

APPLICATION NUMBER: M11-8-011

APPLICANT: Metropolitan Center for Women and Children, Inc.

PROJECT TITLE: Domestic Violence Legal Assistance

PROJECT FUNDS :

FUND: \$ 15,231 100.00%
MATCH: \$ 0 0.00%
TOTAL: \$ 15,231 100.00%

PROJECT DURATION: 12 months

START DATE: 05/01/2012

END DATE: 04/30/2013

Continuation of M95-8-009

PROJECT SUMMARY:

The Metropolitan Center for Women and Children (MCWC) provides specialized advocacy, counseling, crisis intervention and support to victims in the River Parishes through its River Parishes office. MCWC also assists victims through legal advocacy in obtaining restraining orders and accompanying them to court.

RECOMMENDATION : FUND DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 01/03/12 IS REVIEWED AND APPROVED BY LCLE STAFF.



**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: M11-8-011 VAWA Purpose Area: 5

1. TITLE OF PROJECT
Domestic Violence Legal Assistance

2. NEW PROJECT
 CONTINUATION PROJECT OF: M10 - 8 - 011

3. PROJECT DURATION
Total Length: 12 Months (Not to exceed 12 Months)
Desired Start Date: 5/1/2012
Desired End Date: 4/30/2013

4. PROJECT FUNDS
Federal Funds: \$15,231
Cash Match
In-Kind Match:
Total Project: \$15,231

5A. APPLICANT AGENCY INFORMATION
Agency Name: Metropolitan Center for Women and Children
Physical Address: 3929 Jefferson Hwy.
City: Jefferson Zip: 70121-1627
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

Fed Employer Tax Id: 72 - 1062244 DUNS: 932694417 - 0000 CCR CAGBNCAOB: 5DG31 CCR Expiration Date: 1/2/2013

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

9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)
The Metropolitan Center for Women and Children's program has served victims of domestic violence for the past 25 years. MCWC provides specialized advocacy, counseling, crisis intervention and support to victims in the River Parishes through its River Parishes office. MCWC also assists victims through legal advocacy in obtaining restraining orders and accompanying them to court.

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@mcwcgno.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORY	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100 PERSONNEL	\$11,732	\$0	\$0	\$11,732
SECTION 200 FRINGE BENEFITS	\$3,385	\$0	N/A	\$3,385
SECTION 300 TRAVEL	\$114	\$0	\$0	\$114
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	\$0	\$0	\$0	\$0
TOTAL:	\$15,231	\$0	\$0	\$15,231

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	
Domestic Violence/Dating Violence	100%
Stalking	
Total (must equal 100 percent)	100%

SECTION 100. PERSONNEL

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

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Advocate	Evelena Conerly	FT	\$2,666.20	36.67%	12.00	\$11,732.34	<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:						\$11,732.34	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
			\$0.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$0.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$11,732
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	\$11,732

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:

Metropolitan Center for Women and Children operates the only Domestic Violence program in the parishes of Jefferson, St. Charles, St. James, and St. John that directly assists battered women and their children with a wide range of services. There is no need for overtime as MCWC has in place a policy for flexing hours within a pay period.

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

The advocate's salary falls in the accepted range of salaries.

C) Project duties of each position requested:

The Advocate will provide individual and group counseling, as well as legal advocacy, to survivors in the River Parishes. A complete job description is attached.

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.]

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

EMPLOYEES' NAMES:					EMPLOYEES' NAMES: (Continue)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1. Evelena Conery	.062		\$11,732	\$727	5.	.062			\$0
2.	.062			\$0	6.	.062			\$0
3.	.062			\$0	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Evelena Conery	.0145		\$11,732	\$170	5.	.0145			\$0
2.	.0145			\$0	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTH LIFE INSURANCE	RATE	MONTHS	TH% DEDUCTED TO PROJECT	TOTAL	HEALTH LIFE INSURANCE	RATE	MONTHS	TH% DEDUCTED TO PROJECT	TOTAL
1. Evelena Conery	475.00	12.00	36.66%	\$2,089	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. Evelena Conery	0.019		\$11,732	\$222	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL
1. Evelena Conery	0.023	CHECK TYPE:	\$7,700	\$177	5.		CHECK TYPE:		\$0
2.				\$0	6.				\$0
3.		<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0
4.		<input checked="" type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> SUTA		\$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1. N/A				\$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):				\$3,385	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): \$3,385

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$3,385
CASH MATCH	
TOTAL FRINGE BENEFITS	\$3,385

SECTION 300. TRAVEL

Itemize travel expenses of project personnel. Mileage is unallowable 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: Evelena Conerly TITLE: Advocate PURPOSE: Local travel to River Parishes office	\$0.51	223.50	\$113.99	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$113.99	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: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	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	\$114
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$114

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 (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 2011, 90 adults and 72 children (unduplicated counts) sought safe haven at Metro. Additionally, 479 adults and 41 children (unduplicated counts) did not require shelter, but received non-residential services. Metro assisted with 14 Temporary Restraining Orders. In 2011, 4,896 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.

Metropolitan Center for Women and Children is the only program in the three-parish area to exclusively and comprehensively serve battered women and their children. The continued existence of this program is needed to provide safe haven, support and advocacy for these victims of violence. Additionally, Metro serves as a source of information and training for the law enforcement personnel of these parishes as well as community groups and schools.

In 2011, the following number of calls to Metro's Crisis Line were made:

St. Charles Parish: 102

St. John Parish: 81

St. James Parish: 12

Callers to the Crisis Line were given appointments with the River Parishes Advocate or given referrals.

B. GOALS

GOALS: The primary mission of all projects is to have a positive impact on the victims, not just to accumulate statistics on how many are served. Based on the problem identified, BRIEFLY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

GOAL 1: To assist victims of spouse abuse in the River Parishes of St. Charles, St. John, and St. James by providing counseling, referrals, and advocacy for victims of domestic violence and their children to minimize the physical and psychological effects of being abused or witnessing abuse and reducing the risk of further injury or death.

GOAL 2: To increase legal protection for battered women and their children from further abuse, or even death, at the hand of their abusive partners.

C. OBJECTIVES

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

GOAL 1: To assist victims of spouse abuse in the River Parishes of St. Charles, St. John, and St. James by providing counseling, referrals, and advocacy for victims of domestic violence and their children to minimize the physical and psychological effects of being abused or witnessing abuse and reducing the risk of further injury or death.

Objective 1: Individual and group sessions will be provided to 35 women (unduplicated count) during the grant period, targeting the effects of being battered.

Objective 2: Referrals for safe refuge will be provided by securing shelter for 10 women and 5 children.

GOAL 2: To increase legal protection for battered women and their children from further abuse, or even death, at the hands of their abusive partners.

Objective 1: Legal support will be provided for 10 battered women who are Metro River Parish clients.

Objective 2: Five (5) applicants for Temporary Restraining Orders who received legal assistance through Metro will be successful in obtaining the orders.

D. ACTIVITIES / METHODS

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

GOAL 1; Objectives 1 and 2 -

Methods:

The Advocate will provide individual one hour sessions to victims.

The Advocate will provide referrals to Metro's shelter if the victim needs - and wishes - to enter the shelter.

Timeline:

May 1, 2012 - April 30, 2013:

GOAL 2; Objectives 1 and 2 -

Methods:

The Advocate will advise each client that Metro has an in-house contract attorney and describe the services that are available.

The Advocate and the contract attorney will provide assistance in obtaining Temporary Restraining Orders or referrals for other legal services beyond the capability of the legal advocate.

Metro's contract attorney will accompany the client to court when obtaining a Temporary Restraining Order.

Timeline:

May 1, 2012 - April 30, 2013

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: Evelena Conerly 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: Darlene Santana PHONE: (504) 837-5400 EMAIL: metro@mcwcgno.org

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

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

G. CRIME VICTIMS REPARATIONS (CVR)

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

NAME: PHONE: () - EMAIL:

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

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

H. PRIOR RESULTS (For Continuation Projects Only)

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

Based upon the data from the Quarterly Progress Reports for the current subgrant, 54 victims from the River Parishes have received services. These services include advocacy, individual counseling sessions, group session, legal advocacy and shelter (with ancillary services) when requested. In the first half of 2011 Metro's staff assisted 5 victims of domestic violence in applying and receiving temporary restraining orders. To determine the success of the measurable outcomes, data comprising 4 Quarterly Progress Reports (from M08-8-011 January - March 2011 and M10-8-011 May - September 2011) were used.

Objective 1: Individual and group sessions will be provided to 35 women during the grant period, targeting the effects of being battered.

Objective 2: Referrals for safe refuge will be provided by securing shelter for 10 women and 5 children.

The number of women (unduplicated count) receiving services through these grants was 36.

Objective 1: Legal advocacy and support will be provided for 10 battered women who are Metro River Parish clients.

Objective 2: Five (5) applicants for Temporary Restraining Orders who received legal advocacy assistance through Metro will be successful in obtaining the orders.

Metro's Advocate provided 10 battered women with legal advocacy in obtaining Temporary Restraining Orders. All 10 women were successful in obtaining the orders.

2. Did the project work as expected? Explain.

The project was, and continues to be, successful. Metro is the only non-faith based agency to offer free and confidential services to battered women who reside in the River Parishes. Metro's services are advertised through outreach activities in the River Parishes and advertisement in the local newspaper. The results of these activities are shown in the increased number of victims who seek services.

3. Have the original goals and objectives been revised? Yes No

If yes, explain what changes will be made in the continuation of this project and why?

I. EVALUATION AND DISSEMINATION OF REPORTING

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

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

Data will be provided by the Advocate. 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?

Metro's Grants Manager will collect and analyze the data.

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@mcwcgno.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 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 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 Advocate and the contract attorney.

L. AUDIT REQUIREMENTS

All applications must check one:

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

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

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

M. VOLUNTEERS

- Yes No Are you using volunteers as match?
If yes, describe the duties and functions 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 cooperation/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 such as the St. John Interagency Council and St. Charles Coordinating Council of Service Organizations.
 2. Regular contact with all local police and sheriff's departments (attending meetings and providing training).

Kathy Guidry

From: Kathy Guidry
Sent: Monday, January 09, 2012 12:59 PM
To: Dale Standifer
Cc: 'Beth Meeks'
Subject: M11-8-011, Metropolitan Center for Women & Children, Domestic Violence Legal Assistance

Ms. Dale E. Standifer
Metropolitan Center for Women and Children
PO Box 10775
Jefferson, LA 70181-0775

RE: M11-8-011, Domestic Violence Legal Assistance

Dear Ms. Standifer:

This office has received the revisions for the above application. The following issues must be addressed and resolved. Additional issues may arise between the agency review process and the Advisory Board/Commission meetings. If so, you will be given every opportunity and assistance to address and/or resolve any additional issues to avoid delaying the application to be presented.

1. Pg. 20, I. Evaluation and Dissemination of Reporting – The daily stats log was provided but not the survey questionnaire.
2. Pg. 22, N. Consultation – The emails does not state their collaboration, just an invitation to attend a meeting: Can you obtain letters from them if they collaborate with you?

Please email or mail ONLY the changes as directed on the appropriate application pages and return only those pages for which changes or additional information was requested. Please do not fax replies, as they are not always legible.

All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. This information is due to LCLE by Monday, January 16, 2012. Please contact Beth Meeks or me if you have any questions pertaining to this letter.

Sincerely,

Katherine C. Guidry
Federal Programs Section Manager
LA Commission on Law Enforcement
602 N. 5th St., 1st Floor
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PO Box 3133
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