

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C11-9-003

APPLICANT: Catholic Charities Archdiocese Of N. O.

PROJECT TITLE: Domestic Violence Program

PROJECT FUNDS :

FUND: \$ 47,000 80.00%  
MATCH: \$ 11,750 20.00%  
TOTAL: \$ 58,750 100.00%

PROJECT DURATION: 12 months

START DATE: 02/01/2012

END DATE: 01/31/2013

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: C11-9-003 CVA Purpose Area: 1, 2, 4

<b>1. TITLE OF PROJECT</b> Domestic Violence Program -- Immigration		<b>2. <input type="checkbox"/> NEW PROJECT</b> <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-9-002	
<b>3. PROJECT DURATION</b> Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 2/1/2012 Desired End Date: 1/31/2013		<b>4. PROJECT FUNDS</b> Federal Funds: \$47,000 Cash Match In-Kind Match: \$11,750 Total Project: \$58,750	
<b>5A. APPLICANT AGENCY INFORMATION</b> 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: mclandry@ccano.org		<b>5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY</b> Authorized Official: Gordon R. Wadge Title: President and CEO Agency Name: Catholic Charities Archdiocese of New Orleans Address: 1000 Howard Avenue City: New Orleans Zip: 70113-1972 Phone: (504) 596-3099 FAX: (504) 596-3098 Email: gwadge@ccano.org	
Fed Employer Tax Id: 72 - 0408911 DUNS: 795171297 -		CCR CAGE/NCAGE: 1L6S9 CCR Expiration Date: 1/21/2012	
<b>6. IMPLEMENTING AGENCY</b> Name: Gordon R. Wadge Title: President and CEO Agency: Catholic Charities Archdiocese of Address: 1000 Howard Avenue City: New Orleans Zip: 70113-1972 Phone: (504) 596-3099 FAX: (504) 596-3098 Email: gwadge@ccano.org	<b>7. PROJECT DIRECTOR</b> Name: Mary Clarie Landry Title: Director, Domestic Violence/SA S Agency: Catholic Charities Archdiocese of Address: 1000 Howard Avenue City: New Orleans Zip: 70113-1972 Phone: (504) 310-6885 FAX: (504) 310-6876 Email: mclandry@ccano.org	<b>8. FINANCIAL OFFICER</b> Name: Cheryl LaBorde Title: CFO Agency: Catholic Charities Archdiocese of Address: 1000 Howard Avenue City: New Orleans Zip: 70113-1972 Phone: (504) 310-8720 FAX: (504) 523-1119 Email: cdllaborde@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 assists an under-served population, non-English speaking, primarily Hispanic residents, who are seeking services to address their domestic violence situation. Additionally this program assists victims who are immigrants in our country to understand the criminal justice system and law enforcement. A third objective helps victims stabilize their lives and avoid further abuse by informing them of their rights and working to provide them with assistance 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 without 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.

CVA - 1

Revised JULY 2010

**VOCA PURPOSE AREAS**

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

<input checked="" type="checkbox"/>	Sexual Assault
<input checked="" type="checkbox"/>	Domestic Abuse
<input type="checkbox"/>	Child Abuse
<input checked="" type="checkbox"/>	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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were instructions followed to determine allowable personnel/contractual costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all line item computations correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do line items add to category totals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have category totals been rounded to nearest dollar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Person Completing Budget Section: Mary Claire Landry Title: Director  
Phone: (504) 310-6882 Fax: (504) 310-6876 E-Mail: mclandry@ccano.org

**PROJECT BUDGET SUMMARY**

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$33,293	\$0	\$11,750	\$45,043
SECTION 200. FRINGE BENEFITS	\$9,154	\$0	N/A	\$9,154
SECTION 300. TRAVEL	\$511	\$0	\$0	\$511
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$600	\$0	\$0	\$600
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$3,442	\$0	\$0	\$3,442
<b>TOTAL:</b>	<b>\$47,000</b>	<b>\$0</b>	<b>\$11,750</b>	<b>\$58,750</b>

Provide Source of Cash Match: No cash match

Provide Source of In-Kind Match: Volunteers

CVA - 2

Revised JULY 2010

LOUISIANA COMMISSION  
ON LAW ENFORCEMENT  
AND THE ADMINISTRATION  
OF CRIMINAL JUSTICE  
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**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
Program Director	Deanne Bowman	FT	\$3,694.00	10.00%	12.00	\$4,432.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CaseManager	Blanca Thibodeaux	FT	\$2,405.00	100.00%	12.00	\$28,860.00	<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"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$33,292.80		

F = Fed Funds  
C = Cash Match

**PART-TIME OR OVERTIME EMPLOYEES:**

POSITION TITLE	EMPLOYEE NAME	FT	OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH:	
									F	C
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
								\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:								\$0.00		

F = Fed Funds  
C = Cash Match

**VOLUNTEERS:**

DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions.	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
Volunteers to answer crisis line, assist in children's program, provide support for program	1,175.00	\$10.00	\$11,750.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$11,750.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$33,293
CASH MATCH	\$0
IN-KIND MATCH	\$11,750
PERSONNEL TOTAL	\$45,043

**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 adjustment 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 existing. 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		\$4,433	\$274	5	.062			\$0
2 Blanca Thibodeaux	.062		\$28,860	\$1,789	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		\$4,433	\$64	5	.0145			\$0
2 Blanca Thibodeaux	.0145		\$28,860	\$418	6	.0145			\$0
3	.0145			\$0	7	.0145			\$0
4	.0145			\$0	8	.0145			\$0
HEALTH/LIFE INSURANCE	RATE	MONTHS	THESE MONTHS TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE	RATE	MONTHS	THESE MONTHS TO PROJECT	TOTAL
1 Deanne Bowman	350.00	12.00	10.00%	\$420	5				\$0
2 Blanca Thibodeaux	350.00	12.00	100.00%	\$4,200	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		\$4,433	\$88	5				\$0
2 Blanca Thibodeaux	0.020		\$28,860	\$577	6				\$0
3				\$0	7				\$0
4				\$0	8				\$0
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL
1 Deanne Bowman	0.011	CHECK	\$700	\$7	5		CHECK		\$0
2 Blanca Thibodeaux	0.011	TYPE:	\$28,860	\$317	6		TYPE:		\$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: ST, LT, Life Insurance	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1 Deanne Bowman	0.03		\$4,433	\$132	5				\$0
2 Blanca Thibodeaux	0.03		\$28,960	\$868	6				\$0
3				\$0	7				\$0
4				\$0	8				\$0
FRINGE BENEFITS TOTAL (A):				\$9,154	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): \$9,154

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$9,154
CASH MATCH	\$0
TOTAL FRINGE BENEFITS	\$9,154

**SECTION 300. TRAVEL**

Itemize travel expenses of project personnel. Mileage is allowable 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: Blanca Thibodeaux TITLE: Case Manager PURPOSE: Meetings, outreach, advocacy	\$0.51	1,002.00	\$511.02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$511.02			

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:		PAID WITH		
		FROM	TO	F	C	IK
NAME:				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Per Diem Tot)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH		
											F	C	IK
NAME:			\$0.00							\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										\$0.00			

F = Federal Funds  
C = Cash Match  
IK = In-Kind Match

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	\$511
CASH MATCH	\$0
IN-KIND MATCH	\$0
TRAVEL TOTAL	\$511





## 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.

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 50 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 victims of domestic violence.

Objective 3: Advocate for 50 survivors as it relates to U Visa, court accompaniment, and appointments to employment, social services, 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 February 1, 2012, through January 31, 2013. 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 volunteers 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 February 1, 2011, through January 31, 2012.

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 February 1, 2011, through January 31, 2012.

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 availability 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 February 1, 2011, through January 31, 2012.

Goal 1: 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, February 1, 2012, through January 31, 2013.

### 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 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 checked="" 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: 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](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: 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. .IOR 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 following are results from project C09-9-002, the project which we will be continuing for this funding period.

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 58 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 victims of domestic violence.

\*Educated and continually train the Latino Forum, The New Orleans Family Justice Center, Project Save, and Oportunidades NOLA on how to better meet the needs of immigrant victims of domestic violence. Also provided an educational training worked with the Catholic Legal Immigration Network Inc. Clinic.

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

\*Advocated for 49 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, Oportunidades NOLA, and Latino 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/orders of protection. \*Assisted 42 immigrant women through accompaniment and interpretation.

2. Did the project work as expected? Explain.

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

**I. EVALUATION AND DISSEMINATION OF RESULTS**

**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 statistical 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 Land 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 constantly 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 available at the location to support the project 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: 6/30/2010
2. Dates covered by last audit: 7/1/2009 - 6/30/2010
3. Date of next audit: 6/30/2011
4. Dates to be covered by next audit: 7/1/2010 - 6/30/2011
5. Date next audit will be forwarded to LCLE: 12/31/2011

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 used to compliment and assist with program functions, such as assistance with child care for support group, case management support, data collection, support with client activities and services. Volunteers receive the same screening requirements and training as employees.

#### 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 systems/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 collaborative resources.

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 collaborations 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 uses the relationship to show how their involvement can help them (U-Visa, etc.). By collaborating 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.