LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C10-6-007

APPLICANT: Calcasieu Women's Shelter, Inc.

PROJECT TITLE: Victim Outreach Program

PROJECT FUNDS :

FUND:	$ 70,127	80.00%	PROJECT DURATION:	12 months
MATCH:	$ 17,532	20.00%	START DATE:	11/01/2010
TOTAL:	$ 87,659	100.00%	END DATE:	10/31/2011

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: C10-6-007 CVA Purpose Area: 2

1. TITLE OF PROJECT
Victim Outreach

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: C09-6-007

3. PROJECT DURATION
Total Length: 12 Months (*Not to exceed 12 Months*)
Desired Start Date: 11/1/2010
Desired End Date: 10/31/2011

4. PROJECT FUNDS

Federal Funds:	$70,127
Cash Match	$17,532
In-Kind Match:	$0
Total Project:	**$87,659**

5A. APPLICANT AGENCY INFORMATION
Agency Name: CALCASIEU WOMEN'S SHELTER
Physical Address: 601 W. 18TH ST.
City: LAKE CHARLES, LA Zip: 70601-
Mailing Address: P O BOX 276
City: LAKE CHARLES, LA 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: CALCASIEU WOMEN'S SHELTER
Address: P O BOX 276
City: LAKE CHARLES, LA Zip: 70602-0276
Phone: (337) 436-4552 FAX: (337) 436-8327
Email: cws@cwshelter.org

Fed Employer Tax Id: 72 - 0859660 DUNS: 618013767 - CCR CAGE/NCAGE: 5ELY2 CCR Expiration Date: 3/11/2011

6. IMPLEMENTING AGENCY
Name: Kathy Williams
Title: Executive Director
Agency: Calcasieu Women's Shelter
Address: P O Box 276
City: Lake Charles, LA Zip: 70602-0276
Phone: (337) 436-4552 FAX: (337) 436-8327
Email: cws@cwshelter.org

7. PROJECT DIRECTOR
Name: Donna Green
Title: Program Director
Agency: Calcasieu Women's Shelter
Address: P O Box 276
City: Lake Charles, LA Zip: 70602-0276
Phone: (337) 436-4552 FAX: (337) 436-8327
Email: dgreen@cwshelter.org

8. FINANCIAL OFFICER
Name: John Fontenot
Title: Financial Officer
Agency: Calcasieu Women's Shelter
Address: P O Box 276
City: Lake Charles, LA 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 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 11/1/2010.

VOCA PURPOSE AREAS

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

☐	Sexual Assault
☒	Domestic Abuse
☐	Child Abuse
☐	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.

CHECKLIST:	YES:	NO:
Are all budgeted items allowable per Program Guidelines?	☒	☐
Were instructions followed to determine allowable personnel/contractual costs?	☒	☐
Are all line item computations correct?	☒	☐
Do line items add to category totals?	☒	☐
Have category totals been rounded to nearest dollar?	☒	☐

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

Person Completing Budget Section: Donna Green Title: Program Director
Phone: (337) 436-4552 Fax: (337) 436-8327 E-Mail: dgreen@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	$264	$71	$0	**$335**
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**
TOTAL:	**$70,127**	**$17,532**	**$0**	**$87,659**

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	PAID WITH C
LEGAL ADVOCATE	BRENDA SMITH	FT	$2,083.00	100.00%	12.00	$24,996.00	☒	☐
LEGAL ADVOCATE	TAHIRAH JOHNSON	FT	$2,003.00	100.00%	12.00	$24,036.00	☒	☐
OUTREACH ADVOCATE	LINDA WESTON	FT	$1,931.00	100.00%	12.00	$23,172.00	☒	☒
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
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	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	PAID WITH C
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
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. All three staff members were originally hired for positions in this grant and are continuing in the positions.

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

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

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

EMPLOYEES' NAMES:					EMPLOYEES' NAMES: (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1. Brenda Smith	.062		$24,996	$1,549	5.	.062			$0
2. Tahirah Johnson	.062		$24,036	$1,490	6.	.062			$0
3. Linda Weston	.062		$23,172	$1,436	7.	.062			$0
4.	.062			$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. Linda Weston	.0145		23172	$335	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. Linda Weston				$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.		☐ FUTA		$0	7.		☐ FUTA		$0
4.		☐ SUTA		$0	8.		☐ 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

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

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

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 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: Linda Weston TITLE: Outreach Advocate PURPOSE: Travel to rural areas for victim advocacy	$0.48	697.91	$335.00	☒	☒	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
		SUBTOTAL FOR LOCAL TRAVEL:	$335.00	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: FROM	TO	PAID WITH F	C	IK
NAME: TITLE: PURPOSE:				☐	☐	☐
NAME: TITLE: PURPOSE:				☐	☐	☐
NAME: TITLE: PURPOSE:				☐	☐	☐

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	☐	☐	☐
NAME:			$0.00							$0.00	☐	☐	☐
NAME:			$0.00							$0.00	☐	☐	☐
									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	$264
CASH MATCH	$71
IN-KIND MATCH	
TRAVEL TOTAL	$335

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 growning need for services by a coordinated community approach. Source National Coalition Against Domestic Violence website updated August 2011.

In Calcasieu Parish during 2009 the Sheriff's office reported 1,528 calls relating to domestic violence. The Lake Charles City Piolice reported 455 calls, Sulphur Police reported 210 calls and Westlake Police reported 32 calls. Family Court in the 14th Judicial District processed 421 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 104 calls and 45 protective orders.*

Cameron Parish reported 63 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 2009, with the economic downturn, many families are putting up with more abuse due to the lack of community support. Our outreach advocate sees women in the rural and outlying areas where there is high poverty and fewer available resources.

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, BRIEFY 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 accessable 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 and counseling.

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 proces and accompany victims to court. If she needs some other type 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 preceeding activities will be done throughout the grant period to begin on 11/1/2010 and continue throughout the life of the program ending on 10/31/2011. 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.

- ☐ Community-Based Organization
- ☐ Court
- ☒ Domestic Violence Program
- ☐ Domestic Violence State Coalition
- ☐ Dual Program (Sexual Assault and Domestic Violence)
- ☐ Dual State Coalition (Sexual Assault and Domestic Violence)
- ☐ Government Agency (Department of Human Services, Bureau of Health)
- ☐ Law Enforcement
- ☐ Probation, Parole, or Other Correctional Agency
- ☐ Prosecution
- ☐ Sexual Assault Program
- ☐ Sexual Assault State Coalition
- ☐ Tribal Coalition
- ☐ Tribal Government
- ☐ Tribal Sexual Assault and/or Domestic Violence Program
- ☐ Unit of Local Government
- ☐ University/School
- ☐ 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.

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 2009 application, our measurable outcomes were:
Goal 1 Objective 1: 957 women were provided with individual advocacy, were provided referrals and developed safety plans.
Objective 2: 353 victims were assisted with the legal process in obtain temporary retraining orders.

Goal 2 Objective 1: We held 4 support groups per month in rural areas and an additional 16 per month at the Shelter.
Objective 2: 248 women received advocacy including referrals, peer counseling, legal advocacy and safety planning.

Goal 3 Objective 1: 248 victims attended group counseling and received individual advocacy.
Objective 2: 248 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?

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 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 and her supervisor 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. 18th 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, 2010
2. Dates covered by last audit: 1/09 - 12/09
3. Date of next audit: Jan/Feb 2011
4. Dates to be covered by next audit: 1/10 - 12/10
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 quailfy 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 to 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 Chid Protection Act (LRS 15:587.1), as appropriate.