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LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C10-9-002

APPLICANT: Catholic Charities Archdiocese Of N. O.

PROJECT TITLE: Domestic Violence Program

PROJECT FUNDS :

FUND:	$ 47,000	80.00%	PROJECT DURATION:	12 months
MATCH:	$ 11,750	20.00%	START DATE:	01/01/2011
TOTAL:	$ 58,750	100.00%	END DATE:	12/31/2011

Continuation of C00-9-014

PROJECT SUMMARY:

Immigrant victims who are battered are often isolated by language, cultural practices, and ignorance of U.S. laws. A major objective of this program is to assist an underserved population, non-English speaking, primarily Hispanic residents, who are seeking services to address their domestic violence situation. To assist immigrant victims to understand the criminal justice system and law enforcement.

RECOMMENDATION : FUND X **DENY** ___

SPECIAL CONDITIONS :

1. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.
2. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.

LOUISIANA COMMISSION ON LAW ENFORCEMENT AND THE ADMINISTRATION OF CRIMINAL JUSTICE

CRIME VICTIM ASSISTANCE FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY: Project ID: C10-9-002 CVA Purpose Area: 1,2,4

1. TITLE OF PROJECT
Domestic Violence Program -- Immigration

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: C09-9-002

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

4. PROJECT FUNDS

Federal Funds:	$47,000
Cash Match	
In-Kind Match:	$11,750
Total Project:	**$58,750**

5A. APPLICANT AGENCY INFORMATION
Agency Name: Catholic Charities Archdiocese of New Or
Physical Address: 1000 Howard Avenue
City: New Orleans Zip: 70113-1972
Mailing Address: 1000 Howard Avenue
City: New Orleans Zip: 70113-1972
Phone: (504) 310-6926 FAX: (504) 310-6876
Email: maryclairelandry@archdiocese-no.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: James R. Kelly
Title: Co-President and Co-CEO
Agency Name: Catholic Charities Archdiocese of New Orlean
Address: 1000 Howard Avenue
City: New Orleans Zip: 70113-1972
Phone: (504) 592-5683 FAX: (504) 596-3098
Email: jkelly@archdiocese-no.org

Fed Employer Tax Id: 72 - 0408911 DUNS: 795171297 - CCR CAGE/NCAGE: 1L6S9 CCR Expiration Date: 1/13/2011

6. IMPLEMENTING AGENCY
Name: James R. Kelly
Title: Co-CEO/Co-President
Agency: Catholic Charities Archdiocese o
Address: 1000 Howard Avenue
City: New Orleans Zip: 70113-1972
Phone: (504) 592-5683 FAX: (504) 596-3098
Email: jkelly@archdiocese-no.org

7. PROJECT DIRECTOR
Name: Mary Clarie Landry
Title: Director, D.V. and Sexual Assault
Agency: Catholic Charities Archdiocese o
Address: 1000 Howard Avenue
City: New Orleans Zip: 70113-1972
Phone: (504) 310-6926 FAX: (504) 310-6876
Email: maryclairelandry@archdiocese-no.org

8. FINANCIAL OFFICER
Name: Cheryl LaBorde
Title: CFO
Agency: Catholic Charities Archdiocese o
Address: 1000 Howard Avenue
City: New Orleans Zip: 70113-1972
Phone: (504) 310-8720 FAX: (504) 523-1119
Email: cdlaborde@ccano.org

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

Immigrant victims who are battered are often isolated by language, cultural practices, and ignorance of U.S. laws. A major objective of this program is to assist an under-served population, non-English speaking, primarily Hispanic residents, who are seeking services to address their domestic violence situation. Additionally this program will assist victims who are immigrants in our country to understand the criminal justice system and law enforcement. A third objective is to help victims stabilize their lives and avoid further abuse by informing them of their rights and working to provide them with assitance with legal status and authorization to work permits. The hispanic population in New Orleans continues to grow after Katrina seeking labor opportunities and often times the laborers are relocating their families here. Often these families arrive in the city with adequate housing and support structures. Domestic violence and sexual assault is a major concern with this often times hidden population and often goes unreported because of their legal status.

VOCA PURPOSE AREAS

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

☒	Sexual Assault
☒	Domestic Abuse
☐	Child Abuse
☒	Previously Underserved

State Type of Previously Underserved: Immigrant/Hispanic populations

PROJECT BUDGET SUMMARY

INSTRUCTIONS: The Checklist is self-explanatory. In Project Summary, applicable budget category totals will be automatically entered from each of the Detailed Project Budget Summaries. Provide source of Cash and/or In-Kind Match. In last table, check the type of victimization types that this project will address.

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

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

Person Completing Budget Section: Cory Turner Title: Business Manager
Phone: (504) 596-3086 Fax: (504) 310-6876 E-Mail: cturner@ccano.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$35,385	$0	$11,750	**$47,135**
SECTION 200. FRINGE BENEFITS	$7,995	$0	N/A	**$7,995**
SECTION 300. TRAVEL	$713	$0	$0	**$713**
SECTION 400. EQUIPMENT	$0	$0	$0	**$0**
SECTION 500. SUPPLIES	$0	$0	$0	**$0**
SECTION 600. CONTRACTUAL	$0	$0	N/A	**$0**
SECTION 700. RENOVATION COSTS	$0	$0	$0	**$0**
SECTION 800. OTHER DIRECT COSTS	$2,907	$0	$0	**$2,907**
TOTAL:	**$47,000**	**$0**	**$11,750**	**$58,750**

Provide Source of *Cash* Match: No cash match

Provide Source of *In-Kind* Match: Volunteers and law student volunteers

SECTION 100. PERSONNEL

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

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
Program Director	Deanne Bowman	FT	$3,657.50	10.00%	12.00	$4,389.00	☒	☐
Case Manager	Megan Harris	FT	$2,583.00	100.00%	12.00	$30,996.00	☒	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						$35,385.00	F = Fed Funds C = Cash Match	

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							$0.00	F = Fed Funds C = Cash Match	

VOLUNTEERS:

DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions.	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
Volunteers to answer crisis line, assist in children's program, provide support for program	575.00	$10.00	$5,750.00
Legal assistants to research VAWA regulations and to assist in work authorizations, etc.	240.00	$25.00	$6,000.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			$11,750.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	$35,385
CASH MATCH	$0
IN-KIND MATCH	$11,750
PERSONNEL TOTAL	$47,135

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:

The Program Director leads the direction of the services and responds to the changing needs of the immigrant community, supervises staff and assist with the program's budget and provide technical assistance to clients and providers.

The bi-lingual case manager provides victims services, including comprehensive case management, information and referral to immigration services, assists with emergency housing when appropriate, financial assistance, support groups, translation, attending court and appointments with survivors. This person is also responsible for maintaining documentation of services for the clients and for doing community outreach when possible.

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

Salaries are based on educational background and experience of each staff person, as determined by agency policies.

C) Project duties of each position requested:

The Program Director supervises the case manager and the volunteers, prepares all program reports and applications, manages the program budget and makes adjustement as needed and coordinates the delivery of services to immigrant victims of domestic violence with other programs and services offered with Immigration Services at Catholic Charities. She attends the domestic violence provider network meetings informing providers of the services offered to immigrant populations.

The case manager provides comprehensive case management services to victims of domestic violence and sexual assault, offering translation services, including having all marketing materials translated into Spanish. She provides intake, safety planning, lethality assessment, offers bi-lingual support groups and assists with navigating any legal or law enforcement issues that may creating barriers for the client.

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.]

This is a continuation grant. All personnel is exisitng. The Case Manager was hired specifically for the previous grant. The Program Director will supervise this employee for this period.

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. Deanne Bowman	.062		$4,389	$272	5.	.062			$0
2. Megan Harris	.062		$30,996	$1,921	6.	.062			$0
3.	.062			$0	7.	.062			$0
4.	.062			$0	8.	.062			$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Deanne Bowman	.0145		$4,389	$63	5.	.0145			$0
2. Megan Harris	.0145		$30,996	$449	6.	.0145			$0
3.	.0145			$0	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. Deanne Bowman	321.00	12.00	10.00%	$385	5.				$0
2. Megan Harris	321.00	12.00	100.00%	$3,852	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1. Deanne Bowman	0.020		$4,389	$87	5.				$0
2. Megan Harris	0.020		$30,996	$619	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
UNEMPLOYMENT TAX Based on first $7,000 or Less	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first $7,000 or Less	RATE	TYPE	SALARY	TOTAL
1. Deanne Bowman	0.011	CHECK TYPE:	$700	$7	5.		CHECK TYPE:		$0
2. Mehan Harris	0.011		$30,996	$340	6.				$0
3.		☐ FUTA		$0	7.		☐ FUTA		$0
4.		☐ SUTA		$0	8.		☐ SUTA		$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
OTHER	RATE		SALARY	TOTAL	OTHER	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
			FRINGE BENEFITS TOTAL (A):	$7,995				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): $7,995

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$7,995
CASH MATCH	$0
TOTAL FRINGE BENEFITS	$7,995

SECTION 300. TRAVEL

Itemize travel expenses of project personnel. Mileage is unallowable in agency owned vehicles. Charges are not to exceed established agency travel rates, but in no case can this exceed current Louisiana Travel Guideline rates. ***Only 50% of out-of-state travel reimbursement and requires prior approval from LCLE.***

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH F	C	IK
NAME: Megan Harris TITLE: Case Manager PURPOSE: Meetings, outreach, advocacy	$0.48	720.00	$345.60	☒	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
		SUBTOTAL FOR LOCAL TRAVEL:	$345.60	F = Federal Funds C = Cash Match IK = In-Kind Match		

NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE) NAME/POSITION TITLE/PURPOSE OF TRAVEL	TRAVEL DESTINATION	TRAVEL DATES: FROM	TO	PAID WITH F	C	IK
NAME: Megan Harris TITLE: Case Manager PURPOSE: LCADV meeting	TBD, based on location chosen by LCADV. Estimate belwo based on Baton Rouge rate.			☒	☐	☐
NAME: TITLE: PURPOSE:				☐	☐	☐
NAME: TITLE: PURPOSE:				☐	☐	☐

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH F	C	IK
NAME: Megan Harris	$0.48	180.00	$86.40	2	2	$76	$0	$206	$0	$368.40	☒	☐	☐
NAME:			$0.00							$0.00	☐	☐	☐
NAME:			$0.00							$0.00	☐	☐	☐
									SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:	$368.40	F = Federal Funds C = Cash Match IK = In-Kind Match		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	$713
CASH MATCH	$0
IN-KIND MATCH	$0
TRAVEL TOTAL	$713

SECTION 800. OTHER DIRECT COSTS

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

TYPE OF OTHER DIRECT COST	METHOD OF DETERMINING COST	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH F	C	IK
Cell phone	Average $60 per month	12.00	$60.00	$720.00	☒	☐	☐
Human Resources	Average $54.00 per month	12.00	$54.00	$648.00	☒	☐	☐
Budget/Payroll/Accounting	Average of $62 per month	12.00	$62.00	$744.00	☒	☐	☐
I.T. Services	Average $36.25 per month	12.00	$36.25	$435.00	☐	☐	☐
Database/Client Tracking	Average $30 per month	12.00	$30.00	$360.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
	SUBTOTAL OF OTHER DIRECT COSTS:			$2,907.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

A) Need for each type listed; and

The case manager has an agency cell phone to receive calls from clients when she is out of the office and working in the community and to assist with emergency crisis calls. Human Resources maintains records for the project and monitors accreditation, trainings, and other requirements for the program. Costs for budget, payroll, and accounting functions are distributed across programs. IT Services provides computer/network/internet service for the project and costs are alloacted to programs for this service. Client Tracking is used by CCANO to monitor clients and services delivered. The costs for this service are allocated to programs within CCANO.

B) Its relationship to project.

These costs are specifically needed to administer this grant and cover only those costs specifically required for the implementation and continuation of this grant.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	$2,907
CASH MATCH	$0
IN-KIND MATCH	$0
OTHER DIRECT COSTS TOTAL	$2,907

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.

Battered immigrant women are isolated by language, cultural mores, and ignorance of U. S. law from escaping domestic violence. Regardless of her immigration status, a battered immigrant is often quite fearful of any contact with law endorcement officials. When a battered immigrant finally decides to leave her abuser and seek assistance from mainstream domestic violence providers or the police, she frequently encourters such barriers as the lack of interpreters on shleter staff or the police offcer's lack of understanding of the strong cultural and family disapproval the victim may receive for reporting her abuse and leaving her husband.

The 2000 Census places the Hispanic population in the Greater New Orleans area at 60,000, with Orleans Parish having about 14,826 hispanic residents. Over 35,000 Asians reside in the New Orleans area (U.S. Census). Haitian community leaders estimate that almost 2000 Haitians reside in the metro area.

The Hispanic community in New Orleans remains an underserved population that is isolated by language, cultural and systemic barriers. These barriers make it difficult to address and reduce domestic violence in these isolated communities, without services targeted at these populations. Hurricanes Katrina and Rita changed the demographic portrait of the Greater New Orleans area and, as a result, there has been a major increase in the Hispanic population. According to The Times-Picayune, over 14,000 Hispanic workers have arrived in the region to provide assistance in the recovery effort, which in turn has lead to a continual influx of workers and their families. In an Associated Press story, published on December 23, 2008, the New Orleans Economic Development Office claimed the Hispanic population of New Orleans rose from nearly 15, 000, or 3.3% of the pre-Hurricane Katrina population, to 50,000, 15.2% of the current population.

Although there is still no accurate count of this growing population, there are increasing reports of domestic violence coming from healthcare providers and law enforcement. When victims seek assistance, there are numerous barriers they face from both service providers and the authorities. These barriers range from a lack of linguistic comprehension to a lack of cultural understanding. The lack of linguistically and culturally competent services in the community fall short in meeting the growing needs of Hispanic victims of domestic violence in the Greater New Orleans area.

Battered immigrant women remain in need of bilingual professionals who can help them understand their rights and options under U. S. law and help them in preparing applications for immigration relief. They need help from professionals with cross-cultural training and sensitivtity to access maintstream domestic violence providers and the criminal justice system. These needs can be met by funding the salaries of the proposed case manager and director.

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

We know that there is a gap in resources for this population from the number of clients who are coming in for services, and the requests for assistance that we receive from other programs, the New Orleans Police Department, the District Attorney's Office and the courts. There is a lack of bi-lingual case managers and social work professionals for this growing population. We are able to address vital needs for non-English speakers, providing appropriate linkages and advocacy, through the funding provided by this grant.

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.

Our primary goal is to reduce the barriers that prevent battered immigrant women from accessing services from programs that serve victims of domestic violence. Additionally, by reaching out to the community, we will be able to educate the population -- which, we hope, will reduce the instances of domestic violence in those communities, and will allow survivors the chance to seek help and know that help is available to them.

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.**

1. Reduce the barriers that prevent battered immigrant women from accessing services from programs that serve victims of domestic violence.

Objective 1: Directly assist 40 immigrant women of domestic violence access with needed DV, social and public agency services.

Objective 2: Educate and train four providers on how to better meet the needs of immigrant vicitms of domestic violence.

Objective 3: Advocate for 30 survivors as it relates to VAWA/U Visa, court accompaniment, and appointments to social and public agencies.

Objective 4: Assist 20 immigrant women through accompaniment and interpretation to the providers of legal assistance and orders of protection.

Reaching these objectives will be an on-going process over the grant period of January 1, 2011, through December 31, 2011. The program will continue seamlessly upon the start of the grant period.

D. ACTIVITIES / METHODS

List the specific activities and/or services to be provided that will accomplish the objectives. Must include a timetable for achieving the various components of your project. Timetable must cover entire grant period. This must relate back to the Goals and Objectives. If this is a training project, omit this page and complete D-2 Training Programs.

Goal 1: Objective 1:

Immigration survivor advocate will (and volunteeers will be trained to) provide referrals to service providers, the criminal justice system, and public benefit agencies (Food Stamps, etc.) Relationships will continue with providers to assist when needed.

This objective is ongoing, and will last throughout the period of January 1, 2011, through December 31, 2011.

Goal 1: Objective 2:

Staff will receive training on immigrant domestic violence issues and will share such information at two workshops during the grant year at a minimum.

This objective will be reached throughout the grant period of January 1, 2011, through December 31, 2011.

Goal 1: Objective 3:

Staff will work with systems and stakeholders to let them know of our services and will let survivors know of our availablity to guide them through processes aimed at bolstering their safety and wellbeing.

This process is on-going and the program will continue seamlessly upon the start of the new grant period of Janaury 1, 2011, through December 31, 2011.

Goal 2: Objective 4:

Staff will receive training on protective orders and will notify immigrant populations and immigrant clients of our pro bono legal services.

This process is on-going and will continue seamlessly upon the start of the new grant period, January 1, 2011, through December 31, 2011.

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: Deanne Bowman PHONE: (504) 866-7481 EMAIL: dbowman@ccano.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: PHONE: ( ) - EMAIL:

☒ 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.)

Goal 1. Reduce the barriers that prevent battered immigrant women from accessing services from programs that serve victims of domestic violence.
Obj 1: Directly assist 40 immigrant women of domestic violence access with needed DV, social and public agency services.
*Assisted 54 immigrant survivors of domestic violence via case management, counseling and court advocacy.
Obj 2: Educate and train four providers on how to better meet the needs of immigrant vicitms of domestic violence.
*Educated and trained the Latino Forum, The New Orleans Family Justice Center, Project Save, and Opportunidades NOLA on how to better meet the needs of immigrant victims of domestic violence.
Obj 3: Advocate for 30 survivors as it relates to VAWA/U Visa, court accompaniment, and appointments to social and public agencies. *Advocated for 43 immigrant survivors as per the above objective.
Goal 2. Reduce the occurrence of domestic violence in the New Orleans immigrant communities.
Obj 1: Educate 300 immigrants on the social and legal consequences of domestic violence through presentations, individual counseling, crisis line counseling, and/or group counseling. *Educated 300+ immigrants through outreach at four different community events (Celebracion Latino, Puentes, Opportunidades NOLA, and Lationo Forum) and 74 individual immigrants through individual, group and/or crisis line counseling.
Obj 2: Assist 20 immigrant women through accompaniment and interpretation to the providers of legal assistance and orders of protection. *Assisted 42 immigrant women through accompaniment and interpretation to providers of legal assistance and orderes of protection.

2. Did the project work as expected? Explain.

Yes, we were able to provide services of case managemnt, counseling, and court advocacy to 54 immigrant survivors, 42 of whom required advocacy with VAWA/U-visa. We educated and trained four providers on how to better meet the needs of immigrant women. Through the services wer have provided, we have attempted to reduce the occurance of domestic violence in the New Olreans immigrant communities.

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?

Due to the possible de-funding of the culturally-speciffic grant, our agency will be limiting its community outreach and will focus all of its resources in the grant to direct services to victims.

I. EV. UATION AND DISSEMINATION OF REF .TING

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?

Client records and agency database. Quality assurance surveys and State of Louisiana OCFS forms.

2. When will the data be collected?

At the time of services, the case manager tracks the services provided in the agency client tracking program. Other surveys are completed periodically on a monthly basis.

3. Who will collect and analyze the data?

The case manager collects and inputs the data. The supervisor and director reviews and prepares the monthly statisical reports. Results of surveys are presented to administration and appropriate funding sources.

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

Name: Deanne Bowman/Mary Claire Landry Phone: (504) 310-6885 Email: maryclairelandry@archdiocese-no.org

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

The project strategy is revised based on monthly data. If the strategy needs to be updated or revised, that process is accomplished with the appropriate staff members, the program director, and the director of the department.

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.

Catholic Charities -- Implementing agency

City of New Orleans and the Louisiana Commission on Law Enforcement -- Quarterly Progress Reports
Quarterly Expenditure Reports

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.

We are consistantly working with local stakeholders to maintain funding for programs. Currently, municipal funding for programs is very limited, and, though we keep the need for services in the public eye, other needs are often addressed through the use of local funding. This project is funded with the City of New Orleans as the oversight agency. We continue to work with the United Way and other area funders to increase amounts dedicated for program services. Working with Catholic Charities' Development Office, we constantly seek new funding sources for our programs.

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.

Services are provided at Crescent House (2814 South Carrollton Avenue). Staffing is available at the location to assist survivors throughout the day, and 24 hours a day, by way of the Crisis Line. Survivors who are in need of emergency housing in Orleans Parish are also assisted by a case manager dedicated to survivors living within the parish. Additionally, we have transitional housing resources for sexual assault survivors who are homeless due to sexual abuse. Shared supplies are availabe at the location to support the prject as needed.

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	6/30/2009
2.	Dates covered by last audit:	7/1/2008 - 6/30/2009
3.	Date of next audit:	6/30/2010
4.	Dates to be covered by next audit:	7/1/2009 - 6/30/2010
5.	Date next audit will be forwarded to LCLE:	12/31/2010

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

M. VOLUNTEERS

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

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

N. REQUIRED COMPONENTS

1. Subgrantees are required to help victims apply for victim compensation. Describe a specific plan on how applicant has or will interface with the Louisiana Crime Victims Reparations Program.

The Program Director will maintain an effective relationship with the Louisiana Crime Victims Reparations Program to ensure that victims are aware of the services and can apply without problems for assistance. Crescent House provides an information packet to the survivor upon the first contact. The Crime Victims Reparations flyer is part of the packet. The flyer and the application process are explained to the applicant , and the immigration case manager will offer assistance in guiding the client through the process. We also provide contact information for the Crime Victims Reparations representative and encourage the applicant to contact the representative with questions or concerns.

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.

The program has established working relationships with community organizations and criminal justice agencies. Our agency collaborates with the New Orleans Police Department, the District Attorney's Office, attorneys at Immigration Services at Catholic Charities, and with other valuable partners.

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.

Through the partnership with the New Orleans Family Justice Center, our agency has a close working relationship the New Orleans Police Department's Domestic Violence Detectives. Our case manager works with the survivors to see law enforcement as a support and a resource, and and uses the relationship to show how their involvement can help them (U-Visa, etc.). By partnering with them in services whenever possible, survivors see the positive benefits of our collaboration. Survivors are encouraged to do what is best for them. We assist the survivor in evaluating her situation and making the personal decision to report or not to report.

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.

Our agency is in full compliance with the Louisiana Child Protection Act in screening prospective employees.