

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C11-7-024

APPLICANT: Metropolitan Center for Women and Children, Inc.

PROJECT TITLE: Shelter Pgm - Children/Domestic Violence

PROJECT FUNDS :

FUND:	\$	<u>33,664</u>	80.00%
MATCH:	\$	<u>8,416</u>	20.00%
TOTAL:	\$	<u>42,080</u>	100.00%

PROJECT DURATION: 12 months

START DATE: 11/01/2011

END DATE: 10/31/2012

Continuation of C95-7-010

PROJECT SUMMARY:

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

RECOMMENDATION : FUND X DENY    

SPECIAL CONDITIONS :

1. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.
2. NO DRAWDOWN OF FUNDS (AWARD) 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: C11-7-024 CVA Purpose Area: 2

1. TITLE OF PROJECT Shelter Pgm - Children / Domestic Violence		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-7-025	
3. PROJECT DURATION Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 11/1/2011 Desired End Date: 10/31/2012		4. PROJECT FUNDS Federal Funds: \$33,664 Cash Match In-Kind Match: \$8,416 Total Project: \$42,080	
5A. APPLICANT AGENCY INFORMATION Agency Name: Metropolitan Center for Women & Children Physical Address: (Confidential Address) City: Jefferson Zip: - Mailing Address: P.O. Box 10775 City: Jefferson Zip: 70181-0775 Phone: (505) 837-5400 FAX: (504) 828-2893 Email: metro@mcwcgno.org		5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Dale E. Standifer Title: Executive Director Agency Name: Metropolitan Center for Women & Children Address: P.O. Box 10775 City: Jefferson Zip: 70181-0775 Phone: (504) 837-5400 FAX: (504) 828-2893 Email: metro@mcwcgno.org	
Fed Employer Tax Id: 72 - 1062244 DUNS: 932694417 - CCR CAGE/NCAGE: 5DG31 CCR Expiration Date: 1/29/2012			

6. IMPLEMENTING AGENCY Name: Dale E. Standifer Title: Executive Director Agency: Metropolitan Center for Women & Address: P.O. Box 10775 City: Jefferson Zip: 70181-0775 Phone: (504) 837-5400 FAX: (504) 828-2893 Email: metro@mcwcgno.org	7. PROJECT DIRECTOR Name: Dale E. Standifer Title: Executive Director Agency: Metropolitan Center for Women & Address: P.O. Box 10775 City: Jefferson Zip: 70181-0775 Phone: (504) 837-5400 FAX: (504) 828-2893 Email: metro@mcwcgno.org	8. FINANCIAL OFFICER Name: William Anderson Title: Accountant Agency: Metropolitan Center for Women & Address: P.O. Box 10775 City: Jefferson Zip: 70181-0775 Phone: (504) 837-5400 FAX: (504) 828-2893 Email: metro@mcwcgno.org
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9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)  
Metropolitan Center for Women and Children operates 4 shelters for battered women and their children. One shelter is a 15-bed emergency shelter; two shelters are 15-bed transitional shelters and one is a safe house. Metro provides food, clothing, medical care, transportation, job placement assistance, legal assistance, a 24-hour crisis line and individual and group counseling. Direct Service Staff are in the shelters 24 hours a day.

VOCA PURPOSE AREAS

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

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

State Type of Previously Underserved:

PROJECT BUDGET SUMMARY

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

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

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

Person Completing Budget Section: Marilee Waguespack Title: Office/Grants Manager  
Phone: (504) 837-5400 Fax: (504) 828-2893 E-Mail: metro@mcwcgno.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$30,591	\$0	\$8,416	\$39,007
SECTION 200. FRINGE BENEFITS	\$3,073	\$0	N/A	\$3,073
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
<b>TOTAL:</b>	<b>\$33,664</b>	<b>\$0</b>	<b>\$8,416</b>	<b>\$42,080</b>

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
Shelter Case Manager	Smitha Paul	FT	\$2,333.43	87.82%	12.00	\$24,590.61	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Ellen Noble	FT	\$2,500.00	20.00%	12.00	\$6,000.00	<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"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$30,590.61	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.	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
Shelter Volunteers: Answer Crisis Line, assist residents in shelters, provide information on getting help and/or safety in the form of shelter or other victim services	841.60	\$10.00	\$8,416.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$8,416.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$30,591
CASH MATCH	
IN-KIND MATCH	\$8,416
PERSONNEL TOTAL	\$39,007

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

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

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

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

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

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

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

C) Project duties of each position requested:

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

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

Existing

**SECTION 300. 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	Smitha Paul	.062	\$24,591	\$1,524	5		.062		\$0		
2	Ellen Noble	.062	\$6,000	\$372	6		.062		\$0		
3		.062		\$0	7		.062		\$0		
4		.062		\$0	8		.062		\$0		
MEDICARE		RATE	SALARY	TOTAL	MEDICARE		RATE	SALARY	TOTAL		
1	Smitha Paul	.0145	\$24,591	\$356	5		.0145		\$0		
2	Ellen Noble	.0145	\$6,000	\$87	6		.0145		\$0		
3		.0145		\$0	7		.0145		\$0		
4		.0145		\$0	8		.0145		\$0		
HEALTH LIFE INSURANCE Provide monthly insurance rates		RATE	MONTHS	THC COVERED TO PROJECT	TOTAL	HEALTH LIFE INSURANCE Provide monthly insurance rates		RATE	MONTHS	THC COVERED TO PROJECT	TOTAL
1	Not elected				\$0	5					\$0
2	Not elected				\$0	6					\$0
3					\$0	7					\$0
4					\$0	8					\$0
WORKMAN'S COMPENSATION		RATE	SALARY	TOTAL	WORKMAN'S COMPENSATION		RATE	SALARY	TOTAL		
1	Smitha Paul	0.019	\$24,591	\$467	5				\$0		
2	Ellen Noble	0.020	\$6,000	\$120	6				\$0		
3				\$0	7				\$0		
4				\$0	8				\$0		
UNEMPLOYMENT TAX Based on the FUTA or LA		RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on the FUTA or LA		RATE	TYPE	SALARY	TOTAL
1	Smitha Paul	0.021	CHECK TYPE	\$7,000	\$147	5			CHECK TYPE		\$0
2					\$0	6					\$0
3					\$0	7					\$0
4					\$0	8					\$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):				\$3,073	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): \$3,073

SECTION 300. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$3,073
CASH MATCH	
TOTAL FRINGE BENEFITS	\$3,073

**PROGRAM NARRATIVE**

**A. PROBLEM DEFINITION**

1. Identify the nature and magnitude of the specific problem existing in your particular community that needs to be addressed through this proposed project. Document the need, not the symptoms or solutions. Be sure to include current valid local data to support the justification. Give the source and date of your information. State the needs of your agency and the needs of the victims in your area as related to this problem and justify the need for the proposed project.

Metropolitan Center for Women and Children (Metro), established in 1986, is an independent, non-profit 501(c)(3) social service agency serving victims of domestic violence, sexual assault, stalking and human trafficking. Metro's mission is to break the cycle of violence and aid survivors of sexual assault and domestic violence through advocacy, intervention, empowerment and transformation. Metro services include a 24-hour, 7-day Crisis Line that provides counseling and/or referrals for victims.

The facts about family violence are staggering: Every year an estimated 1.3 million women are victims of physical assault by an intimate partner - and 30%-60% of these perpetrators also abuse children in these households." (Source: National Coalition Against Domestic Violence) Some pertinent examples the impact that domestic violence include that nearly 75% of calls to law enforcement occur after separation from batterers. The National Domestic Violence Hotline has received more than 700,000 calls for assistance since February 1996. (Source: National Domestic Violence Hotline, December 2001) Each year, medical expenses from domestic violence total at least \$3 to \$5 billion. Businesses forfeit another \$100 million in lost wages, sick leave, absenteeism and non-productivity. (Source: Domestic Violence for Health Care Providers, 3rd Edition, Colorado Domestic Violence Coalition, 1991) Every year, domestic violence results in almost 100,000 days of hospitalizations, almost 30,000 emergency department visits, and almost 40,000 visits to a physician. (Source: American Medical Association, 1991)

Metro currently provides services and shelter, when requested, to survivors in eight (8) southeast Louisiana parishes with a population of 1,030,363. These parishes include a spectrum of communities from urban to suburbs to exurbs to rural areas. Metro has a main office complex, four shelters, and six satellite offices. Metro provides free and confidential services to women, children, teen and male survivors of domestic violence, sexual assault, stalking, and/or trafficking. The Continuum of Services include individual advocacy, information and referrals, group support, medical advocacy, legal services including protective orders, emergency shelter, career and financial counseling, transitional housing, safety planning, support and information for the concerned loved ones of survivors, educational/primary prevention presentations, accommodation for the needs of survivors with disabilities, support for the needs of survivors from the LGBTQ community, and support and services for the non-English speaking residents, particularly Hispanics.

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

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

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

### B. GOALS

**GOALS:** The primary mission of all projects is to have a positive impact on the victims, not just to accumulate statistics on how many are served. Based on the problem identified, 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.

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

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

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

### C. OBJECTIVES

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

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

Objective 1: Provide staff coverage 24 hours per day to keep the shelter open and operating per local health and fire codes and per the Family Violence Prevention and Intervention office for 125 women and 85 children.

Objective 2: Provide staff coverage 24 hours a day to monitor/ensure the safety of 125 women and 85 children in the shelter through monitoring the surveillance cameras, doors, windows, etc. and calling law enforcement officers, if needed.

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

Objective 1: Provide 260 playgroups for the children.

Objective 2: Provide 400 individual counseling units for the residential women.

Objective 3: Provide 45 weekly support groups for the adults.

Objective 4: Assist 125 women and 85 children with an individualized safety plan and plan of service based on their individual needs and goals.

### D. ACTIVITIES / METHODS

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

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

Objective 1: Provide staff coverage 24 hours per day to keep the shelter open and operating per local health and fire codes and per the Family Violence Prevention and Intervention office for 125 women and 85 children.

Activity/Method: Metro will maintain staff coverage of the shelters 24-hours a day with a staff member who has received the training required by the Department of Children and Family Services and the Louisiana Coalition Against Domestic Violence prior to their assumption of duties.

Objective 2: Provide staff coverage 24 hours a day to monitor/ensure the safety of 125 women and 85 children in the shelter through monitoring the surveillance cameras, doors, windows, etc. and calling law enforcement officers, if needed.

Activity/Method: Metro will hold regular training sessions for all personnel working in the shelter. This training will include (but is not limited to) conducting fire drills, how the fire alarm system works, how the surveillance cameras and monitors are operated, which requirements are needed for the Board of Health, and how to appropriately notify law enforcement should the shelter's safety be compromised.

Timeline:

Goal 1: November 1, 2011 - October 31, 2012

Goal 2: Provide supportive services to 125 women and 85 children who reside in Metro's shelters.

Objective 1: Provide 260 playgroups for the children.

Activity/Method: Hold age appropriate play groups for the children.

Objective 2: Provide 400 individual counseling units for the residential women.

Activity/Method: Residential women will be assigned an advocate upon entering the shelter.

Activity/Method: The advocate and the resident will meet daily.

Objective 3: Provide 45 weekly support groups for the adults.

Activity/Method: Residential women will participate in the weekly domestic violence survivors' group.

Activity/Method: Residential women will participate in weekly "rap session" groups.

Objective 4: Assist 125 women and 85 children with an individualized safety plan and plan of service based on their individual needs and goals.

Activity/Method: The Advocate will work with each adult and each child to determine the degree of (1) support they need, (2) the lethality of the perpetrator, (3) medical and legal needs, and (4) other needs. Together, a plan of service and a safety plan will be agreed on, documented, and reviewed on a regular basis.

Timeline:

Goal 2: November 1, 2011 - October 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: Darlene Santana PHONE: (504) 837-5400 EMAIL: dsantana@mcwcgno.org

Yes  No 2. Does this individual also serve as agency's point of contact for LAVNS? If not, please provide name and contact information:

NAME: PHONE: ( ) - EMAIL:

Yes  No 3. Has this individual attended trainings provided by LCLE to learn how victims are served by LAVNS? If no, agency will request LAVNS training from LCLE within 30 days of award. NOTE: More information regarding the LAVNS program, including training information, can be found at: <http://lcle.la.gov/programs/lavns.asp>.

Yes  No 4. Does the agency have posters displayed for promoting LAVNS and brochures readily available to victims? If no, please go to the LCLE website to request free LAVNS materials at: [www.lcle.la.gov/lavns](http://lcle.la.gov/lavns).

### G. CRIME VICTIMS REPARATIONS (CVR)

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

NAME: PHONE: ( ) - EMAIL:

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

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

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

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

The following goals were proposed in the previous application.

Goal 1: Assist 150 battered women and children with safe haven.

Goal 2: Provide supportive services to 134 women and 80 children who reside in Metro's shelters.

Results: In the three QPR's submitted since the grant began, Metro provided shelter to 77 women and 47 children. It is anticipated that Metro will provide services to an additional 57 women and 33 children by end of the current subgrant funding. Shelter residents participated in the groups and received individual counseling, referrals and assistance as needed.

2. Did the project work as expected? Explain.

The project was successful in providing shelter to battered women and their children.

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 data will be collected from the residents in Metro's shelters via the Survivor Questionnaire.

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@mcwogno.org

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

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

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

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

**J. CONTINUATION**

Yes  No Do you plan to continue this project at the conclusion of federal support? Since continued VOCA funding is limited and not assured, alternate funding sources should be sought. Name the sources and potential sources of continued funding for this project at the conclusion of Federal support.

Metro will continue to seek funds to support its shelters.

**K. RESOURCES**

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

Metro will provide the shelter, associated operations, office space, office supplies, telephone access and computer usage for the Shelter Case Manager.

**L. AUDIT REQUIREMENTS**

All applications must check one:

This organization/agency expends \$500,000 or more in federal funds (during the fiscal year of the organization/agency from any and all sources including the amount of this application) AND MUST SUBMIT THE FOLLOWING INFORMATION:

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

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

**M. VOLUNTEERS**

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

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

Shelter volunteers are used to support the shelter staff and to provide assistance to shelter residents. The volunteers, including Master of Social Work students, provide counseling to both adults and children. The volunteers answer the Crisis Line, assist residents in shelters, and provide information on getting help and/or safety in the form of shelter or other victim services.

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 L.A.R.S. 15:587.1.