



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:

CVA Purpose Area:

1. TITLE OF PROJECT

Victim Outreach Program

2. NEW PROJECT

CONTINUATION PROJECT OF: C11-6-007

3. PROJECT DURATION

Total Length: 12 Months (Not to exceed 12 Months)

Desired Start Date: 11/1/2012

Desired End Date: 10/31/2013

4. PROJECT FUNDS

Federal Funds: \$74,697

Cash Match: \$18,674

In-Kind Match: 0

Total Project: \$93,371

5A. APPLICANT AGENCY INFORMATION

Agency Name: Oasis A Safe Haven for Survivors of Dome

Physical Address: 601 W. 18th Street

City: Lake Charles Zip: 70601-8243

Mailing Address: PO Box 276

City: Lake Charles Zip: 70602-0276

Phone: (337) 436-4552 FAX: (337) 436-8327

Email: cws@cwshelter.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Kathy Williams

Title: Executive Director

Agency Name: Oasis A Safe Haven for Survivors of Domesti

Address: PO Box 276

City: Lake Charles Zip: 70602-0276

Phone: (337) 436-4552 FAX: (337) 436-8327

Email: kathywilliams@cwshelter.org

Fed Employer Tax Id: 72 - 0859660

DUNS: 618013767 -

CCR CAGE/NCAGE: 5ELY2

CCR Expiration Date: 2/7/2013

6. IMPLEMENTING AGENCY

Name: Kathy Williams

Title: Executive Director

Agency: Oasis A Safe Haven for Survivors

Address: PO Box 276

City: Lake Charles Zip: 70602-0276

Phone: (337) 436-4552 FAX: (337) 436-8327

Email: kathywilliams@cwshelter.org

7. PROJECT DIRECTOR

Name: Kristine Hite

Title: Program Director

Agency: Oasis A Safe Haven for Survivor

Address: PO Box 276

City: Lake Charles Zip: 70602-0276

Phone: (337) 436-4552 FAX: (337) 436-8327

Email: dgreen@cwshelter.org

8. FINANCIAL OFFICER

Name: John W. Fontenot

Title: Financial Officer

Agency: Oasis A Safe Haven for Survivors

Address: PO Box 276

City: Lake Charles Zip: 70602-0276

Phone: (337) 436-4552 FAX: (337) 436-8327

Email: cws@cwshelter.org

9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)

The Victims Outreach Program includes advocacy and support to survivors of Domestic Violence in the parishes of Allen, Calcasieu and Cameron. The project includes services to survivors and their children including safe shelter, 24-hour crisis line, peer advocacy, referrals, legal advocacy and education for survivors of Domestic Violence.

The position of Outreach Advocate provides services to non-residents at the shelter and in the rural areas of the parishes served. She provides crisis intervention, advocacy, referrals and peer counseling to the survivors.

The Legal Advocate positions provide assistance with preparing Temporary Restraining Orders (TROs), court accompaniment, education, referrals and advocacy. Services are coordinated with law enforcement and the judicial systems in each parish.

Requesting pre-award cost from 11/1/2012

Name: Oasis A Safe Haven for Survivors of Domestic and Sexual Violence

2012 AUG 20 PM 2:12
LA COMMISSION
LAW ENFORCEMENT

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	\$2,187.87	100.00%	12.00	\$26,254.44	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal Advocate	Tahirah Johnson	FT	\$2,074.07	100.00%	12.00	\$24,888.84	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outreach Advocate	Heulah Evans	FT	\$2,048.86	100.00%	12.00	\$24,586.32	<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:						\$75,729.60		

F = Fed Funds
C = Cash Match

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH	
								F	C
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$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	\$60,583
CASH MATCH	\$15,146
IN-KIND MATCH	
PERSONNEL TOTAL	\$75,729

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: Provide crisis intervention, advocacy, individual advocacy to explain safety planning, the legal process, and make appropriate referrals. They will accompany and assist the survivors with the processes of the court system and law enforcement. They will provide information and advocacy with the crime victims services and make referrals to Crime Victims Reperations when needed.

Outreach Advocate: Advocate will travel to the rural areas of the three parishes served (Allen, Calcasieu and Cameron) providing crisis intervention, individual and group peer counseling, and referrals to survivors of domestic violence. Will also provide these services to non-residents at the shelter.

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

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

C) Project duties of each position requested:

Legal Advocates:

- Meet with survivors to explain options
- Prepare TROs as per our agreement with the courts
- Assist survivors with issues concerning law enforcement and the courts
- Explain safety planning
- Explain the dynamics of domestic violence and the cycle of abuse
- Accompany survivors to court for advocacy and support

Outreach Advocate:

- Provide individual and group sessions to survivors
- Provide education, support and referrals to available services in the rural areas to survivors
- Assist survivors with crime victim services in the areas where they live
- Make referrals to Crime Victims Reperations when appropriate
- Work with other service providers to promote the elimination of personal and societal violence

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. The two Legal Advocates where 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 during grant #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		\$26,254	\$1,627	5.	.062			\$0
2. Tahirah Johnson	.062		\$24,888	\$1,543	6.	.062			\$0
3. Beulah Evans	.062		\$24,586	\$1,524	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Brenda Smith	.0145		\$26,254	\$380	5.	.0145			\$0
2. Tahirah Johnson	.0145		\$24,888	\$360	6.	.0145			\$0
3. Beulah Evans	.0145		\$24,586	\$356	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED 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.				\$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 Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL
1.		CHECK TYPE:		\$0	5.		CHECK TYPE:		\$0
2.				\$0	6.				\$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):				\$15,390	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): \$15,390

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$12,312
CASH MATCH	\$3,078
TOTAL FRINGE BENEFITS	\$15,390

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. *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	IK
NAME: Brenda Smith TITLE: Legal Advocate PURPOSE: Travel to court accompaniment	\$0.51	200.00	\$102.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: Tahirah Johnson TITLE: Legal Advocate PURPOSE: Travel to court accompaniment	\$0.51	200.00	\$102.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: Beulah Evans TITLE: Outreach Advocate PURPOSE: Travel in 3 parishes to survivor advocacy	\$0.51	4,015.69	\$2,048.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$2,252.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE) NAME/POSITION TITLE/PURPOSE OF TRAVEL	TRAVEL DESTINATION	TRAVEL DATES:		PAID WITH		
		FROM	TO	F	C	IK
NAME: 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	\$1,802
CASH MATCH	\$450
IN-KIND MATCH	
TRAVEL TOTAL	\$2,252

SECTION 400. COMPUTER QUESTIONNAIRE

If a computer and/or computer software is requested, the following must be completed. Please do not exceed spaces provided.

1. How will the purchase of computer equipment and/or software enhance the program to be funded?

2. How will the computer(s) be integrated into and/or enhance your current system?

3. What is the cost of each of the following:

A. Installation?

B. Staff training to use the computer equipment?

C. The on-going operational costs, such as maintenance agreements, supplies, etc.?

4. How will additional costs be supported?

SECTION 500. SUPPLIES

SECTION A: List items within this category by major type; e.g., office supplies (pens, pencils, paper, etc.), postage, blank cassette tapes, etc. Include tax and shipping costs in Unit Price. If office supplies average \$50 per month or less, i.e., \$600 for a 12-month grant period, do not itemize items. List as "Basic Supply Allowance" under "Type" and the dollar amount under "Total Cost". Please refer to application instructions for direction.

TYPE OF SUPPLIES	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
				F	C	IK
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF SECTION A SUPPLIES:			\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

BRIEFLY EXPLAIN:
A) Need for and use of each major supply type requested:

B) Its relationship to this project.

SECTION 600. CONTRACTUAL

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

INDIVIDUAL CONSULTANT	TYPE OF SERVICE OR TASK	HOURS DEVOTED	RATE PER HOUR	TOTAL COST	PAID WITH	
					F	C
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF CONTRACTUAL COSTS				\$0.00	F = Federal Funds C = Cash Match	

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

BRIEFLY EXPLAIN:

A) Purpose of each consultant or other contractual service requested:

B) Why the service requested is necessary and cost effective:

C) Method of procurement and basis for determining rate of pay:

SECTION 600. CONTRACTUAL SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
CONTRACTUAL TOTAL	\$0

SECTION 700. RENOVATION

Note: Do not budget this category unless LCLE gives prior approval for proposed renovations – even if funded as In-Kind Match.

Is your building registered or does your building qualify with the National Historic Society? YES NO

If yes, you must meet the requirements set forth by Section 106 of the National Historic Preservation Act (16. U.S.C. Section 470, et. seq., as amended). List planned renovations and itemized costs explain the need for each.

PRE-APPROVED RENOVATIONS	TOTAL COST	PAID WITH		
		F	C	IK
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF RENOVATION COSTS:		\$0		

F = Federal Funds
C = Cash Match
IK = in-Kind Match

SECTION 700. RENOVATION COSTS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
RENOVATION COSTS TOTAL	\$0

SECTION 800. OTHER DIRECT COSTS

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

TYPE OF OTHER DIRECT COST	METHOD OF DETERMINING COST	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$0.00			

F Federal Funds
C Cash Match
IK In Kind Match

BRIEFLY EXPLAIN:
A) Need for each type listed; and

B) Its relationship to project.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	\$0

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: Louisiana continually ranks in the top three states for deaths due to domestic violence. In Calcasieu Parish alone from October 1, 2010 to September 30, 2011 there were 11 deaths due to domestic violence. This is more than any other parish in the state. Source: Louisiana Coalition Against Domestic Violence, Remember My Name Project, October 2011.

Domestic Violence calls in 2011:

Calcasieu Parish: CPSO 1028; Lake Charles PD 466; Sulphur PD 251; Westlake PD 41; Vinton PD 23; DeQuincy PD 8 and Iowa PD 48. Family Court reported 256 TRO's filed and 211 Protective Orders were granted.

Allen Parish: APSO 142; Oakdale PD 22; Kinder PD 2 and Oberlin PD 67. Clerks Office reported 43 TRO's filed. They did not keep record of Protective Orders granted.

Cameron Parish: CPSO 76. Clerks Office reported 8 Protective Orders granted. Did not keep record of TRO's filed.

The shelter answered on average 30 crisis calls a month and average 390 hot line calls per month.

Source from in house stats at Oasis A Safe Haven for Survivors of Domestic and Sexual Violence and stats reported by the respective law enforcement agencies.

During 2011, with the economic situation many survivors are staying in their abusive situations and planning for the future. Also, with gas prices being so high many survivors access to services is even more limited, especially those survivors in the rural and outlying areas where there is high poverty, high unemployment and fewer available resources. The Outreach Advocate is able to educate and connect the survivors with the available resources to assist in their plans for a life free from the violence.

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 and access to these services in the rural areas of Southwest Louisiana. This need is evident by the crisis and information calls to the Shelter and the hotline calls as well as the statistic kept by law enforcement. The need created is the need for personal and legal advocacy on behalf of the survivor and their children. We need programs that offer a broad spectrum of services to survivors of domestic violence. These services need to be available in the rural, outlying 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 to survivors of domestic violence through the court and advocacy.

Goal 2: Offer and make accessible individual and group advocacy to survivors of domestic violence in Southwest Louisiana.

Goal 3: Increased services in isolated, rural areas of Southwest Louisiana to survivors of domestic violence.

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 200 survivors with the legal process to obtain temporary restraining orders.

Objective 2: Develop safety plans to 500 survivors of domestic violence through advocacy.

Goal 2 Objective 1: Hold 20 support groups per month either within the Shelter or outside at alternative locations including rural areas.

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

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

Objective 2: Develop safety plans to 100 survivors in rural areas 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 & 2) To increase the safety of survivors of domestic violence who request relief through the court system, our legal advocates will provide advocacy, a safety plan, our toll-free 24-hour crisis line phone number and make referrals to community resources including Crime Victims Reparations and LAVNS. They will complete the paperwork for the Title 46 temporary restraining order, explain the court process and accompany the survivor to court for the protection order. If the survivor requires or request other types of legal services they will be provided referrals.

Goal 2 (Objectives 1 & 2) Our Outreach Advocate goes into the different communities in Allen, Calcasieu & Cameron parishes of Southwest Louisiana. The advocate provides individual advocacy as needed and weekly group advocacy in a safe location, like the library or health unit. The advocate provides referrals to community resources including Crime Victims Reparations and LAVNS, legal advocacy, the 24-hour toll-free crisis line and a safety plan.

Goal 3 (Objective 1 & 2) To increase services to isolated areas of Southwest Louisiana, our Outreach Advocate specifically go into the more isolated areas of the parishes we serve. The advocate will offer support groups and provide advocacy, education and safety planning. The Legal Advocates and the Outreach Advocate will continue training to assist survivors with CVR & LAVNS. The Outreach Advocate will continue training on how to better serve survivors in rural and isolated areas. The Legal Advocates and the Outreach Advocate will refer survivors to each other and to the Shelter Advocates if safe shelter is needed.

All of the proceeding activities will be done throughout the grant period to begin on 11/1/2012 and continue throughout the life of the grant ending on 10/31/2013. There is no specific timetable as the activities do not need to be completed in any particular order.

D-2. TRAINING PROJECTS

Complete this page in lieu of Section D Activities/Methods. This page is to be completed only if this application is for the training of individuals involved in the criminal justice system. DO NOT use this for in-house training.

1. Training Curriculum (topics to be included):

2. Type of personnel to be trained:

3. Number of personnel to be trained:

4. Geographical locations of trainees (who will be invited):

5. Dates and hours of training:

6. Location of training:

7. Explanation supporting the effectiveness of the training program including how the program will meet the identified need.

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 2011 application, our measurable outcomes were:

Goal 1 Objective 1: Our Legal Advocates have completed 135 TROs and provided numerous DA letters.

Objective 2: Legal and Outreach have provided safety plans to 752 survivors. Legal has provided legal advocacy to 657 survivors.

Goal 2 Objective 1: Our Outreach Advocate holds 4 groups per week in Allen Parish, two per month on Cameron Parish and four per month in shelter for non-residents.

Objective 2: Legal and Outreach combined have provided 434 survivors with individual advocacy.

Goal 3 Objective 1: Outreach has provided groups to 109 survivors; 85 of the survivors assisted by CVA -funded staff received shelter; 135 filed for TROs.

Objective 2: Almost everyone we serve is rural, most all of the 752 safety plans were for rural survivors.

2. Did the project work as expected? Explain.

Yes, the project worked and continues to work. Projected victims being served are being attained and victims in the outlying areas have access to services being provided by this program via program allowance of travel to provide services where needed.

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?

Modified measurable objectives projected for client/victim to be served. Adjustment is based on to date services being provided in current program. Adjustment is to attain more accurate measurable objectives of services provided to victims in the future year.

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 collected from survivor records maintained in house on all survivors who call or come to the shelter 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 be 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 Outreach Advocate and the Legal Advocates 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 Reports and monthly expenditure reports as mandated in awards agreement. Our Board of Directors and Shelter staff will receive the project 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, fundraising, other grants and 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 consist of three buildings located at 601 W. 18th Street, Lake Charles, LA.: the primary shelter which houses 33 women and children and some offices, the education building which is used for children's groups and some meetings, the non-residential services and administration building which includes the offices of our Outreach and Legal Advocates. All offices include desk, chairs, telephones, computers, copy machines and assorted office supplies.

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

In Cameron Parish the Council on Aging provides us with office space.

All locations offer office furniture, equipment and supplies needed to perform and support the 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 4/11/12
- 2. Dates covered by last audit: 1/1/11 - 12/31/11
- 3. Date of next audit: Nov/Dec
- 4. Dates to be covered by next audit: 1/1/12 -6/30/12
- 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?

Volunteers are used within the agency, however, their services are not being applied to this program.

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 talk with the survivors who come to the Shelter or come to the outreach groups. If the survivor qualifies for CVR, the advocate will help them apply. They will mention CVR to callers who qualify and offer assistance in the application process. We include brochures in all packets or referral information given to survivors who talk with the Legal Advocates. Other advocates have brochures in their offices. We have a computer specifically for survivors 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.

Currently we host a Domestic Violence Task Force which meets bi-monthly to discuss how to better serve survivors of domestic violence. Those attending include Family Court Judges, Clerks of Court, Lawyers, City Police, Sheriff's 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 to the application in addition to the brief description.

We do not require survivors to report to law enforcement as a stipulation to receive services. We do, however, encourage reporting to each survivor who contacts our office. Survivors are given information on how to report as well as cards with information on their rights.

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.

Oasis A Safe Haven for Survivors of Domestic and Sexual Violence will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate.