

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

**APPLICATION AND REVIEW  
SUMMARY**

**APPLICATION NUMBER:** M10-8-003

**APPLICANT:** Calcasieu Women's Shelter, Inc.

**PROJECT TITLE:** Domestic Violence Program

**PROJECT FUNDS :**

FUND:	\$	<u>15,117</u>	100.00%
MATCH:	\$	<u>0</u>	0.00%
TOTAL:	\$	<u>15,117</u>	100.00%

**PROJECT DURATION:** 12 months

**START DATE:** 04/01/2011

**END DATE:** 03/31/2012

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  DENY

**SPECIAL CONDITIONS :**

1. 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**

**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

<b>1. TITLE OF PROJECT</b> Domestic Violence Project		<b>2. <input type="checkbox"/> NEW PROJECT</b> <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: <u>M09-8-003</u>	
<b>3. PROJECT DURATION</b> Total Length: <u>12</u> Months (Not to exceed 12 Months) Desired Start Date: <u>4/1/2011</u> Desired End Date: <u>3/31/2012</u>		<b>4. PROJECT FUNDS</b> Federal Funds: \$15,117 Cash Match In-Kind Match: Total Project: <b>\$15,117</b>	
<b>5A. APPLICANT AGENCY INFORMATION</b> Agency Name: Calcasieu Women's Shelter Physical Address: 601 W. 18 <sup>th</sup> Street City: Lake Charles Zip: 70601- Mailing Address: PO Box 276 City: Lake Charles Zip: 70602- Phone: (337) 436-4552 FAX: (337) 436-8327 Email: kathywilliams@cwshelter.org		<b>5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY</b> Authorized Official: Kathy Williams Title: Executive Director Agency Name: 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	
Fed Employer Tax Id: 72-0859660 DUNS: 618013767 -		CCR CAGE/NCAGE: SBL22 CCR Expiration Date: 5/5/2011	
<b>6. IMPLEMENTING AGENCY</b> 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	<b>7. PROJECT DIRECTOR</b> 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	<b>8. FINANCIAL OFFICER</b> 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.

2010 DEC 15 10:35  
LAW ENFORCEMENT  
COMMISSION

VAWA-1

**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:**

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

Each category amount listed in the table below must equal category totals in each budget section.  
 Person Completing Budget Section: 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	\$15,117	\$0	\$0	\$15,117
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
<b>TOTAL:</b>	<b>\$15,117</b>	<b>\$0</b>	<b>\$0</b>	<b>\$15,117</b>

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 HOURLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Women's Advocate	Sylvia Curtis - Cole	FT	\$1,259.75	100.00%	12.00	\$15,117.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$15,117.00	<input type="checkbox"/>	<input type="checkbox"/>

**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	<input type="checkbox"/>	<input type="checkbox"/>

**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	\$15,117
CASH MATCH	
IN-KIND MATCH	
<b>PERSONNEL TOTAL</b>	<b>\$15,117</b>

**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 nights offering crisis intervention, shelter services, intakes, referrals and advocacy.

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(S)					EMPLOYEE'S NAME(S) (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					MEDICARE				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	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
HEALTHCARE INSURANCE					HEALTHCARE INSURANCE				
RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL		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					WORKMAN'S COMPENSATION				
RATE			SALARY	TOTAL	RATE			SALARY	TOTAL
1.			\$0	\$0	5.			\$0	\$0
2.			\$0	\$0	6.			\$0	\$0
3.			\$0	\$0	7.			\$0	\$0
4.			\$0	\$0	8.			\$0	\$0
UNEMPLOYMENT TAX					UNEMPLOYMENT TAX				
RATE	TYPE		SALARY	TOTAL	RATE	TYPE		SALARY	TOTAL
1.	CHECK TYPE		\$0	\$0	5.	CHECK TYPE		\$0	\$0
2.			\$0	\$0	6.			\$0	\$0
3.	<input type="checkbox"/> RUTA		\$0	\$0	7.	<input type="checkbox"/> RUTA		\$0	\$0
4.	<input type="checkbox"/> SUTA		\$0	\$0	8.	<input type="checkbox"/> SUTA		\$0	\$0
PUBLIC/PRIVATE RETIREMENT					PUBLIC/PRIVATE RETIREMENT				
RATE			SALARY	TOTAL	RATE			SALARY	TOTAL
1.			\$0	\$0	5.			\$0	\$0
2.			\$0	\$0	6.			\$0	\$0
3.			\$0	\$0	7.			\$0	\$0
4.			\$0	\$0	8.			\$0	\$0
OTHER					OTHER				
RATE			SALARY	TOTAL	RATE			SALARY	TOTAL
1.			\$0	\$0	5.			\$0	\$0
2.			\$0	\$0	6.			\$0	\$0
3.			\$0	\$0	7.			\$0	\$0
4.			\$0	\$0	8.			\$0	\$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 7 days a week, 24 hours per day. Our number of counseling sessions, crisis calls, intakes and outreach services continues to increase due to the numbers of battered women and their children increasing.

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 weekend. Many of the battered women we serve contact us "after hours" for service.

Based on services provided by the Calcasieu Women's Shelter in 2009, Southwest Louisiana has a great need for services to battered women and their children. Some of the services are as follows, 442 crisis calls, 3869 request for information calls, shelter served 187 women and 177 children for a total of 6568 bed nights. Non-resident services provided to 1040 women and 76 children. In Calcasieu Parish during 2009 the Sheriff's office reported 1,528 calls related to domestic violence. The Lake Charles City Police reported 455 calls, Sulphur Police reported 210 calls and Westlake Police reported 32 calls.

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 & Cameron. Other shelters in these parishes are strictly "homeless" shelters. These other shelter have no trained staff to understand or assist the cycle or dynamics of domestic violence. We provide peer advocacy groups, GED training, housing and job location assistance, 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 4 support groups per month for resident and non-resident victims of domestic violence.

Objective 2: Offer daily "rap" sessions for residents, weekly GED training 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 money. Shelter can provide utility deposit waivers and first months rent when housing is located. Shelter continues to provide advocacy groups to the non-resident 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. 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.

- |   |   |
|---|---|
| <input type="checkbox"/> Community-Based Organization                                       | <input type="checkbox"/> Prosecution  |
| <input type="checkbox"/> Court  | <input type="checkbox"/> Sexual Assault Program                                 |
| <input checked="" type="checkbox"/> Domestic Violence Program                               | <input type="checkbox"/> Sexual Assault State Coalition                         |
| <input type="checkbox"/> Domestic Violence State Coalition                                  | <input type="checkbox"/> Tribal Coalition                                       |
| <input type="checkbox"/> Dual Program (Sexual Assault and Domestic Violence)                | <input type="checkbox"/> Tribal Government                                      |
| <input type="checkbox"/> Dual State Coalition (Sexual Assault and Domestic Violence)        | <input type="checkbox"/> Tribal Sexual Assault and/or Domestic Violence Program |
| <input type="checkbox"/> Government Agency (Department of Human Services, Bureau of Health) | <input type="checkbox"/> Unit of Local Government                               |
| <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> University/School                                      |
| <input type="checkbox"/> Probation, Parole, or Other Correctional Agency                    | <input type="checkbox"/> Other (Specify):                                       |

Yes  No Is this a faith-based organization?

Yes  No Is this a culturally specific community-based organization?

#### F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

1. Name of the individual responsible for assisting victims in regard to accessing and using the LAVNS system:

NAME: Brenda Smith PHONE: (337) 436-4552 EMAIL: bsmith@cwshelter.org

Yes  No 2. Does this individual also serve as agency's point of contact for LAVNS? If not, please provide name and contact information:

NAME: PHONE: ( ) - EMAIL:

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

Yes  No 4. Does the agency have posters displayed for promoting LAVNS and brochures readily available to victims? If no, please go to the LCLE website to request free LAVNS materials at: [www.lcle.la.gov/lavns](http://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://cvs.la.gov/program/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 goals and objections were met.

Serving over 260 women and children, served 364.  
Safety planning provided to 260 women, was offered to every survivor.  
Resource data was offered to every survivor.

2. Did the project work as expected? Explain.

Yes. Having an overnight advocate has helped meet our goals. Many women and families come at all hours and this program can provide service 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. Directors 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: 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?

This 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.

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. 18<sup>th</sup> 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 including fax, internet and office machines.

**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.

Calcasieu Women's Shelter host a Domestic Violence Task Force every other month. Included are:  
District Attorney's Office  
Sheriff's office & Police Department  
Courts, Judges  
Victim Service Providers  
Child Protection & Elderly Protection  
Clerk of Court Office  
Other interested parties

Consultation and collaboration is a goal of the Task Force.