

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C11-6-007

APPLICANT: Calcasieu Women's Shelter, Inc.

PROJECT TITLE: Victim Outreach Program

PROJECT FUNDS :

FUND: \$ 73,084 80.00%  
MATCH: \$ 18,271 20.00%  
TOTAL: \$ 91,355 100.00%

PROJECT DURATION: 12 months

START DATE: 11/01/2011

END DATE: 10/31/2012

Continuation of C89-6-002

PROJECT SUMMARY:

The Victim Outreach Program includes advocacy and support to victims of domestic violence in the parishes of Calcasieu, Cameron, and Allen. The project includes services to women, children, and families. Services include safe shelter, 24-hour crisis line, peer advocacy, referrals, legal advocacy and education for survivors of domestic violence.

RECOMMENDATION: FUND X DENY   

SPECIAL CONDITIONS :

1. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.
2. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.



**LOUISIANA COMMISSION  
ON LAW ENFORCEMENT  
AND THE ADMINISTRATION  
OF CRIMINAL JUSTICE**

**CRIME VICTIM ASSISTANCE  
FORMULA GRANT PROGRAM**

CFDA #16.575

FOR LCLE USE ONLY: Project ID: C11-6-007 CVA Purpose Area: 2

|   |   |
|---|---|
| <b>1. TITLE OF PROJECT</b><br>Victim Outreach   | <b>2.</b> <input type="checkbox"/> NEW PROJECT<br><input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-6-007  |
| <b>3. PROJECT DURATION</b><br>Total Length: 12 Months (Not in excess of 12 Months)<br>Desired Start Date: 11/1/2011<br>Desired End Date: 10/31/2012   | <b>4. PROJECT FUNDS</b><br>Federal Funds: \$73,084<br>Cash Match: \$18,271<br>In-Kind Match: \$0<br>Total Project: \$91,355   |
| <b>5A. APPLICANT AGENCY INFORMATION</b><br>Agency Name: CALCASIEU WOMEN'S SHELTER<br>Physical Address: 601 W. 18 <sup>TH</sup> ST.<br>City: LAKE CHARLES, LA Zip: 70601-8243<br>Mailing Address: P O BOX 276<br>City: LAKE CHARLES, LA Zip: 70602-0276<br>Phone: (337) 436-4552 FAX: (337) 436-8327<br>Email: cws@cwshelter.org | <b>5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY</b><br>Authorized Official: KATHY WILLIAMS<br>Title: EXECUTIVE DIRECTOR<br>Agency Name: CALCASIEU WOMEN'S SHELTER<br>Address: P O BOX 276<br>City: LAKE CHARLES, LA Zip: 70602-0276<br>Phone: (337) 436-4552 FAX: (337) 436-8327<br>Email: cws@cwshelter.org |
| Fed Employer Tax Id: 72 - 0859660 DUNS: 618013767 - CCR CAGE/NCAGE: 5ELY2 CCR Expiration Date: 3/3/2012   |   |

|  |   |  |
|--|---|--|
| <b>6. IMPLEMENTING AGENCY</b><br>Name: Kathy Williams<br>Title: Executive Director<br>Agency: Calcasieu Women's Shelter<br>Address: P O Box 276<br>City: Lake Charles, LA Zip: 70602-0276<br>Phone: (337) 436-4552 FAX: (337) 436-8327<br>Email: cws@cwshelter.org | <b>7. PROJECT DIRECTOR</b><br>Name: Donna Green<br>Title: Program Director<br>Agency: Calcasieu Women's Shelter<br>Address: P O Box 276<br>City: Lake Charles, LA Zip: 70602-0276<br>Phone: (337) 436-4552 FAX: (337) 436-8327<br>Email: dgreen@cwshelter.org | <b>8. FINANCIAL OFFICER</b><br>Name: John Fontenot<br>Title: Financial Officer<br>Agency: Calcasieu Women's Shelter<br>Address: P O Box 276<br>City: Lake Charles, LA Zip: 70602-0276<br>Phone: (337) 436-4552 FAX: (337) 436-8327<br>Email: cws@cwshelter.org |
|--|---|--|

**9. BRIEF PROJECT DESCRIPTION:** (Please do not exceed space provided below.)  
THE VICTIM OUTREACH PROGRAM INCLUDES ADVOCACY AND SUPPORT TO VICTIMS OF DOMESTIC VIOLENCE IN THE PARISHES OF CALCASIEU, CAMERON AND ALLEN. THE PROJECT INCLUDES SERVICES TO WOMEN, CHILDREN AND FAMILIES. SERVICES INCLUDE SAFE SHELTER, 24-HOUR CRISIS LINE, PEER ADVOCACY, REFERRALS, LEGAL ADVOCACY AND EDUCATION FOR SURVIVORS OF DOMESTIC VIOLENCE.

LEGAL ADVOCACY INCLUDES ASSISTANCE WITH TEMPORARY ORDERS (TROs), COURT ACCOMPANIMENT AND FOLLOW-UP. SERVICES ARE COORDINATED WITH LAW ENFORCEMENT AND THE JUDICIAL SYSTEMS IN EACH PARISH.

THE OUTREACH ADVOCATE IS AVAILABLE FOR SERVICES IN THE RURAL AREAS OF THE PARISHES SERVED. SHE PROVIDES CRISIS INTERVENTION, ADVOCACY, REFERRALS, AND PEER COUNSELING TO VICTIMS OF DOMESTIC VIOLENCE.

Requesting pre-award cost from 11/1/2011.

11 AUG 22 PM 2:11  
LA COMMISSION  
LAW ENFORCEMENT

**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: Victims of Domestic Violence

**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.

|  |                                     |                          |
|--|-------------------------------------|--------------------------|
| <b>CHECKLIST:</b>  | <b>YES:</b>                         | <b>NO:</b>               |
| 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: Kathy Williams Title: Executive Director  
Phone: (337) 436-4552 Fax: (337) 436-8327 E-Mail: kathywilliams@cwshelter.org

**PROJECT BUDGET SUMMARY**

| BUDGET CATEGORIES               | FEDERAL FUNDS   | CASH MATCH      | IN-KIND MATCH | SECTION TOTAL   |
|---------------------------------|-----------------|-----------------|---------------|-----------------|
| SECTION 100. PERSONNEL          | \$55,984        | \$16,220        | \$0           | \$72,204        |
| SECTION 200. FRINGE BENEFITS    | \$13,879        | \$1,241         | N/A           | \$15,120        |
| SECTION 300. TRAVEL             | \$3,221         | \$810           | \$0           | \$4,031         |
| 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>\$73,084</b> | <b>\$18,271</b> | <b>\$0</b>    | <b>\$91,355</b> |

Provide Source of Cash Match: United Way grant, Community donations

Provide Source of In-Kind Match: n/a

**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                                   |
| LEGAL ADVOCATE                                   | BRENDA SMITH    | FT | \$2,083.00            | 100.00%                 | 12.00            | \$24,996.00                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| LEGAL ADVOCATE                                   | TAHIRAH JOHNSON | FT | \$2,003.00            | 100.00%                 | 12.00            | \$24,036.00                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| OUTREACH ADVOCATE                                | BEULAH EVANS    | FT | \$1,931.00            | 100.00%                 | 12.00            | \$23,172.00                | <input checked="" type="checkbox"/> | <input checked="" 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: |                 |    |                       |                         |                  | \$72,204.00                |                                     |                                     |

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"/> |
|  |               |       |                                    |                 |                         |                 | \$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 |
|--|--------------|---------------------------|---------------|
| NO VOLUNTEERS DIRECTLY RELATED TO THIS PROJECT AT THIS TIME.   |              |                           | \$0.00        |
|  |              |                           | \$0.00        |
| SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:  |              |                           | \$0.00        |

**SECTION 100. PERSONNEL SUMMARY**

|                 |          |
|-----------------|----------|
| FEDERAL FUNDS   | \$55,984 |
| CASH MATCH      | \$16,220 |
| IN-KIND MATCH   | \$0      |
| PERSONNEL TOTAL | \$72,204 |

**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:

LEGAL ADVOCATES: Will provide crisis intervention, advocacy, individual sessions to explain safety planning, and referrals. They will assist battered women and their children with all of the processes of the court systems and law enforcement. They will provide information and advocacy with crime victim services and make referrals to the Crime Victim Reparations when needed.

OUTREACH ADVOCATE: Will travel to the rural areas of the three parishes served (Calcasieu, Allen and Cameron). She will provide crisis intervention, peer counseling and referrals to battered women and their children. She will also present groups and have individual sessions with women.

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

Salaries are based on comparable salaries with other programs and salaries within this program.

C) Project duties of each position requested:

**LEGAL ADVOCATES:**

Meet with battered women to explain options to them  
Prepare restraining orders as per agreement with the courts  
Assist women with issues with law enforcement and the courts  
Explain safety planning to battered women  
Explain the dynamics of domestic violence and the cycle of abuse to battered women  
Accompany women to court to act as support and advocate

**OUTREACH ADVOCATE:**

Provide individual and group sessions to battered women  
Provide legal advocacy and referrals to women in rural areas  
Assist women with crime victim services in areas where they live  
Make referrals to Crime Victim Reparations when appropriate  
Travel to rural areas to provide services, education and support to battered women  
Work with helping agencies to promote safety for battered 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 personnel will be used. Two of the three staff people were originally hired for the positions in this grant and are continuing in the positions. The Outreach Advocate was moved to this position when the original person left the agency on medical leave in grant number C10-6-007, a grant adjustment was done at that time and she continues in the position.

**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. Brenda Smith            | .062   |                               | \$24,996              | \$1,549  | 5.                           | .062  |                               |                       | \$0   |
| 2. Tahirah Johnson         | .062   |                               | \$24,036              | \$1,490  | 6.                           | .062  |                               |                       | \$0   |
| 3. Beulah Evans            | .062   |                               | \$23,172              | \$1,436  | 7.                           | .062  |                               |                       | \$0   |
| 4.                         | .062   |                               | \$0                   | \$0      | 8.                           | .062  |                               |                       | \$0   |
| MEDICARE                   | RATE   |                               | SALARY                | TOTAL    | MEDICARE                     | RATE  |                               | SALARY                | TOTAL |
| 1. Brenda Smith            | .0145  |                               | \$24,996              | \$362    | 5.                           | .0145 |                               |                       | \$0   |
| 2. Tahirah Johnson         | .0145  |                               | \$24,036              | \$348    | 6.                           | .0145 |                               |                       | \$0   |
| 3. Beulah Evans            | .0145  |                               | \$23,172              | \$335    | 7.                           | .0145 |                               |                       | \$0   |
| 4.                         | .0145  |                               | \$0                   | \$0      | 8.                           | .0145 |                               |                       | \$0   |
| HEALTHLIFE INSURANCE       | RATE   | MONTHS                        | THE AMOUNT TO PROJECT | TOTAL    | HEALTHLIFE INSURANCE         | RATE  | MONTHS                        | THE AMOUNT TO PROJECT | TOTAL |
| 1. Brenda Smith            | 450.00 | 12.00                         | 100.00%               | \$5,400  | 5.                           |       |                               |                       | \$0   |
| 2. Tahirah Johnson         | 350.00 | 12.00                         | 100.00%               | \$4,200  | 6.                           |       |                               |                       | \$0   |
| 3. Beulah Evans            |        |                               |                       | \$0      | 7.                           |       |                               |                       | \$0   |
| 4.                         |        |                               |                       | \$0      | 8.                           |       |                               |                       | \$0   |
| WORKMAN'S COMPENSATION     | RATE   |                               | SALARY                | TOTAL    | WORKMAN'S COMPENSATION       | RATE  |                               | SALARY                | TOTAL |
| 1.                         |        |                               |                       | \$0      | 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.                         |        | CHECK                         |                       | \$0      | 5.                           |       | CHECK                         |                       | \$0   |
| 2.                         |        | TYPE                          |                       | \$0      | 6.                           |       | TYPE                          |                       | \$0   |
| 3.                         |        | <input type="checkbox"/> FUTA |                       | \$0      | 7.                           |       | <input type="checkbox"/> FUTA |                       | \$0   |
| 4.                         |        | <input type="checkbox"/> SUTA |                       | \$0      | 8.                           |       | <input type="checkbox"/> SUTA |                       | \$0   |
| PUBLIC/PRIVATE RETIREMENT  | RATE   |                               | SALARY                | TOTAL    | PUBLIC/PRIVATE RETIREMENT    | RATE  |                               | SALARY                | TOTAL |
| 1.                         |        |                               |                       | \$0      | 5.                           |       |                               |                       | \$0   |
| 2.                         |        |                               |                       | \$0      | 6.                           |       |                               |                       | \$0   |
| 3.                         |        |                               |                       | \$0      | 7.                           |       |                               |                       | \$0   |
| 4.                         |        |                               |                       | \$0      | 8.                           |       |                               |                       | \$0   |
| OTHER                      | RATE   |                               | SALARY                | TOTAL    | OTHER                        | RATE  |                               | SALARY                | TOTAL |
| 1.                         |        |                               |                       | \$0      | 5.                           |       |                               |                       | \$0   |
| 2.                         |        |                               |                       | \$0      | 6.                           |       |                               |                       | \$0   |
| 3.                         |        |                               |                       | \$0      | 7.                           |       |                               |                       | \$0   |
| 4.                         |        |                               |                       | \$0      | 8.                           |       |                               |                       | \$0   |
| FRINGE BENEFITS TOTAL (A): |        |                               |                       | \$15,120 | FRINGE BENEFITS TOTAL (B):   |       |                               |                       | \$0   |

Fringe Benefits Total (A+B): \$15,120

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

| SECTION 200. FRINGE BENEFITS SUMMARY |          |
|--------------------------------------|----------|
| FEDERAL FUNDS                        | \$13,879 |
| CASH MATCH                           | \$1,241  |
| TOTAL FRINGE BENEFITS                | \$15,120 |

**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. Only 50% of out-of-state travel reimbursement and requires prior approval from LCLE.

| LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL  | MILEAGE RATE | TOTAL MILES | TOTAL COST | PAID WITH                           |                                     |                          |
|--|--------------|-------------|------------|-------------------------------------|-------------------------------------|--------------------------|
|  |              |             |            | F                                   | C                                   | IN                       |
| NAME: Beulah Evans<br>TITLE: Outreach Advocate<br>PURPOSE: Travel to rural areas for victim advocacy | \$0.51       | 6,903.92    | \$3,521.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| NAME: Tahirah Johnson<br>TITLE: Legal Advocate<br>PURPOSE: Travel to court accompaniment             | \$0.51       | 500.00      | \$255.00   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| NAME: Brenda Smith<br>TITLE: Legal Advocate<br>PURPOSE: Travel to court accompaniment                | \$0.51       | 500.00      | \$255.00   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| NAME:<br>TITLE:<br>PURPOSE:  |              |             | \$0.00     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| SUBTOTAL FOR LOCAL TRAVEL:   |              |             | \$4,031.00 |                                     |                                     |                          |

F = Federal Funds  
C = Cash Match  
IN = In-Kind Match

| NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL<br>(OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE)<br>NAME/POSITION TITLE/PURPOSE OF TRAVEL | TRAVEL DESTINATION | TRAVEL DATES: |    | PAID WITH                |                          |                          |
|--|--------------------|---------------|----|--------------------------|--------------------------|--------------------------|
|  |                    | FROM          | TO | F                        | C                        | IN                       |
| NAME:<br>TITLE:<br>PURPOSE:  |                    |               |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME:<br>TITLE:<br>PURPOSE:  |                    |               |    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME:<br>TITLE:<br>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 Taxi) | OTHER TRAVEL COSTS | TOTAL COSTS | PAID WITH                |                          |                          |
|---|--------------|-------------|------------|-------------|--------------|------------|---------------|------------------------------|--------------------|-------------|--------------------------|--------------------------|--------------------------|
|   |              |             |            |             |              |            |               |                              |                    |             | F                        | C                        | IN                       |
| 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  
IN = In-Kind Match

| SECTION 300. TRAVEL SUMMARY |         |
|-----------------------------|---------|
| FEDERAL FUNDS               | \$3,221 |
| CASH MATCH                  | \$810   |
| IN-KIND MATCH               | \$0     |
| TRAVEL TOTAL                | \$4,031 |

## 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.

Problem: A need for services that address battered women and their children. Louisiana leads the nation in women killed by men and 55% of those women were victims of a current or former partner. In Southwest Louisiana, the statistics reveal a growing need for services by a coordinated community approach. Source National Coalition Against Domestic Violence website updated August 2010.

In Calcasieu Parish during 2010 the Sheriff's office reported 1,288 calls relating to domestic violence. The Lake Charles City Police reported 390 calls, Sulphur Police reported 267 calls and Westlake Police reported 27 calls. Family Court in the 14<sup>th</sup> Judicial District processed 290 restraining orders. Most of these orders were prepared by our legal advocates through this grant funding.\*

Allen Parish reports similar domestic violence statistics. the Allen Parish Sheriff reported 124 calls and 30 protective orders.\*

Cameron Parish reported 39 calls and 6 restraining orders.\*

The Shelter program answered an average of 40 crisis calls a month and 325 hotline calls where people needed some other type of service.\*

\*Source from in house stats held at the Calcasieu Women's Shelter and provided by the respective law enforcement agency's.

During 2010, with the economic downturn, many women are staying in their abusive relationships and planning for the future when they can make the change. Our outreach advocate sees women in the rural and outlying areas where there is high poverty and fewer available resources. She is able to educate and connect these women with available resources they would not otherwise have access to.

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

The gap in community resources is the need for advocacy in the rural areas. This was identified by the crisis and information calls to the Shelter as well as statistics kept by law enforcement. The need created is the need for personal and legal advocacy on behalf of battered women and their children. We need programs that offer a broad spectrum of services to victims of domestic violence. Those services need to be available in the rural, outreach areas as well as in the cities of Southwest Louisiana.

### 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: Increase safety of victims of domestic violence through the court and advocacy.

Goal 2: Offer and make accessible individual and group advocacy to battered women in Southwest Louisiana.

Goal 3: Increase services in isolated, rural areas of Southwest Louisiana to battered women.

### 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 Objective 1: To assist 300 victims with the legal process to obtain temporary restraining orders.

Objective 2: Develop safety plans to 300 victims of domestic violence through advocacy.

Goal 2 Objective 1: Hold 4 support groups per month either within the Shelter or outside at alternative locations including rural areas.

Objective 2: Provide 400 victims of domestic violence with individual advocacy.

Goal 3 Objective 1: Extend services and offer support groups in rural areas allowing 100 victims to access group counseling, enter the Shelter or obtain restraining orders.

Objective 2: Develop safety plans to 100 victims in rural area through advocacy, and education; providing options for violence free living.

#### 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) To increase the safety of victims of domestic violence who request relief through the court, first our legal advocates will provide them with advocacy, information on ways to stay safe, our toll-free 24-hour crisis line phone number and make referrals to community resources including Crime Victims Reparations and LAVNS. Then they will complete the paperwork for the 46 type temporary restraining order, explain the court process and accompany victims to court. If she needs some other type of legal assistance they will refer her to Southwest Louisiana Law Center.

Goal 2 (Objectives 1 and 2) Our outreach advocate will go to the outlying areas of Calcasieu Parish and all areas of Cameron and Allen parishes. She will provide individual advocacy as needed and weekly group advocacy in a safe place, like the library or the health unit. She will provide referrals to community resources including Crime Victims Reparations and LAVNS, legal advocacy, the phone number to our toll-free 24-hour crisis line and information on ways to stay safe.

Goal 3 (Objectives 1 and 2) To increase services in isolated areas of Southwest Louisiana, our outreach advocate will go specifically to the more isolated areas of the parishes we serve. She will offer support groups and provide advocacy, education and safety planning. The legal advocates and the outreach advocate will continue training to assist victims with CVR and LAVNS. The outreach advocate will continue training on how to better serve victims in rural and isolated areas. The legal advocates and outreach advocate will refer victims to each other and to the shelter advocates if safe shelter is needed.

All of the preceding activities will be done throughout the grant period to begin on 11/1/2011 and continue throughout the life of the program ending on 10/31/2012. There is no specific timetable as the activities do not need to be completed in any particular order.

#### 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 checked="" 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 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: Brenda Smith PHONE: (337) 436-4552 EMAIL: bsmith@cwshelter.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: Tahirah Johnson PHONE: (337) 436-4552 EMAIL: tjohnson@cwshelter.org

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 on our 2010 application, our measurable outcomes were:

Goal 1 Objective 1: 1046 women were provided with individual advocacy and developed safety plans.  
Objective 2: 220 victims were assisted with the legal process in obtaining temporary restraining orders.

Goal 2 Objective 1: We held 4 support groups per month in rural areas and an additional 17 per month at the Shelter.  
Objective 2: 339 women received advocacy including referrals, peer counseling, legal advocacy and safety planning.

Goal 3 Objective 1: 339 victims attended group counseling and received individual advocacy.  
Objective 2: 339 victims developed safety plans for free living through advocacy and education.

2. Did the project work as expected? Explain.

Yes the project exceeded our expectations. Each objective was met and extended beyond the anticipated number of victims to be served.

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?

#### L. 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 collected from victim records maintained in house on all victims who call or come to the office for assistance with legal matters and outreach services.

2. When will the data be collected?

Data will be collected during the call or while in the office, this could daily, weekly, monthly, quarterly, and annually.

3. Who will collect and analyze the data?

The legal advocates and outreach advocate will collect the data. The program director and executive director will analyze the data.

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

Name: Donna Green Phone: (337) 436-4552 Email: dgreen@cwshelter.org

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

The executive director and the program director will meet with the legal advocates and the outreach advocate to update or revise the project's strategy depending on the evaluation of the collected data. Should revisions need to be made, they will be implemented into the program.

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 monthly expenditure reports. Our Board of Directors and Shelter staff will receive the project's results.

#### 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.

private donations, other grants, United Way funding

#### 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.

Our agency consists of three buildings located at 601 W. 18<sup>th</sup> Street, Lake Charles, La.: the primary shelter which houses 33 women and children and some offices including that of the outreach advocate, the education building which is used for children's groups, and the non-residential administrative building which includes the offices of our legal advocates. All offices include desks, chairs, telephones, copy machines and assorted office supplies.

In Cameron Parish, meeting space is available at the Council on Aging offices.

In Allen Parish, several meeting places are available including the library, sheriff's office and hospital.

All locations offer office furniture, equipment and supplies needed to perform and support program activities.

#### 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: June 30, 2011
2. Dates covered by last audit: 1/10- 12/10
3. Date of next audit: Jan/Feb 2012
4. Dates to be covered by next audit: 1/11 - 12/11
5. Date next audit will be forwarded to LCLE: at completion

- 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?

#### 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.

Our advocates will talk to the women who come to the Shelter. If the victims qualify for CVR, the advocates will help them apply. They will mention CVR to callers who qualify and offer to help them with the application also. We include brochures in all packets of referral information given to women who talk with the legal advocates. Other advocates have brochures in their offices. We have a computer specifically for victims to access CVR, LAVNS and LPOR.

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.

We host a Domestic Violence Task Force which meets bi-monthly to discuss how to better serve victims of domestic violence. Those attending include family court judges, clerks of court, lawyers, city police, sheriff deputies, OCS, Elderly Affairs, district attorney personnel and Shelter staff (including legal advocates and outreach advocate).

3. Indicate how the applicant will address the issue of encouraging the victims to report to law enforcement. Policies and procedures may be attached in the application in addition to the brief description.

We do not require victims to report to law enforcement as a stipulation to receive services. We do, however, encourage reporting to each victim which contacts our office. Victims are given information on how to report as well as cards with information on their rights. During our Domestic Violence Task Force bi-monthly meetings one item discussed is how better to encourage reporting on our end and on law enforcement's end.

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.

Calcasieu Women's Shelter will comply with the Louisiana Child Protection Act (LRS 15:587.1), as appropriate.