

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: M10-8-026

APPLICANT: Metropolitan Center for Women and Children, Inc.

PROJECT TITLE: Sexual Assault Program

PROJECT FUNDS :

FUND: \$ 23,477 100.00%

PROJECT DURATION: 12 months

MATCH: \$ 0 0.00%

START DATE: 04/01/2011

TOTAL: \$ 23,477 100.00%

END DATE: 03/31/2012

Continuation of M04-8-035

PROJECT SUMMARY:

Crisis intervention, information, referrals and therapeutic support will be provided to survivors of sexual assault.

RECOMMENDATION : FUND X DENY    

SPECIAL CONDITIONS :

18



LOUISIANA COMMISSION  
ON LAW ENFORCEMENT  
AND THE ADMINISTRATION  
OF CRIMINAL JUSTICE

S.T.O.P. VIOLENCE AGAINST  
WOMEN FORMULA GRANT  
PROGRAM

CFDA #16.588

FOR LCLE USE ONLY:

Project ID: M10-8-026 VAWA Purpose Area:

1. TITLE OF PROJECT Sexual Assault Program	2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: M09 - 8 - 026
3. PROJECT DURATION Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 4/1/2011 Desired End Date: 3/31/2012	4. PROJECT FUNDS Federal Funds: \$23,477 Cash Match In-Kind Match: Total Project: \$23,477

5A. APPLICANT AGENCY INFORMATION Agency Name: Metropolitan Center for Women and 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@mcwcgno.org	5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Dale E. Standifer Title: Executive Director Agency Name: Metropolitan Center for Women and Children 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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Fed Employer Tax Id: 72 - 1062244 DUNS: 932694417 CCR CAGE/NCAGE: 5DG31 CCR Expiration Date: 1/29/2011

6. IMPLEMENTING AGENCY Name: Dale E. Standifer Title: Executive Director Agency: Metropolitan Center for Women and 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 and 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 intervention, information, referrals and group support will be provided to survivors of sexual assault.

LA COMMISSION  
ON LAW ENFORCEMENT  
JUL 14 4 14 PM '10

VAWA PURPOSE AREAS

Check the VAWA Purpose Area(s) that this project will address. You will be required to report performance on each chosen purpose area.

- 1. Training law enforcement officers, judges, other court personnel, and prosecutors to more effectively identify and respond to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence.
- 2. Developing, training, or expanding units of law enforcement officers, judges, other court personnel, and prosecutors specifically targeting violent crimes against women, including sexual assault and domestic violence.
- 3. Developing and implementing more effective police, court, and prosecution policies, protocols, orders, and services devoted to preventing, identifying, and responding to violent crimes against women, including the crimes against women, including sexual assault and domestic violence.
- 4. Developing, installing, or expanding data collection and communication systems, including computerized systems, linking police, prosecutions, and the courts or for the purpose of identifying and tracking arrests, protection orders, violations of protection orders, prosecutions, and convictions for violent crimes against women, including the crimes of sexual assault and domestic violence, including the reporting of such information to the National Instant Criminal Background Check System.
- 5. Developing, enlarging, or strengthening victim services programs, including sexual assault and domestic violence, and dating violence programs; developing or improving the delivery of victim services to underserved populations; providing specialized domestic violence court advocates in courts where a significant number of protection orders are granted; and increasing reporting and reducing attrition rates for cases involving violent crimes against women, including sexual assault and domestic violence.
- 6. Developing, enlarging, or strengthening programs addressing stalking.
- 7. Developing, enlarging, or strengthening programs addressing the needs and circumstances of Indian tribes dealing with violent crimes against women, including the crimes of sexual assault and domestic violence.
- 8. Supporting formal and informal statewide, multi-disciplinary efforts, to the extent not supported by state funds, to coordinate the response of state law enforcement agencies, prosecutors, courts, victim services agencies, and other state agencies and departments, to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence.
- 9. Training of sexual assault forensic medical personnel examiners in the collection and preservation of evidence, analysis, prevention, and providing expert testimony and treatment of trauma related to sexual assault.
- 10. Developing, enlarging, or strengthening programs to assist law enforcement, prosecutors, courts, and others to address the needs and circumstances of older and disabled women who are victims of domestic violence or sexual assault, including recognizing, investigating, and prosecuting instances of such violence of assault and targeting outreach and support, counseling, and other victim services to such older and disabled individuals.
- 11. Providing assistance to victims of domestic violence and sexual assault in immigration matters.
- 12. Maintaining core victim services and criminal justice initiatives while supporting complementary new initiatives and emergency services for victims and their families.
- 13. Provide for special victim assistants in law enforcement agencies to serve as liaisons between victims and law enforcement in order to improve the enforcement of protection orders. (Jessica Gonzales Victim Assistants)
- 14. Improving responses to police-perpetrated domestic violence. (Crystal Judson Domestic Violence Protocol Program)

**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, enter the percentage of STOP funds directed to each area 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 in each budget section.  
 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 CATEGORY	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100 PERSONNEL	\$16,135	\$0	\$0	\$16,135
SECTION 200 FRINGE BENEFITS	\$3,896	\$0	N/A	\$3,896
SECTION 300 TRAVEL	\$446	\$0	\$0	\$446
SECTION 400 EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500 SUPPLIES	\$0	\$0	\$0	\$0
SECTION 600 CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 800 OTHER DIRECT COSTS	\$3,000	\$0	\$0	\$3,000
<b>TOTAL:</b>	<b>\$23,477</b>	<b>\$0</b>	<b>\$0</b>	<b>\$23,477</b>

Provide Source of Cash Match:

Provide Source of In-Kind Match:

**USE OF STOP FUNDS IN PERCENTAGES**

Type of Victimization Served:	Percentage of STOP Funds Used:
Sexual Assault	100%
Domestic Violence/Dating Violence	
Stalking	
<b>Total (must equal 100 percent)</b>	<b>100%</b>

**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	15.93%	12.00	\$6,133.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual Assault Advocate	Shannon Patrick	FT	\$2,708.70	30.77%	12.00	\$10,001.60	<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"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$16,134.64	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
			\$0.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$0.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$16,135
CASH MATCH	
IN-KIND MATCH	
<b>PERSONNEL TOTAL:</b>	<b>\$16,135</b>

**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 Advocates will provide direct services to primary and secondary victims of sexual assault, including individual counseling and group support.

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

The salary ranges for these positions is \$25,000 to \$40,000 annually.

C) Project duties of each position requested:

Project duties include providing individual counseling and group support, handling crisis calls and providing crisis intervention, providing information and referrals to victims, and providing other services as needed to victims to assist in their recovery.

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 is moved must be filled. If employee is the same from the previous grant, indicate if the employee was originally hired for that position.]

The project's employees are existing personnel who were hired for the positions.

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

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

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

EMPLOYEES' NAMES:					EMPLOYEES' NAMES: (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1 Vickie Landry	.062		\$6,133	\$380	5	.062			\$0
2 Shannon Patrick	.062		\$10,001	\$620	6	.062			\$0
3	.062		\$0	\$0	7	.062			\$0
4	.062		\$0	\$0	8	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1 Vickie Landry	.0145		\$6,133	\$88	5	.0145			\$0
2 Shannon Patrick	.0145		\$10,001	\$145	6	.0145			\$0
3	.0145		\$0	\$0	7	.0145			\$0
4	.0145		\$0	\$0	8	.0145			\$0
HEALTHLIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTHLIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1 Vickie Landry	1039.00	12.00	15.93%	\$1,986	5				\$0
2				\$0	6				\$0
3				\$0	7				\$0
4				\$0	8				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1 Vickie Landry	0.019		\$6,133	\$116	5				\$0
2 Shannon Patrick	0.019		\$10,001	\$190	6				\$0
3			\$0	\$0	7				\$0
4			\$0	\$0	8				\$0
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL
1 Vickie Landry	0.023	CHECK TYPE:	\$6,133	\$141	5		CHECK TYPE:		\$0
2 Shannon Patrick	0.023		\$10,001	\$230	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	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1				\$0	5				\$0
2				\$0	6				\$0
3				\$0	7				\$0
4				\$0	8				\$0
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1				\$0	5				\$0
2				\$0	6				\$0
3				\$0	7				\$0
4				\$0	8				\$0
FRINGE BENEFITS TOTAL (A):				\$3,896	FRINGE BENEFITS TOTAL (B):				\$0

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

FRINGE BENEFITS TOTAL (A+B): \$3,896

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$3,896
CASH MATCH	
TOTAL FRINGE BENEFITS	\$3,896

**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. *Out-of-state travel 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: Vickie Landry TITLE: Sexual Assault Advocate PURPOSE: Local travel between offices to provide counseling services	\$0.48	929.16	\$446.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$446.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

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

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Taxi)	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	F = Federal Funds C = Cash Match IK = In-Kind Match		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	\$446
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$446

**SECTION 800. OTHER DIRECT COSTS**

Itemize each type: e.g., audit, rent (show square footage and cost per square foot), phone charges, utilities, printing, duplicating, registration fees for conferences/workshops, etc. Prorate telephone and utility bills. Show method of determining cost. Please refer to application instructions for direction.

TYPE OF OTHER DIRECT COST	METHOD OF DETERMINING COST	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
Rent for counseling office	200 sq ft x \$2.50 per sq ft	0.50	\$6,000.00	\$3,000.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$3,000.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

**BRIEFLY EXPLAIN:**

A) Needs for each type listed; and  
 A new counseling office is required for the Sexual Assault Advocate, Ms. Vickie Landry, to provide services to victims in Orleans Parish. The current office space is no longer available for counseling. Because many of Ms. Landry's clients reside in Orleans Parish, it is necessary to provide a counseling area that is easily reached by the victims.

B) Its relationship to project.  
 The Sexual Assault Advocate, Ms. Vickie Landry, is an employee of this subgrant. The subgrant's objectives and purpose is to provide individual and group counseling to victims of sexual assault.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$3,000
CASH MATCH	
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	\$3,000

## 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 or state data, if local data is not available, 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, Inc. (Metro), established in 1986, is a community-based, independent, non-profit 501(c)(3) social service agency serving victims of domestic violence, dating violence, sexual assault, stalking and human trafficking. Metro's mission is to break the cycle of domestic violence and aid survivors of sexual assault and domestic violence through advocacy, intervention, empowerment and transformation. Metro currently provides wrap-around services, including individual advocacy, information and referrals, group support, medical advocacy, legal advocacy, sheltering, therapy, safety planning, and caregiver support to survivors in nine (9) southeast Louisiana parishes with a population of 1,123,076. 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 also provides a 24/7 Crisis Line for counseling and/or referrals for victims. All services to survivors offered by Metro are free and confidential.

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.

Metropolitan Center for Women and Children continues to see a demand for services to sexual assault survivors. During 2010, Metro provided services to 357 new primary survivors and 124 new secondary survivors. In 2010, 2,715 individual contact hours and 1,894 group hours were provided to sexual assault survivors. Metro continues to work with the SANE program in providing medical advocacy services to sexual assault victims. Medical advocates volunteer to provide their services. In 2010, 44 victims received medical advocacy services. During that same time period, 85 primary victims received criminal justice advocacy. Continued VAWA funding is essential to maintaining the services that Metro offers to survivors of sexual assault.

### 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 provide individual counseling services to primary and secondary survivors

Goal 2: To provide group counseling services to primary and secondary survivors

### 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 provide individual counseling services to primary and secondary survivors

Objective: To provide 40 hours a month of individual counseling services

Objective: To provide individual counseling services to 180 new victims a year

Goal 2: To provide group counseling services to primary and secondary survivors

Objective: To provide 15 hours a month of group counseling services

Objective: To provide 3 age-specific groups monthly to victims

#### 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 provide individual counseling services to primary and secondary services

Objective: To provide 40 hours a month of individual counseling services.

Method: The advocate will be available for private individual counseling sessions at regularly scheduled times. Victims will be encouraged to work with the advocate to develop coping skills and to process the effects of sexual trauma. The advocate will provide additional resources and services on a case by case basis.

Objective: To provide individual counseling services to 180 new victims a year

Method: New victims will be referred by other agencies, the SANE program, law enforcement, etc. These new victims will receive individual counseling and, if needed, referrals for additional help in coping with the trauma of sexual assault.

Timetable:

April 1, 2011 - March 31, 2012

Goal 2: To provide group counseling services to primary and secondary survivors

Objective: To provide 15 hours a month of group counseling services

Objective: To provide 3 age-specific groups monthly to victims

Method: The advocate will provide group sessions at regularly scheduled times. Survivors will be given the opportunity to interact with each other in developing coping skills and processing the effects of sexual trauma. Groups which are age-specific will be held to allow for this interaction.

Timetable:

April 1, 2011 - March 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: metro@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://www.lcle.la.gov/lavns).

#### G. CRIME VICTIMS REPARATIONS (CVR)

Yes  No 1. Is same individual responsible for assisting victims in regard to services available through the CVR program? If not, please provide name and contact information:

NAME: PHONE: ( ) - EMAIL:

Yes  No 2. Does the agency know who the Crime Victims Reparations (CVR) Claims Investigator is at the Parish Sheriff's Office?

Yes  No 3. Does the agency have posters displayed for promoting CVR and brochures readily available to victims? If no, please fax a written request (contact person, agency name, mailing address) for free CVR posters and brochures to 225-925-6159. NOTE: More information regarding the CVR program, including applications and other forms, can be found at: <http://lcle.la.gov/programs/cvr.asp>.

**H. PRIOR RESULTS (For Continuation Projects Only)**

1. Based on the objectives of the previous application, what were the measurable outcomes? (Refer to the previous project's performance stated in the quarterly progress reports and other additional information.)

The previous application had the following objectives:

- To provide 40 hours a month of individual counseling services or 480 hours total
- To provide 30 hours a month of group counseling services or 360 hours

In 2009, Metro provided 2,517 individual contact hours to 310 new victims and 1,291 carryover victims. In addition, Metro's Sexual Assault Advocates provided 1,377 group contact hours to victims.

2. Did the project work as expected? Explain.

The project worked as expected. Sexual assault victims received needed services, both in individual counseling sessions and in group sessions. Metro is a Sexual Assault Center, as identified by LAFASA. Metro closely adheres to LAFASA standards when assisting victims of sexual assault.

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?

Data will be provided by the Sexual Assault Advocates. Data is collected through Metro's Daily Stats log and the Quarterly Progress Report.

2. When will the data be collected?

Data will be collected monthly and compiled for the Quarterly Progress Report.

3. Who will collect and analyze the data?

Marilee Waguespack

4. Who will be responsible for submitting the data for the VAWA Annual Report: State name and contact information.

Name: Marilee Waguespack

Phone: (504) 837-5400

Email: metro@mcwcgmo.org

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

Metro's Grants Manager will update or revise the project's strategy by ensuring that the measurable objectives 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 STOP 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 this project after it has ended.

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 Advocates.

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: July 1, 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, 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 to be performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). If volunteers are used as match, their 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?

N. CONSULTATION

Law enforcement, prosecution, the courts, probation and parole agencies and victim services providers must consult with each other. Briefly describe the process used to consult, coordinate, and collaborate with each agency. Attach original current letters of support and/or written cooperative agreements indicating awareness and cooperative role with this project.

- MCWC interacts with other criminal justice systems and the private/public service providers through the following:
1. Membership and attendance at interagency collaborative meetings with criminal justice and private/public service providers.
  2. Regular contact with all local police and sheriff's departments (attending meetings and providing training).
  3. Regular contact with the District Attorneys in Metro's service area.