-029

PROJECT SUMMARY:

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

RECOMMENDATION : FUND X DENY    

SPECIAL CONDITIONS :

1. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.
2. NO DRAWDOWN OF FUNDS (AWARD) 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: C11-7-023 CVA Purpose Area: 1

1. TITLE OF PROJECT  
Rape Counseling Program

2.  NEW PROJECT  
 CONTINUATION PROJECT OF: C10-7-024

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: \$28,494  
Cash Match  
In-Kind Match: \$7,124  
Total Project: \$35,618

5A. APPLICANT AGENCY INFORMATION  
Agency Name: Metropolitan Center for Women & Children  
Physical Address: (Confidential Address)  
City: 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 - 10622434 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.)  
Metropolitan Center for Women and Children will provide victim assistance in the form of individual counseling, group support, crisis intervention, information and referrals to victims of sexual assault and sexual abuse. Through supervision of direct services delivery of direct services, advocates, volunteers, and staff will be supported, encouraged, and inspired.

2011 SEP 15 PM 1:33  
LA COMMISSION  
LAW ENFORCEMENT

CVA - 1

Revised JULY 2010

**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:**

Are all budgeted items allowable per Program Guidelines?	YES: <input checked="" type="checkbox"/>	NO: <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 Waguspack 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	\$15,000	\$0	\$7,124	\$22,124
SECTION 200. FRINGE BENEFITS	\$3,111	\$0	N/A	\$3,111
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$0	\$0	\$0	\$0
SECTION 600. CONTRACTUAL	\$10,383	\$0	N/A	\$10,383
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$0	\$0	\$0	\$0
<b>TOTAL:</b>	<b>\$28,494</b>	<b>\$0</b>	<b>\$7,124</b>	<b>\$35,618</b>

Provide Source of Cash Match:

Provide Source of In-Kind Match: Volunteer Hours

CVA - 2

Revised JULY 2010

**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	Alison Morgado	FT	\$2,500.00	50.00%	12.00	\$15,000.00	<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:						\$15,000.00	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, provide information on getting help and/or safety in the form of shelter or other victim services	712.40	\$10.00	\$7,124.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$7,124.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$15,000
CASH MATCH	
IN-KIND MATCH	\$7,124
PERSONNEL TOTAL	\$22,124

**SECTION 100. PERSONNEL (Continued) - BRIEFLY EXPLAIN**

Yes  No Are job descriptions for each position attached? If not, explain:

Yes  No Are resumes for each position attached? If not, explain:

A) Need for each position shown above; justify need for overtime:

The Advocate, who is an MSW, provides professional support and treatment for survivors of any form of sexual assault.

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

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

C) Project duties of each position requested:

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

D) Indicate if personnel will be new or existing personnel. If existing, indicate if position has been backfilled. If this is a continuation application, indicate the personnel's original status. [Existing personnel is an employee that currently works for the agency, but will now be working on grant activities. If so, the position from which the employee was moved must be filled. If employee is same from the previous grant, indicate if the employee was originally hired for that position.]

Existing

**SECTION 200. FRINGE BENEFITS (Employer's Share Only)**

Enter the Individual Name(s) of the employees receiving fringe benefits for each position funded through this grant. There are two sets of each benefit below to allow budgeting for eight employees. For further information and direction, please refer to the application instructions.

Check:  All Fringe Benefits Will Be Paid by Applicant Agency  Additional Fringe Benefits Will Be Paid by Applicant Agency

EMPLOYEE'S NAME(S)					EMPLOYEE'S NAME(S) (Continued)				
<b>SOCIAL SECURITY</b>					<b>SOCIAL SECURITY</b>				
1. Alison Morgado	.062		\$15,000	\$930	1.	.062			\$0
2.	.062		\$0	\$0	2.	.062			\$0
3.	.062		\$0	\$0	3.	.062			\$0
4.	.062		\$0	\$0	4.	.062			\$0
<b>MEDICARE</b>					<b>MEDICARE</b>				
1. Alison Morgado	.0145		\$15,000	\$217	1.	.0145			\$0
2.	.0145		\$0	\$0	2.	.0145			\$0
3.	.0145		\$0	\$0	3.	.0145			\$0
4.	.0145		\$0	\$0	4.	.0145			\$0
<b>HEALTHLIFE INSURANCE</b> <small>Provide monthly insurance rates</small>					<b>HEALTHLIFE INSURANCE</b> <small>Provide monthly insurance rates</small>				
1. Alison Morgado	253.00	12.00	50.00%	\$1,518	1.				\$0
2.				\$0	2.				\$0
3.				\$0	3.				\$0
4.				\$0	4.				\$0
<b>WORKMAN'S COMPENSATION</b>					<b>WORKMAN'S COMPENSATION</b>				
1. Alison Morgado	0.019		\$15,000	\$285	1.				\$0
2.			\$0	\$0	2.				\$0
3.			\$0	\$0	3.				\$0
4.			\$0	\$0	4.				\$0
<b>UNEMPLOYMENT TAX</b> <small>Based on the \$1000 or Less</small>					<b>UNEMPLOYMENT TAX</b> <small>Based on the \$1000 or Less</small>				
1. Alison Morgado	0.023	CHECK TYPE:	\$7,000	\$161	1.		CHECK TYPE:		\$0
2.			\$0	\$0	2.				\$0
3.		<input type="checkbox"/> FLTA	\$0	\$0	3.		<input type="checkbox"/> FLTA		\$0
4.		<input checked="" type="checkbox"/> SUTA	\$0	\$0	4.		<input type="checkbox"/> SUTA		\$0
<b>PUBLIC/PRIVATE RETIREMENT</b>					<b>PUBLIC/PRIVATE RETIREMENT</b>				
1.				\$0	1.				\$0
2.				\$0	2.				\$0
3.				\$0	3.				\$0
4.				\$0	4.				\$0
<b>OTHER:</b>					<b>OTHER:</b>				
1.				\$0	1.				\$0
2.				\$0	2.				\$0
3.				\$0	3.				\$0
4.				\$0	4.				\$0
<b>FRINGE BENEFITS TOTAL (A):</b>				\$3,111	<b>FRINGE BENEFITS TOTAL (B):</b>				\$0

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

**Fringe Benefits Total (A+B): \$3,111**

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$3,111
CASH MATCH	
TOTAL FRINGE BENEFITS	\$3,111

**SECTION 600. CONTRACTUAL**

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

INDIVIDUAL CONSULTANT	TYPE OF SERVICE OR TASK	HOURS DEVOTED	RATE PER HOUR	TOTAL COST	PAID WITH	
					F	C
Name: Jane Brewer, LCSW Title: Contract Social Worker Agency:	Clinical supervision of direct service staff and MSW students; clinical assistance with cases	115.33	\$45.00	\$5,189.85	<input type="checkbox"/>	<input type="checkbox"/>
Name: Teresa Leeper, LCSW Title: Contract Social Worker Agency:	Provide individual and group counseling to sexual assault victims in St. Tammany Parish	148.37	\$35.00	\$5,192.95	<input type="checkbox"/>	<input type="checkbox"/>
Name:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Title:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF CONTRACTUAL COSTS				\$10,382.80	<input type="checkbox"/>	<input type="checkbox"/>

F = Federal Funds  
C = Cash Match

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

F = Federal Funds  
C = Cash Match

**BRIEFLY EXPLAIN:**

A) Purpose of each consultant or other contractual service requested:  
It is vital that all advocates receive clinical supervision if they are already on staff as well as supervision and training for new MSW students who are interning at Metro, many of whom remain in the service field, sometimes at Metro itself. Because the numbers of sexual assault victims seeking counseling services continues to increase, Metro needs to provide additional services to these victims through a contract LCSW.

B) Why the service requested is necessary and cost effective:  
Clinical supervision and direct services to sexual assault victims are necessary to ensure that victims are receiving the best services. The hiring of contract workers is cost effective because it allows Metro to pay only for the services it needs, with no employee benefits and other costs. Contract licensed social workers provide the most cost effective method to provide quality services.

C) Method of procurement and basis for determining rate of pay:  
The contract social workers were chosen by online advertisement through NASW, interviews, and recommendations from individual Board members. The LCSW licensing Board was also checked to verify good standing. The rates of pay are below the rate identified by state guidelines.

SECTION 600. CONTRACTUAL SUMMARY	
FEDERAL FUNDS	\$10,383
CASH MATCH	
CONTRACTUAL TOTAL	\$10,383

## 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.

During calendar year 2010, Metro provided sexual assault counseling to 357 new primary victims and 124 new secondary victims.

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

Metro is the only agency certified by the Louisiana Foundation Against Sexual Assault to provide services to sexual assault victims in St. Tammany Parish. Metro owns a sexual assault counseling center in Slidell where staff provide services. During calendar year 2010, Metro provided sexual assault counseling to 357 new primary victims and 124 new secondary victims. The staff who provide services are two LCSWs and one MSW.

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

### B. GOALS

GOALS: The primary mission of all projects is to have a positive impact on the victims, not just to accumulate statistics on how many are served. Based on the problem identified, 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 and contract LCSW will assist primary and secondary victims of sexual trauma in the recovery process by providing group support and individual counseling.

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

### C. OBJECTIVES

OBJECTIVES: Provide at least TWO (2) measurable objectives for EACH goal. Objectives need to be measurable, observable aspects of the program. Identify who, what will change and by how much. Use absolute numbers, not percentages and be sure to include a baseline number.

GOAL 1: The Sexual Assault Advocate and contract LCSW will assist primary and secondary victims of sexual trauma in the recovery process by providing group support and individual counseling.

- Objective 1: Provide 120 victims who are residents of St. Tammany Parish with sexual assault counseling.
- Objective 2: The Sexual Assault Advocate will provide 240 units of group support per quarter.
- Objective 3: The Sexual Assault Advocate will provide 240 units of individual and play therapy per quarter.
- Objective 4: Establish a contract with an LCSW.

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

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

#### D. ACTIVITIES / METHODS

List the specific activities and/or services to be provided that will accomplish the objectives. Must include a timetable for achieving the various components of your project. Timetable must cover entire grant period. This must relate back to the Goals and Objectives. If this is a training project, omit this page and complete D-2 Training Programs.

**GOAL 1:** The Sexual Assault Advocate and contract LCSW will assist primary and secondary victims of sexual trauma in the recovery process by providing group support and individual counseling.

**Objective 1:** Provide 120 victims who are residents of St. Tammany Parish with sexual assault counseling.

**Objective 2:** The Sexual Assault Advocate will provide 240 units of group support per quarter.

**Objective 3:** The Sexual Assault Advocate will provide 240 units of individual and play therapy per quarter.

**Objective 4:** Establish a contract with an LCSW.

##### Methods:

1. Hold weekly sessions (individual and group) with sexual assault victims.
2. Contract with the LCSW.

##### Timeline:

January 1 - December 31, 2012

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

**Objective 1:** Establish a contract with an LCSW.

**Objective 2:** Provide 3 MSW students with supervision during this project year.

**Objective 3:** Provide 10 staff members with clinical supervision through the assistance of the contract LCSW.

##### Methods:

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

##### Timeline:

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 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@mcwcn.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.)

The following objectives are in the current subgrant:

Objective 1: We will provide 200 units of group support per quarter.

During the first two quarters of 2011, 213 units of group support were provided.

Objective 2: We will provide 200 units of individual and play therapy per quarter.

During the first two quarters of 2011, 319 units of individual and play therapy were provided.

2. Did the project work as expected? Explain.

The project was successful in that it allowed Metro to continue to operate offer free and confidential counseling services for victims in St. Tammany Parish. Without these funds, free and confidential services for sexual assault survivors in St. Tammany Parish would not be available.

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 RESEARCH FINDINGS**

**A COPY OF YOUR EVALUATION FORMS USED FOR THIS PROJECT MUST BE INCLUDED.**

1. From who will the data be collected – what is the source?

The St. Tammany Sexual Assault Advocate and the two contract LCSW's will provide the data collected via the surveys given to survivors.

2. When will the data be collected?

The data is collected monthly and reported quarterly.

3. Who will collect and analyze the data?

Marilee Waguespack, Office/Grants Manager

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

Name: Marilee Waguespack

Phone: (504) 837-5400

Email: metro@mcwcgno.org

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

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

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

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

#### J. CONTINUATION

Yes  No Do you plan to continue this project at the conclusion of federal support?

Since continued VOCA funding is limited and not assured, alternate funding sources should be sought. Name the sources and potential sources of continued funding for this project at the conclusion of Federal support.

Metro will continue to seek funds to support sexual assault counseling in St. Tammany Parish.

#### K. RESOURCES

Describe the facilities and additional resources available to this project. Include the physical facility where services are provided. If applicable, list other resources available to this project, i.e. equipment, supplies, staff, etc.

Metro will provide adequate office space, office supplies, telephone access and computer usage for the Sexual Assault Advocate and the two contract LCSWs.

#### 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: 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?

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.

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.

#### 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.