

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C12-4-010

APPLICANT: Safety Net For Abused Persons

PROJECT TITLE: Shelter Program - Adults

PROJECT FUNDS :

FUND: \$ 45,042 80.00%
MATCH: \$ 11,261 20.00%
TOTAL: \$ 56,303 100.00%

PROJECT DURATION: 12 months

START DATE: 01/01/2013

END DATE: 12/31/2013

Continuation of C88-4-002

PROJECT SUMMARY:

Safety Net for Abused Persons (SNAP) assists victims of domestic violence in Iberia Parish and St. Martin Parishes on a 24-hour basis. SNAP a 22-bed shelter facility, 24-hour crisis hot line, legal advocacy services, which includes assisting with the preparation of temporary restraining orders and court escort, children's advocacy, seminars, life skills training, support and educational group meetings. SNAP also provides optional counseling, transportation, food and supplies, referral for medical attention, case management, an Outreach office in the rural area of Iberia Parish, and an Outreach in St. Martin Parish. In the outreach offices, the survivors are offered the same services as provided to shelter residents.

RECOMMENDATION: FUND X 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

CRIME VICTIM ASSISTANCE
FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY:

Project ID: C12-4-010

CVA Purpose Area: 2

1. TITLE OF PROJECT

Domestic Violence Program

Shelter Program -
Adults

2. NEW PROJECT

CONTINUATION PROJECT OF: C11-4-010

3. PROJECT DURATION

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

Desired Start Date: 1/1/2013

Desired End Date: 12/31/2013

4. PROJECT FUNDS

Federal Funds: \$45,045¹²

Cash Match: \$11,261

In-Kind Match: \$0

Total Project: \$56,306³

5A. APPLICANT AGENCY INFORMATION

Agency Name: Safety Net for Abused Persons

Physical Address: Confidential

City: New Iberia

Zip: 70562-0207

Mailing Address: P.O. Box 10207

City: New Iberia

Zip: 70562-0207

Phone: (337) 367-7627

FAX: (337) 367-7696

Email: safenet@cox-internet.com

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Hayward P Migues

Title: President Board of Directors

Agency Name: Safety Net for Abused Persons

Address: P.O. Box 10207

City: New Iberia

Zip: 70562-0207

Phone: (337) 367-7627

FAX: (337) 367-7696

Email: safenet@cox-internet.com

Fed Employer Tax Id: 58 - 1661445

DUNS: 167097815 -

CCR CAGE/NCAGE: 5KPU4

CCR Expiration Date: 04/12/2013

6. IMPLEMENTING AGENCY

Name: Safety Net for Abused Persons

Title: Domestic Violence Program

Agency: SNAP

Address: P.O. Box 10207

City: New Iberia

Zip: 70562-0207

Phone: (337) 367-7627 FAX: (337) 367-7696

Email: safenet@cox-internet.com

7. PROJECT DIRECTOR

Name: Carol Mumm

Title: Executive Director

Agency: Safety Net for Abused Persons

Address: P.O. Box 10207

City: New Iberia

Zip: 70562-0207

Phone: (337) 367-7627 FAX: (337) 367-7696

Email: carol@snapofiberia.org

8. FINANCIAL OFFICER

Name: Kay Breaux

Title: Treasurer

Agency: Safety Net for Abused Persons

Address: P.O. Box 10207

City: New Iberia

Zip: 70562-0207

Phone: (337) 367-7627 FAX: (337) 367-7696

Email: safenet@cox-internet.com

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

Safety Net for Abused Persons (SNAP) assists victims of domestic violence in Iberia and St Martin Parishes on a 24 hour basis. SNAP provides a 22 bed shelter facility, 24 hour crisis hot line, legal advocacy services, which includes assisting with the preparation of temporary restraining orders and court escort, children's advocacy, seminars, life skills training, support and educational group meetings. SNAP also provides option counseling, transportation, food and supplies, referral for medical attention, case management, and an Outreach office in the rural area of Iberia Parish and an Outreach in St. Martin Parish. In the outreach offices the survivors are offered the same services as provided to shelter residents.

2012 SEP 12 PM 5:56

LA COMMISSION
LAW ENFORCEMENT

SECTION 100. PERSONNEL

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

FULL-TIME EMPLOYEES:

| POSITION TITLE | EMPLOYEE NAME | FT | ACTUAL MONTHLY SALARY | TIME DEVOTED TO PROJECT | NUMBER OF MONTHS | TOTAL SALARY PAID BY GRANT | PAID WITH | |
|--|--------------------|----|-----------------------|-------------------------|------------------|----------------------------|--------------------------|--------------------------|
| | | | | | | | F | C |
| Survivor Advocate | Vanessa Constantin | FT | \$1,833.33 | 100.00% | 12.00 | \$21,999.96 | <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"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES: | | | | | | \$21,999.96 | F = Fed Funds | C = Cash Match |

PART-TIME OR OVERTIME EMPLOYEES:

| POSITION TITLE | EMPLOYEE NAME | PT OT | ACTUAL EMPLOYEE HOURLY SALARY RATE | NUMBER OF HOURS | TIME DEVOTED TO PROJECT | NUMBER OF WEEKS | TOTAL SALARY PAID BY GRANT | PAID WITH | |
|--|----------------|-------|------------------------------------|-----------------|-------------------------|-----------------|----------------------------|-------------------------------------|-------------------------------------|
| | | | | | | | | F | C |
| Shelter Advocate | Anderie Sigure | PT | \$8.00 | 32.00 | 100.00% | 52.00 | \$13,312.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Shelter Advocate | Sherika Smith | PT | \$8.00 | 26.00 | 100.00% | 52.00 | \$10,816.00 | <input checked="" type="checkbox"/> | <input checked="" 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: | | | | | | | \$24,128.00 | 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 | \$36,902 |
| CASH MATCH | \$9,226 |
| IN-KIND MATCH | |
| PERSONNEL TOTAL | \$46,128 |

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:

Services to survivors of domestic violence is the need for each position, as we endeavor to strengthen and enhance our program and the community's response to domestic violence, to better meet the needs of the survivors of domestic violence.

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

Salaries are determined by education and experience. Formerly battered women and women of color are encouraged to apply. Salary scales are reviewed each year. Salaries are also in line with salaries of other domestic violence shelters.

C) Project duties of each position requested:

Shelter Advocates: The Advocates work part time Monday through Friday, 4:00 p.m. to 12:00 midnight and weekends in the shelter program. Duties are 100% direct service to the survivors. The Advocates assist the survivors with options, answers the crisis line, admits survivors into the shelter and do exit interview upon departure, and maintains the nightly flow of services in the shelter.

Survivor Advocate: The Advocate works Monday through Friday, 8:00 a.m. to 4:30 p.m. in the shelter program and assist in the Outreach Program. Her duties are 100% direct services to the survivors and include: assisting survivors with setting realistic goals plans and uses program resources and community referrals to assist survivors in achieving their stated goals and objectives; providing case management duties (keeping written records of activities, and completing reports on survivor progress), facilitating weekly self-esteem workshops and providing other information leading to self-sufficiency, developing personal contacts with other agencies to facilitate advocacy for survivors; developing new resources particularly in areas of employment and housing and making information available to the survivor; providing intake counseling; answering crisis calls to provide crisis intervention services.

The Survivor Advocate will also assist the Outreach Advocate serving Jeanerette, Lydia, Loreuville, and Delcambre and St Martin Parish. with the same that are offered in New Iberia, such Temporary Restraining Orders and court escort.

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 - Anderie Sigure is existing personnel in this grant. She remains in the same position performing the same grant activities.
Existing -Vanessa Constantin is existing personnel in this grant. She remains in the same position performing the same grant activities
Existing -Sherika Smith Effective 1/1/2013 she will be working on activities in this grant.

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. Vanessa Constantin | .062 | | \$22,000 | \$1,364 | 5. | .062 | | | \$0 |
| 2. Anderie Sigure | .062 | | \$13,312 | \$825 | 6. | .062 | | | \$0 |
| 3. Sherika Smith | .062 | | \$10,816 | \$670 | 7. | .062 | | | \$0 |
| 4. | .062 | | | \$0 | 8. | .062 | | | \$0 |
| MEDICARE | RATE | | SALARY | TOTAL | MEDICARE | RATE | | SALARY | TOTAL |
| 1. Vanessa Constantin | .0145 | | \$22,000 | \$319 | 5. | .0145 | | | \$0 |
| 2. Anderie Sigure | .0145 | | \$13,312 | \$193 | 6. | .0145 | | | \$0 |
| 3. Sherika Smith | .0145 | | \$10,816 | \$156 | 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. Vanessa Constantin | 439.00 | 12.00 | 100.00% | \$5,268 | 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. Vanessa Constantin | 0.030 | | \$22,000 | \$660 | 5. | | | | \$0 |
| 2. Anderie Sigure | 0.030 | | \$13,312 | \$399 | 6. | | | | \$0 |
| 3. Sherika Smith | 0.030 | | \$10,816 | \$324 | 7. | | | | \$0 |
| 4. | | | | \$0 | 8. | | | | \$0 |
| UNEMPLOYMENT TAX Based on first \$7,000 or Less | RATE | TYPE | SALARY | TOTAL | UNEMPLOYMENT TAX Based on first \$7,000 or Less | RATE | TYPE | SALARY | TOTAL |
| 1. | | CHECK TYPE: | | \$0 | 5. | | CHECK TYPE: | | \$0 |
| 2. | | | | \$0 | 6. | | | | \$0 |
| 3. | | <input type="checkbox"/> FUTA | | \$0 | 7. | | <input type="checkbox"/> FUTA | | \$0 |
| 4. | | <input type="checkbox"/> SUTA | | \$0 | 8. | | <input type="checkbox"/> SUTA | | \$0 |
| PUBLIC/PRIVATE RETIREMENT | RATE | | SALARY | TOTAL | PUBLIC/PRIVATE RETIREMENT | RATE | | SALARY | TOTAL |
| 1. | | | | \$0 | 5. | | | | \$0 |
| 2. | | | | \$0 | 6. | | | | \$0 |
| 3. | | | | \$0 | 7. | | | | \$0 |
| 4. | | | | \$0 | 8. | | | | \$0 |
| OTHER: | RATE | | SALARY | TOTAL | OTHER: | RATE | | SALARY | TOTAL |
| 1. | | | | \$0 | 5. | | | | \$0 |
| 2. | | | | \$0 | 6. | | | | \$0 |
| 3. | | | | \$0 | 7. | | | | \$0 |
| 4. | | | | \$0 | 8. | | | | \$0 |
| FRINGE BENEFITS TOTAL (A): | | | | \$10,178 | 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): \$10,178

| SECTION 200. FRINGE BENEFITS SUMMARY | |
|--------------------------------------|-----------------|
| FEDERAL FUNDS | \$8,143 |
| CASH MATCH | \$2,035 |
| TOTAL FRINGE BENEFITS | \$10,178 |

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.

Safety Net for Abused Persons endeavors to provide safety and support to abused women and children so that they can begin a journey of physical and spiritual healing leading to a life of empowerment and self-sufficiency, free from violence. To survivors of domestic violence and their children, their most urgent needs are safety, housing, economic sufficiency, transportation and child care assistance.

Domestic violence remains the number one cause of injury to women in this nation, exceeding injuries due to accidents and muggings. Louisiana ranked number three in the nation as the most lethal state for women, based on the FBI's 2002 statistics (Violence Policy Center in Washington, D.C.). In 2010, Louisiana currently ranks first in the nation and has been the only state to consistently rank among the top five states with the highest such lethality ratings, based on seven years of statistical assessments. Since May of 2004, domestic violence has taken the lives of 14 women and 2 children in Iberia Parish. Of the last six victims, four were murdered in 2008 and two victims were murdered in 2009. There was a female victim in July 2010. Although the victim was murdered in St Martin Parish, the victim received services at SNAP and had relocated to St Martin Parish after leaving the shelter later in the year.

SNAP's commitment to educate the community about domestic violence is grounded in the belief that the more and more this hideous act is defined and exposed, the more the community will become invested in doing its part to ensure that changes are made toward its eradication. Members of the community begin to feel better about themselves as they take an active part in the solution by donating their time, talents, finances, advocating for legislation to effect positive change, and exercising their voting voice in favor of persons advocating on behalf of domestic violence survivors.

Services to survivors of domestic violence continue to be our main goal as we endeavor to strengthen and enhance our program and the community's response to domestic violence to better meet the needs of the survivors of domestic violence.

St Martin Parish has now become part of SNAP's service area. With this additional service area, we are beginning to collect data and work with law enforcement to identify the needs of St. Martin Parish.

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

SNAP is the only domestic violence program within a 20 mile radius of within SNAP's service area of Iberia and St Martin Parishes. Without domestic violence services in Iberia and St Martin Parishes, women might possibly remain in the violent home seeing no way of escape or no where to go. Many women, lacking transportation would find travel to another shelter impossible. Providing safe shelter and outreach services to the outlying area of the parish provides victims with a support system and tools to make a positive change in their circumstances.

SNAP has specific objectives which it strives to achieve. SNAP'S long-term objective is to bring about awareness, create social change and end family violence in our homes and communities. SNAP's short-term goal is to provide a safe haven for healing and empowerment for the women and children who are victims of domestic violence. Services include crisis line calls/crisis intervention, safe shelter, safety planning, referral system, goal setting, support groups and empowerment counseling, court escort and other types of advocacies, and emergency services. Services to survivors of domestic violence continue to be our main goal as we endeavor to strengthen and enhance our program and the community's response to domestic violence to better meet the needs of the survivors of domestic violence.

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. To assist 250 (new) women and children in the shelter, and 400 (new) women and children in the non-residential program.

GOAL: II. Create social change through increased public awareness and education.

1. Provide safety, shelter, crisis intervention, case management, option counseling, referrals, and legal advocacy to all victims.
2. Provide weekly education and support groups for all victims of domestic violence
3. Present information regarding the dynamics of domestic violence and its impact on society, by using such mediums of television, social and civic clubs, hospitals, and in the workplace.
- 4 Increase our presence in the outlying areas of the Iberia Parish and Outreach Services to victims St Martin Parish
5. Increase the number of volunteers to mobilize resources for all victims, and /or provide services to all victims.

These goals will be accomplished within the 12 month tie table of the grant.

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 I

Obj.1-Daily statistical sheets will be maintained by all staff/volunteers providing assistance to victims. The stats sheets will reflect the number of services provided to individual victims and their children. Out comes of these services will also be reflected in the stats. Evaluations of services received will be conducted by the victims as they exit the program.

Obj.2-Victims attending the weekly support groups will have program designed specifically for victims of domestic violence. The program will educate the victims on the dynamics of domestic violence and the effects that it has on the victim and the children. The program will also give the victims the tools needed in dealing with the trauma associated with domestic violence. All victims will sign in to reflect their attendance in the supports. Survivors will be provided life skills tutorial and seminar trainings including resume preparation, GED tutorial, money management, basic computer training and employment networking. Monthly evaluations will be conducted by the support group members. 10 to 15 victims should be serviced weekly in support groups

GOAL II.

Obj. 1- Personal presentations will use such mediums as videos, written curriculums, pamphlets and other circulars speaking on domestic violence. These presentations will provide evaluations through open dialogue and evaluative surveys at the conclusion of the presentation. Radio presentations will provide for open discussion on issues related domestic violence. SNAP should conduct 3 presentations monthly

Obj. 2- Distribute educational and service information throughout the parish, so that all victims are aware of the services that are available and how to access those services.

Obj. 3- Daily sign in sheets are kept and maintained on all volunteers and the hours that they provide services. Each volunteer goes through an initial 24 hour training to ensure the safety of all victims and personnel and training hours and training description is recorded and maintained in the appropriate file. The volunteers assist advocates in providing services to the victims and their children and their services are evaluated by the shelter's department receiving those services.

All of these Ojectives will be completed with the 12 month time frame of the grant.

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.

1. METHOD: Safety Net for Abused Persons has a 22 bed facility for residential survivors and their children. Shelter services are also available to those survivors receiving services from the Outreach Office in Jeanerette and St. Martin Parish. Shelter services will be maintained in order to accommodate the anticipated number of victims that SNAP will serve during the grant period with full time and part time positions of Shelter Advocate.
2. METHOD: Safety Net for Abused Persons will provide weekly support groups, self esteem workshops, life skills training, and educational workshops on domestic violence for residential and non-residential victims and victims receiving services in the Jeanerette Outreach Office and St Martin Parish Outreach Office.
3. METHOD: Safety Net for Abused Persons will continue its community awareness educational component by speaking on KANE radio, KATC and KLFY Television Station, on issues of family violence. We will conduct vigils and other outdoor community gatherings to use as forums for presenting information associated with family violence. Additionally, we will continue to seek opportunities to speak before civic and social group, not less than once quarterly, regarding the dynamics of domestic violence.
4. METHOD: Increase our presence in the parish providing information regarding services and access to those services, which include outreach areas, such as Jeanerette, Lydia, Loreauville, and Delcambre. Provide outreach services to Victims in St Martin Parish
5. METHOD: Safety Net for Abused Persons will utilize the newspaper, radio and church bulletins to recruit volunteers. The volunteers will be provided training to prepare them to work with victims and their children. Trainings will be offered monthly and include the dynamics of domestic violence, crisis intervention, children's services, option counseling, and quality standards and assurances.

These methods will accomplish the goals and objectives within the 12 month time table of the grant.

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.)

We were able to track the number of services provided and victims receiving services. Each victim receiving services was given an opportunity to evaluate the services received and if the services provided met her needs. Similar evaluation forms were utilized in the evaluation process for support groups and individual goal setting sessions with the advocate.

Services provided and evaluated were: safe shelter, which includes case management services, safety planning, legal advocacy, empowerment counseling, and support groups.

Education and information is provided to the public and school groups, through presentations and the written word. Surveys were utilized to evaluate the effectiveness of the information provided.

Listing of material distributed to various agencies, places of businesses, doctors and dentist offices are maintained. Materials distributed include information on domestic violence and how to access services provided by SNAP. These materials are replenished as needed.

2. Did the project work as expected? Explain.

Yes, the project has been very successful and the tools used to track the results proved to be sufficient. We were able to evaluate any areas that needed to be improved and if any additional methods needed to be implemented. At all times the safety and confidentiality of the victim was the foremost concern.

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 employees providing services, Support Groups Surveys, and Presentation Surveys

2. When will the data be collected?

Data collected from employees will be weekly. Surveys will be collected at the close of each event.

3. Who will collect and analyze the data?

The Legal Advocate will collect data.

Carol Mumm will analyze and submit data as required by the grant.

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

Name: Carol Mumm

Phone: (337) 367-7627

Email: safenet@cox-internet.com

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

Carol Mumm will review the data and revise or update project strategy if needed.

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.

Louisiana Commission on Law Enforcement will receive Quarterly Progress Reports and expenditure reports quarterly/monthly as specified at award time.



S.N.A.P.

Safety Net for Abused Persons

- Would you be interested in attending domestic violence support groups? _____ (Yes or No)
- Do you know someone who would be interested in attending a domestic violence support group? _____ (yes or No)
- Would you prefer a morning, afternoon or evening group? _____
- What day of the week could you most likely attend a group? _____
- If you attend a support group, what are some of the topics or workshops that you would be interested in?-

- We also provide feelings groups and structure play groups for the children. Would this be something that you would be interested in? _____ (yes or No)
- What are some of the concerns that you might have if attending support groups?

What are some concerns that you may have for your children attending groups?

- Any other comments that you would like to make regarding other services offered.



(337) 367-SNAP ▪ Fax: (337) 367-7696
 Post Office Box 10207 ▪ New Iberia, Louisiana 70562
SNAP 24-Hour Crisis Line (337) 367-SNAP
 Follow Safety Net for Abused Persons, Inc. on Facebook
 Web Site www.snapofiberia.org



DV Questionnaire

1. Domestic Violence & Abuse is discriminatory? T or F
2. Domestic Violence & Abuse is caused by mental illness or substance abuse? T or F
3. Domestic Violence & Abuse is about.....
 - a. Love & Affection
 - b. Insecurity
 - c. Generational upbringing
 - d. Power & Control
4. Domestic Abuse (DA) is a onetime occurrence? T or F
5. Emotional or psychological abuse is not considered DA? T or F
6. Batterers are usually mild mannered and take responsibility for their actions? T or F
7. Domestic Abuse Battery is the intentional use of force or violence committed by one household member upon the person of another household member without the consent of the victim, as defined in LA R.S. 14:35.3? T or F
8. Simple Battery should be charged in the majority of DA incidents? T or F
9. A victim must be living with the batterer in order for DA Battery to be charged? T or F
10. Third conviction of DA Battery becomes a felony? T or F
11. Subsection I of DA Battery applies to children under the age of 12? T or F
12. In accordance with RS 46:2140 Domestic Abuse Assistance Act, whenever a Law Enforcement Officer has reason to believe that a family or household member or dating partner has been abused, the Officer

shall immediately use all reasonable means to prevent further abuse by arresting the abusive party with or without a warrant if probable cause exists? T or F

13. In accordance with RS 46:2140 Domestic Abuse Assistance Act, when a Law Enforcement Officer receives conflicting accounts of domestic abuse or dating violence, the Officer shall make a dual arrest? T or F

14. In accordance with RS 46:2141, whenever a law enforcement officer investigates an allegation of domestic abuse, whether or not an arrest is made, the officer shall make a written report of the alleged incident, including a statement of the complainant, and the disposition of the case? T or F

15. Any Law Enforcement Officer reporting in good faith, exercising due care in the making of an arrest or providing assistance pursuant to the provisions of RS 46:2140 and 2141 shall have immunity from any civil liability that otherwise might be incurred or imposed because of the report, arrest, or assistance provided? T or F

16. Victims of dating violence are covered under RS 46:2151? T or F

17. Dating violence does not include same sex relationships? T or F

18. DA battery with the involvement of strangulation can be charged as a felony? T or F

19. When a P.O. is in effect, the Petitioner (Victim), can be charged with a violation of the P.O.? T or F

20. Domestic abuse calls are the easiest and safest call a Law Enforcement Officer will make in a day? T or F

Safety Net for Abused Persons Departure Summary

Resident's Name: _____

Staff completing Departure Summary: _____

Date of Entry: _____ Date of Departure: _____ Number of Days in Shelter: _____

Reason for Departure: _____

Services and/or Referrals provided during Survivor's Shelter stay:

Check off Services that were provided ✓

| <u>Referrals</u> | ✓ | <u>Services</u> | ✓ | Temporary Restraining Order | |
|------------------------------|---|-------------------------------|---|---------------------------------------|---|
| Food Stamps/Public Assist. | | Transportation | | Court Escort | |
| SSI/Social Security | | Medical Rx / Doctor Visits | | <u>Children's Services</u> | ✓ |
| Housing and/or HUD | | Personal Hygiene Items | | Children's Play Group | |
| Medical | | Food, Clothing, & donations | | Children's Feelings Group | |
| Legal Aid/Attorneys | | Financial Assistance | | Parenting Classes | |
| Job Service/Employment | | "Let's Talk" Rap/DV Education | | Children's Individual Counseling | |
| Social Service Center | | Self Esteem Gr.(Coffee Break) | | Children's Assessment | |
| SMILE | | Support Group (Thurs. Night) | | Individual session/Child's needs | |
| Churches | | Support Group (Monday Night) | | <u>Other services Provided</u> | ✓ |
| Outside Spiritual Counseling | | Life Skills Seminars | | 1. | |
| Other local Agencies | | Individual Counseling | | 2. | |
| Law Enforcement | | Goal Setting | | 3. | |
| Reparations | | Safety Planning | | 4. | |
| Judges/DA's | | Legal Options/ Legal Intake | | 5. | |

✓ Yes or No for Outcomes Measurement and the questions below.

| <u>Outcomes Measurement</u> | Yes | No |
|-----------------------------|-----|----|
| Obtained Housing | | |
| Job Training/ Education | | |
| Employment/ Other income | | |
| Child Care Assistance | | |
| Legal Referrals | | |
| Safety Plan | | |
| Power and Control Education | | |
| Cycle of Violence Education | | |

1. Would you like to leave address to send mail? __ Yes __ No

2. Do you have a "safe telephone number"? _____
3. Would you like us to contact you for events or children's activities? __ Yes __ No
4. Would you like to continue in support groups? __ Yes __ No
5. Would you like appointment times for necessary household items, clothing and food items from donations? __ Yes __ No

Resident's Signature: _____

Staff Signature: _____ Date: _____

Survivor Survey

We are interested in your feedback about your experience with Safety Net for Abused Persons
Please take a moment to fill out the following:

Name: _____ Date _____

1. Please rate the following:
Please circle your choice

| | | | | |
|--|-----------|------|------|------|
| Your treatment when you arrived | Excellent | Good | Fair | Poor |
| General attitude of staff | Excellent | Good | Fair | Poor |
| Living arrangements | Excellent | Good | Fair | Poor |
| Safety/Security | Excellent | Good | Fair | Poor |
| Helpfulness of Advocate | Excellent | Good | Fair | Poor |
| Helpfulness of "Let's Talk"/Rap Sessions | Excellent | Good | Fair | Poor |
| Helpfulness of Groups | Excellent | Good | Fair | Poor |
| Interaction with other Residents | Excellent | Good | Fair | Poor |

2. How would you rate the Shelter Guidelines and Chore List? Fair Unfair

3. How would you rate the Agreements you were asked to sign? Fair Unfair

4. Please check any referrals that you were given and rate their effectiveness

Medical, Legal, Public Assistance/Food Stamps, Housing/HUD, Social Services,
 Job Search, Other

Excellent Good Fair Poor

5. What other services would have been helpful during your stay at the Shelter?

6. Will you use SNAP services in the future such as support groups, counseling, and children's activities? Yes / No

7. Any comments that you wish to make: _____

Advocate Departure Check List

Survivor Name: _____ File #: _____

Check off Summary:

- All items completed in the Departure Summary? ___ Yes ___ No
- All items completed in the Survivor Survey form? ___ Yes ___ No
- Was a Safety Plan completed? ___ Yes ___ No
- Was the Safety Plan documented on the Case Activity Record? ___ Yes ___ No
- Were the Children's Exit forms completed? ___ Yes ___ No

By: Children's Director _____ or Advocate on duty _____

- Were the bed linens washed and beds remade? ___ Yes ___ No
- Has the room been cleaned and ready for next resident? ___ Yes ___ No
- Have the Closet and Locker been checked for items forgotten? ___ Yes ___ No
- Was the room checked for comforters and other shelter items? ___ Yes ___ No
- Were the towels, hair dyers and curling irons returned? ___ Yes ___ No
- Did the Survivor receive donations from the shed at her ___ Yes ___ No

departure? If yes when were these items made available to her? _____

If no, why not? _____

If you checked no any item in the check off summary, please explain the reason why the item was not completed. _____

Other comments: _____

Staff Signature: _____

Date: _____

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.

At the conclusion of Federal Funds SNAP will appeal to the public and Local Government for support, not to interrupt the flow of services to the victims of Iberia Parish. SNAP is continually seeking additional funding through fund raisers and corporate sponsors for various projects.

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.

SNAP was established in 1983 as non-residential facility with a safe home project. In 1990 SNAP purchased a building and renovations were completed to open a 16 bed facility. In 1994, SNAP expanded the shelter to include non-residential offices and a 22 bed shelter. The non-residential office includes Administration and the Legal Advocate Program. The Jeanerette Outreach Office provides services 2 days a week, located at The Jeanerette Police Station, Jeanerette, La. In addition SNAP provides services to victims at the Hopkins Street community Center operated by the Iberia Parish Sheriffs Office 2 days a week. Services to victims are in the Delcambre area are available one day a week at the Delcambre Police Station.

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 performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). Volunteers' duties must directly relate to the focus of this project and information stated in Section 100 Personnel.

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

Volunteers are not used as a match, however volunteers are trained in used in answering crisis line and assist in admitting victims in to the shelter. Volunteers are also used assisting in the presentations in the schools on dating violence. volunteers are also use to assist the facclicator in support groups, for women and children. An additional duty of volunteers is to put together training packets used for presentations.

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.

SNAP provides brochures/information on the victims' compensation (reparation) application process. The Legal Advocate, Shelter Advocates, and Outreach Advocate when providing services to victims, assess their need for reparation services and, if the victim qualifies, assists with the completion of a rough draft of the required applications. These individuals are then referred to the Sheriff's Department where the official application, with the aide of the rough draft, is completed. SNAP's personnel interacts and maintains contact with the sheriff's department personnel assigned to the victims' reparation program. Our priority is to ensure a complete and expeditious delivery of victims' reparation services to survivors.

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.

SNAP receives the majority of the victims from referral by Law Enforcement. SNAP is the only agency servicing battered women and children in Iberia Parish. SNAP has collaboration with the community and networks with other social agencies in the Judicial System and all Law Enforcement Agencies. SNAP participates in the local task forces addressing families in crisis, domestic violence, and community coordinated efforts for the underprivileged and the under-served. These task forces are: the Unmet Needs Committee of New Iberia, and a task force that includes the 16th Judicial District Court, the Sheriff Department, the New Iberia City Court System and the Jeanerette City Court.

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.

SNAP encourages all victims to report the crime to Law Enforcement. Networking with local law enforcement agencies such as the Iberia Parish Sheriff's Office and the Jeanerette City Police is the continual goal of SNAP. Iberia Parish Sheriff's Office and SNAP are presently working in a collaborative effort to assure the rights of the victims, this process is maintained by using the SNAP tear off sheet which is given to each victim by law enforcement. The tear-off sheets resemble a ticket. These sheets are also used by the Jeanerette Police Department. These sheets contain information on Victims rights, their right to file a temporary restraining order, and SNAP's 24 hour crisis line number and other services available.

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.

SNAP complies with the Louisiana Child Protection Act, as required by law. Every staff person providing direct services to victims and their children have a criminal background check done through the local Sheriff Department and the Louisiana State Police. Employees are screened randomly for drugs.