

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: M11-8-003

APPLICANT: Oasis A Safe Haven for Survivors of Domestic & Sexual Violence

PROJECT TITLE: Domestic Violence Program

PROJECT FUNDS :

FUND: \$ 15,231 100.00%

PROJECT DURATION: 12 months

MATCH: \$ 0 0.00%

START DATE: 04/01/2012

TOTAL: \$ 15,231 100.00%

END DATE: 03/31/2013

Continuation of M95-8-016

PROJECT SUMMARY:

This grant will fund an important position at Calcasieu Women's Shelter, The Residential Advocate who works evenings, nights, and weekends. This advocate will provide crisis intervention, advocacy, safety planning and access to resources for battered women and their children.

RECOMMENDATION : FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 01/09/12 IS REVIEWED AND APPROVED BY LCLE STAFF.



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

**S.T.O.P. VIOLENCE AGAINST
WOMEN FORMULA GRANT
PROGRAM**

CFDA #16.588

FOR LCLE USE ONLY:

Project ID: M10-8-003

VAWA Purpose Area: 12

1. TITLE OF PROJECT

Domestic Violence Program

2. NEW PROJECT

CONTINUATION PROJECT OF: M10 - 8 - 003

3. PROJECT DURATION

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

Desired Start Date: 4/1/2012

Desired End Date: 3/31/2011

4. PROJECT FUNDS

Federal Funds: \$15,231

Cash Match

In-Kind Match:

Total Project: \$15,231

5A. APPLICANT AGENCY INFORMATION

Agency Name: Calcasieu Women's Shelter

Physical Address: 601 W. 18th Street

City: Lake Charles

Mailing Address: PO Box 276

City: Lake Charles

Phone: (337) 436-4552

Email: kathywilliams@cwshelter.org

*ORISIS A SAFE
HAVEN*

Zip: 70601-8243

Zip: 70602-0276

FAX: (337) 436-8327

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Kathy Williams

Title: Executive Director

Agency Name: Calcasieu Women's Shelter

Address: PO Box 276

City: Lake Charles

Phone: (337) 436-4552

Email: kathywilliams@cwshelter.org

Zip: 70602-

FAX: (337) 436-8327

Fed Employer Tax Id: 72 - 0859660

DUNS: 61813767

CRICAGENCAGE: SELY2

CCR Expiration Date: 3/3/2012

6. IMPLEMENTING AGENCY

Name: Kathy Williams

Title: Executive Director

Agency: Calcasieu Women's Shelter

Address: PO Box 276

City: Lake Charles Zip: 70602-

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

Email: kathywilliams@cwshelter.org

7. PROJECT DIRECTOR

Name: Kathy Williams

Title: Executive Director

Agency: Calcasieu Women's Shelter

Address: PO Box 276

City: Lake Charles Zip: 70602-

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

Email: kathywilliams@cwshelter.org

8. FINANCIAL OFFICER

Name: John Fontenot

Title: Treasurer

Agency: Calcasieu Women's Shelter

Address: PO Box 276

City: Lake Charles Zip: 70602-

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

Email: cws@cwshelter.org

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

This grant provides a full time Residential Advocate at the Calcasieu Women's Shelter. This advocate works evenings, nights and weekends allowing 24 hour coverage. She provides crisis intervention, advocacy, safety planning and access to resources for battered women and their children.

2011 NOV 26
11:55 AM
LA COMMISSION
LAW ENFORCEMENT

VAWA - 1

Revised JULY 2010

VAWA PURPOSE AREAS

Check the VAWA Purpose Area(s) that this project will address. You will be required to report performance on each chosen purpose area.

- 1. Training law enforcement officers, judges, other court personnel, and prosecutors to more effectively identify and respond to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence.
- 2. Developing, training, or expanding units of law enforcement officers, judges, other court personnel, and prosecutors specifically targeting violent crimes against women, including sexual assault and domestic violence.
- 3. Developing and implementing more effective police, court, and prosecution policies, protocols, orders, and services devoted to preventing, identifying, and responding to violent crimes against women, including the crimes against women, including sexual assault and domestic violence.
- 4. Developing, installing, or expanding data collection and communication systems, including computerized systems, linking police, prosecutions, and the courts or for the purpose of identifying and tracking arrests, protection orders, violations of protection orders, prosecutions, and convictions for violent crimes against women, including the crimes of sexual assault and domestic violence, including the reporting of such information to the National Instant Criminal Background Check System.
- 5. Developing, enlarging, or strengthening victim services programs, including sexual assault and domestic violence, and dating violence programs; developing or improving the delivery of victim services to underserved populations; providing specialized domestic violence court advocates in courts where a significant number of protection orders are granted; and increasing reporting and reducing attrition rates for cases involving violent crimes against women, including sexual assault and domestic violence.
- 6. Developing, enlarging, or strengthening programs addressing stalking.
- 7. Developing, enlarging, or strengthening programs addressing the needs and circumstances of Indian tribes dealing with violent crimes against women, including the crimes of sexual assault and domestic violence.
- 8. Supporting formal and informal statewide, multi-disciplinary efforts, to the extent not supported by state funds, to coordinate the response of state law enforcement agencies, prosecutors, courts, victim services agencies, and other state agencies and departments, to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence.
- 9. Training of sexual assault forensic medical personnel examiners in the collection and preservation of evidence, analysis, prevention, and providing expert testimony and treatment of trauma related to sexual assault.
- 10. Developing, enlarging, or strengthening programs to assist law enforcement, prosecutors, courts, and others to address the needs and circumstances of older and disabled women who are victims of domestic violence or sexual assault, including recognizing, investigating, and prosecuting instances of such violence of assault and targeting outreach and support, counseling, and other victim services to such older and disabled individuals.
- 11. Providing assistance to victims of domestic violence and sexual assault in immigration matters.
- 12. Maintaining core victim services and criminal justice initiatives while supporting complementary new initiatives and emergency services for victims and their families.
- 13. Provide for special victim assistants in law enforcement agencies to serve as liaisons between victims and law enforcement in order to improve the enforcement of protection orders. (Jessica Gonzales Victim Assistants)
- 14. Improving responses to police-perpetrated domestic violence. (Crystal Judson Domestic Violence Protocol Program)

VAWA - 2

PROJECT BUDGET SUMMARY

INSTRUCTIONS: The Checklist is self-explanatory. In Project Summary, applicable budget category totals will be automatically entered from each of the Detailed Project Budget Summaries. Provide source of Cash and/or In-Kind Match. In last table, enter the percentage of STOP funds directed to each area that this project will address.

CHECKLIST:

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

Each category amount listed in the table below must equal category totals in each budget section.

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 CATEGORY	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100 PERSONNEL	\$15,231	\$0	\$0	\$15,231
SECTION 200 FRINGE BENEFITS	\$0	\$0	N/A	\$0
SECTION 300 TRAVEL	\$0	\$0	\$0	\$0
SECTION 400 EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500 SUPPLIES	\$0	\$0	\$0	\$0
SECTION 600 CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 800 OTHER DIRECT COSTS	\$0	\$0	\$0	\$0
TOTAL:	\$15,231	\$0	\$0	\$15,231

Provide Source of Cash Match: N/A

Provide Source of In-Kind Match: N/A

USE OF STOP FUNDS IN PERCENTAGES

Type of Victimization Served:	Percentage of STOP Funds Used:
Sexual Assault	
Domestic Violence/Dating Violence	100%
Stalking	
Total (must equal 100 percent)	100%

SECTION 100. PERSONNEL

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

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Women's Advocate	Sylvia Curtis-Cole	FT	\$1,269.25	100.00%	12.00	\$15,231.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$15,231.00		

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"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$0.00		

F = Fed Funds
C = Cash Match

VOLUNTEERS:

DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions.	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
			\$0.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$0.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$15,231
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	\$15,231

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:

Full time advocate will provide services on evenings and over nights offering crisis intervention, shelter services, intakes, referrals and advocacy. Often women need someone to talk to during the over night hours due to their children are then sleeping or they are dealing with issues that prevent them from sleeping. Additionally, survivors enter the shelter for safety often times in the over night hours.

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

Salary is based on current positions within our program.

C) Project duties of each position requested:

Crisis intervention in person and by phone
Provide education and intakes to residents
Provide referrals and advocacy to women
Provide crisis services to non-residents
Assist residents with safety plan

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

Existing personnel, not back filled. Employee was originally hired in 2005 for this position and has been here continuously.

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

EMPLOYEE'S NAME:					EMPLOYEE'S NAME: (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1. Sylvia Curtis-Cole	.062		\$0	\$0	5.	.062			\$0
2.	.062			\$0	6.	.062			\$0
3.	.062			\$0	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Sylvia Curtis-Cole	.0145		0	\$0	5.	.0145			\$0
2.	.0145			\$0	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTHLIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTHLIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1.				\$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 TYPE:		\$0	5.		CHECK TYPE:		\$0
2.				\$0	6.				\$0
3.		<input type="checkbox"/> PUTA		\$0	7.		<input type="checkbox"/> PUTA		\$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):				\$0	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): \$0

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
TOTAL FRINGE BENEFITS	\$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 or state data, if local data is not available, to support the justification. Give the source and date of your information. State the needs of your agency and the needs of the victims in your area as related to this problem and justify the need for the proposed project.

Calcasieu Women's Shelter serves Calcasieu, Allen and Cameron parishes. Our shelter is open 365 days per year, 24 hours per day. Our number of counseling sessions, crisis calls, intakes and outreach services continue to increase due to the number of battered women and children increasing in Southwest Louisiana. From October 1, 2010 to October 1, 2011 ten (10) women in Calcasieu parish lost their lives due to domestic violence events. This is greater than any parish in the state for that time frame.

The shelter employs a full time Women's Advocate, partially funded by this grant to provide services by a trained staff person for evenings, nights and weekends. Many of the battered women we serve contact the shelter during the evening and over night hours for crisis intervention services.

Based on the great number of deaths due to domestic violence in a 12 month period (October 2010-October 2011) in Southwest Louisiana and the number of services provided by Oasis in 2010, Southwest Louisiana has a great need for services to battered women and their children. Some of the services are as follows, 378 crisis calls, 3910 request for information calls, the shelter housed 179 women and 101 children for a total of 5511 bed nights. non-residential services provided to 1012 women and 112 children.

In Calcasieu Parish during 2010 the Sheriff's office reported 1288 calls related to domestic violence. Lake Charles City Police reported 390 calls, Sulphur Police reported 267 calls, Westlake Police reported 27 calls, Vinton Police reported 63 calls, DeQuincy Police reported 19 calls and Iowa Police reported 50 calls. Calcasieu Family Court reported 290 temporary restraining orders filed.

In Allen Parish the Sheriff's office reported 124 calls, Oakdale Police reported 64 calls, Kinder Police reported 2 calls, Oberlin Police reported 11 calls. The Allen Parish Clerk of Court reported 30 temporary restraining orders filed.

In Cameron Parish the Sheriff's office reported 39 calls and the Clerk of Court reported 6 temporary restraining orders filed.

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

Calcasieu Women's Shelter is the only "battered" women's shelter in the parishes of Calcasieu, Allen and Cameron. Other shelters located in these parishes are strictly "homeless" shelters. At the "homeless" shelters they do not employ trained staff to understand or assist with the dynamics or cycle of domestic violence. They do not provide crisis intervention for "battered" women. We provide peer advocacy groups, individual safety plans, housing, job and education assistance and referrals, etc.

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.

Goal 2: Empower women in Southwest Louisiana through individual and group advocacy.

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: Develop safety plans for 200 victims of domestic violence through advocacy.

Objective 2: Advocate will serve 200 women as residents and assist them with options for violence free living.

Goal 2 Objective 1: Hold minimum of 4 support groups per month for resident and non-resident victims of domestic violence.

Objective 2: Offer daily "rap" sessions for residents and weekly individual planning sessions.

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.

Shelter provides a safe place to live while working on long term plans for a life free from violence. During the stay we provide access to job and housing search on the computer, bus fare and schedule or gas cards. The shelter can provide utility deposit waivers and first months rent when housing is located. The shelter continues to provide advocacy groups to the non-residents after leaving the shelter.

After crisis intervention the survivor is assigned a primary advocate, records are kept in a confidential file and the survivor self directs her goals and planning.

Time Table: The program is ongoing. Each survivor has their own time table for their specific situation. At the end of the grant period a review of activities will be evaluated.

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: Tihirah 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.)

The previous goal and objectives were met.

In 2010 the agency served 179 resident women and 101 resident children.
1012 non-resident women and 112 non-resident children.
Safety planning provided to over 1000 women.

2. Did the project work as expected? Explain.

Yes. The overnight advocate plays an important roll in the agency meeting our goals and objectives. Many women and children enter the program at all hours of the night and this grant allows us to provide a trained advocate to be on duty to provide these services on a 24 hour basis.

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?

Survivors

2. When will the data be collected?

At time of departure after staying at the shelter.

3. Who will collect and analyze the data?

Advocates will collect. Supervisors will evaluate and use for self study.

4. Who will be responsible for submitting the data for the VAWA Annual Report: State name and contact information.

Name: Kristine Labiche

Phone: (337) 436-4552

Email: kristinehite@cwshelter.org

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

The program has a strategic planning session that meets regularly. All data is evaluated at that time and if needed project strategies are revised.

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

The Louisiana Commission on Law Enforcement will receive Quarterly Progress Reports and expenditure reports as specified at award time. VAWA, DCFS, other funders, Board members and anyone requesting the information.

J. CONTINUATION

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

Other funding is received through LCLE for a Crime Victim's Assistance grant, through United Way and through contributions and fundraising.

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.

Calcasieu Women's Shelter is located at 601 W. 18th Street, Lake Charles, LA. This is the site where the advocate offers services to women and children. The office is located in the same building as the residential part of the shelter. Clerical help, telephones, computer and all supplies are available

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
2. Dates covered by last audit:
3. Date of next audit:
4. Dates to be covered by next audit:
5. Date next audit will be forwarded to LCLE:

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

M. VOLUNTEERS

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

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

N. CONSULTATION

Law enforcement, prosecution, the courts, probation and parole agencies and victim services providers must consult with each other. Briefly describe the process used to consult, coordinate, and collaborate with each agency. Attach original current letters of support and/or written cooperative agreements indicating awareness and cooperation/role with this project.

The Calcasieu Women's Shelter host a Domestic Violence Task Force every other month. Included are:

- District Attorney's Office
- Sheriff's Office and Police Departments
- Courts, Judges
- Victim's Service Providers
- Child Protection & Elderly Protection
- Clerk of Court Office
- Other interested parties

Consultation and collaboration is a goal of the Task Force.

Kathy Guidry

From: Kathy Guidry
Sent: Monday, January 09, 2012 7:51 AM
To: 'Kathy Williams'
Cc: 'Beth Meeks'
Subject: M11-8-002, Oasis, A Safe Haven for Survivors of Domestic & Sexual Violence, Domestic Violence Program

Ms. Kathy Williams
Oasis, A Safe Haven for Survivors of Domestic & Sexual Violence
PO Box 276
Lake Charles, LA 70602-0276

RE: M11-8-003, Domestic Violence Program

Dear Ms. Williams:

This office has received the above application. This application will be presented at the Victim Services Advisory Board and the Commission meetings, which are scheduled for February 29 and March 1, 2012, respectively. The information regarding the location of the meetings is yet to be determined. Since this application request is to continue the above project and is under \$20,000, you are only required to attend the Victim Services Advisory Board meeting.

Based on the preliminary review of the referenced application, the following issues must be addressed and resolved. Additional issues may arise between the agency review process and the Advisory Board/Commission meetings. If so, you will be given every opportunity and assistance to address and/or resolve any additional issues to avoid delaying the application to be presented.

1. The forms, LA Secretary of State Corporations Division, W-9, Vendor Locator Form, you submitted to this office indicating the name change has been inserted into this application. However, please submit verification of the CCR final approval showing the name change. Remember your CCR registration expires 3/3/2012 and must be renewed and maintained throughout the grant period.
2. Pg. 1,
 - a. Please resubmit showing the new name.
 - b. The correct DUNS number is needed.
 - c. The complete zip code +4 is required—street address 70601-8243; po box 70602-0276.
3. Pg. 4, Section 100 Personnel –
 - a. The job description needs to show the new name.
 - b. #D – It states that this individual has been in this position since 2005 and the previous position she held still has not been backfilled. Please explain what happen with the previous position she held and why it has not been filled.
4. Pg. 15, B. Objectives – Please provide an estimate of the number of women that will be addressed in Goal 2, Objectives 1 and 2.
5. Pg. 16, D. Activities/Methods – A timeframe when activities will occur is needed. Although the timeframe for each survivor will vary, you can insert the grant period. Also please identify the parishes that will be covered.
6. Pg. 18, F. Louisiana Automated Victim Notification System (LAVNS) – The previous application and this application states that training has not been requested from LCLE. Will a request be submitted during this project period?

7. Pg. 19, H. Prior Results – Please refer to the objectives stated in the previous subgrant, M10-8-003 and provide the results for each objective.
8. Pg. 20, I. Evaluation and Dissemination of Reporting –
 - a. A copy of your evaluation form is required.
 - b. #2 – Can you provide an appropriate time frame—weekly, quarterly?
 - c. #5 – Who is responsible for determining if updates/revisions will be made?
9. Pg. 21, K. Resources - Need to change name.
10. Pg. 22, N. Consultation – At least three current letters of support is required.
11. Pg. 29, Certifications of Requirements – Resubmit with new name.
12. A new organizational chart with the new name is needed.

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

All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. This information is due to LCLE by Friday, January 20, 2012. Please contact Beth Meeks or me if you have any questions pertaining to this letter.

Sincerely,

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