

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

**APPLICATION AND REVIEW  
SUMMARY**

APPLICATION NUMBER: M10-8-005

APPLICANT: Catholic Charities Archdiocese Of N. O.

PROJECT TITLE: Domestic Violence Program

**PROJECT FUNDS :**

FUND: \$ 15,117 100.00%  
MATCH: \$ 0 0.00%  
TOTAL: \$ 15,117 100.00%

PROJECT DURATION: 12 months

START DATE: 05/01/2011

END DATE: 04/30/2012

Continuation of M96-8-025

**PROJECT SUMMARY:**

A part-time social worker will assist battered women and their children providing counseling, case management, advocacy and other services.

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**

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

CFDA #16.588

FOR LCLE USE ONLY:

Project ID: m10-8-005 VAWA Purpose Area: 12

<b>1. TITLE OF PROJECT</b> Domestic Violence Program		<b>2. <input type="checkbox"/> NEW PROJECT</b> <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: M09 - 8 - 005	
<b>3. PROJECT DURATION</b> Total Length: <u>12</u> Months (Not to exceed 12 Months) Desired Start Date: <u>5/1/2011</u> Desired End Date: <u>4/30/2012</u>		<b>4. PROJECT FUNDS</b> Federal Funds: \$15,117 Cash Match: \$0 In-Kind Match: \$0 Total Project: \$15,117	
<b>5A. APPLICANT AGENCY INFORMATION</b> Agency Name: Catholic Charities Archdiocese of New Orleans Physical Address: 1000 Howard Avenue City: New Orleans Zip: 70113-1972 Mailing Address: 1000 Howard Avenue City: New Orleans Zip: 70113-1972 Phone: (504) 523-3755 FAX: (504) 310-6876 Email: <u>mclandry@ccano.org</u>		<b>5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY</b> Authorized Official: James R. Kelly Title: Co-CEO/Co-President Agency Name: Catholic Charities Archdiocese of New Orleans Address: 1000 Howard Avenue City: New Orleans Zip: 70113-1972 Phone: (504) 592-5683 FAX: (504) 592-5695 Email: <u>jkelly@ccano.org</u>	
Fed Employer Tax Id: <u>72-0408911</u> DUNS: <u>795171297</u> CCR CAGE/NCAGE: <u>1L659</u> CCR Expiration Date: <u>1/13/2011</u>			
<b>6. IMPLEMENTING AGENCY</b> Name: James R. Kelly Title: Co-CEO/Co-President Agency: Catholic Charities Archdiocese of Address: 1000 Howard Avenue City: New Orleans Zip: 70113-1972 Phone: (504) 592-5683 FAX: (504) 592-5695 Email: <u>jkelly@ccano.org</u>	<b>7. PROJECT DIRECTOR</b> Name: Mary Claire Landry Title: Director, DV/Sexual Assault Sv Agency: Catholic Charities Archdiocese Address: 1000 Howard Avenue City: New Orleans Zip: 70113-1972 Phone: (504) 310-6926 FAX: (504) 310-6876 Email: <u>mclandry@ccano.org</u>	<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: ( ) - Email:	

**9. BRIEF PROJECT DESCRIPTION:** (Please do not exceed space provided below.)  
This is a continuation project. For this project, a part-time social worker, Pam Albers, will assist battered women and their children, providing counseling, case management, advocacy and other services. Additionally, through this funding, we will also maintain a part-time bi-lingual psychologist for assisting Hispanic persons who are survivors of domestic abuse. Additionally, a GSW social worker will be allocated to facilitate a coordination of case management services with the counseling services provided under this funding.

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LA COMMISSION  
ON LAW ENFORCEMENT

VAWA - 1

Revised JULY 2010

**VAWA PURPOSE AREAS**

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

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

VAWA - 2

Revised JULY 2010

**PROJECT BUDGET SUMMARY**

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

**CHECKLIST:**

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

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

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

**PROJECT BUDGET SUMMARY**

BUDGET CATEGORY	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100 PERSONNEL	\$12,436	\$0	\$0	\$12,436
SECTION 200 FRINGE BENEFITS	\$1,912	\$0	N/A	\$1,912
SECTION 300 TRAVEL	\$0	\$0	\$0	\$0
SECTION 400 EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500 SUPPLIES	\$0	\$0	\$0	\$0
SECTION 600 CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 800 OTHER DIRECT COSTS	\$769	\$0	\$0	\$769
<b>TOTAL:</b>	<b>\$15,117</b>	<b>\$0</b>	<b>\$0</b>	<b>\$15,117</b>

Provide Source of Cash Match:

Provide Source of In-Kind Match:

**USE OF STOP FUNDS IN PERCENTAGES**

Type of Victimization Served:	Percentage of STOP Funds Used:
Sexual Assault	0%
Domestic Violence/Dating Violence	100%
Stalking	0%
<b>Total (must equal 100 percent)</b>	<b>100%</b>

**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	EMPLOYER NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH		
							F	C	
Social Worker/Program Direct	Pam Albers	FT	\$3,863.00	10.00%	10.00	\$3,863.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Social Worker/Program Direct	Pam Albers	FT	\$3,920.00	10.00%	2.00	\$784.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Clinical Psychologist	Dr. Roy Salgado	FT	\$5,374.86	8.75%	10.00	\$4,703.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Clinical Psychologist	Dr. Roy Salgado	FT	\$5,437.15	8.75%	2.00	\$955.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Social Worker	Dianne Hooklin	FT	\$3,542.00	5.00%	10.00	\$1,771.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Social Worker	Dianne Hooklin	FT	\$3,595.00	5.00%	2.00	\$359.50	<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"/>	
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:							\$12,435.50	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	
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:								\$0.00	F = Fed Funds	C = Cash Match

**VOLUNTEERS:**

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

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$12,436
CASH MATCH	
IN-KIND MATCH	
<b>PERSONNEL TOTAL</b>	<b>\$12,436</b>

**SECTION 100. PERSONNEL (Continued) - BRIEFLY EXPLAIN:**

Yes  No Are job descriptions for each position attached? If not, explain:

Yes  No Are resumes for each position attached? If not, explain:

A) Need for each position shown above, justify need for overtime:

Each of the employees on this grant are exempt, salaried employees. There will be no need for overtime. Pam Albers, LCSW, provides intensive one-on-one counseling, though this funding, for victims of domestic violence. Dr. Roy Salgado provides domestic violence counseling to Hispanic domestic violence survivors. Ms. Dianne Hookfin will coordinate case management services for those survivors counseled by the program and will communicate with counselors and case managers regarding needs of clients served through this funding.

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

Each of the salaries is based on comparable professional positions in the region and within Catholic Charities.

C) Project duties of each position requested:

Pam Albers, LCSW, provides intensive one-on-one counseling, though this funding, for victims of domestic violence.

Dr. Roy Salgado provides domestic violence counseling to Hispanic domestic violence survivors.

Ms. Dianne Hookfin (GSW) will coordinate case management services for those survivors counseled by the program and will communicate with counselors and case managers regarding needs of clients served through this funding.

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

Pam Albers has worked under this grant funding for many funding periods. In previous periods (until June 2010), her time was allocated to 20% FTE under this funding. Starting January 1, 2011, Dr. Roy Salgado was allocated for 3.5 hours per week under this funding. Dr. Salgado counsels hispanic survivor populations. Originally, Dr. Salgado was funded through the Culturally Specific grant, which ended on 12/31/2010, and was reallocated to other providers/regions of the state. We continued his services through the previous funding cycle for this funding source (12/01/10 - 4/30/11). We have added the services of Dianne Hookfin under this funding source. She will work 2 hours per week (5% FTE) to assure that the needs of clients served under this grant are communicated from the counselors to the case managers, and vice-versa, providing a continuum of care for survivors.

**SECTION 200. FRINGE BENEFITS (Employer's Share Only)**

Enter the Individual Name(s) of the employees receiving fringe benefits for each position funded through this grant. There are two sets of each benefit below to allow budgeting for eight employees. For further information and direction, please refer to the application instructions.

Check:  All Fringe Benefits Will Be Paid by Applicant Agency  Additional Fringe Benefits Will Be Paid by Applicant Agency

EMPLOYEE NAME(S)					EMPLOYEE NAME(S) (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1 Pam Albers	.062		\$4,647	\$288	5	.062			\$0
2 Dr. Roy Salgado	.062		\$5,658	\$350	6	.062			\$0
3 Dianne Hookfin	.062		\$2,131	\$132	7	.062			\$0
4	.062			\$0	8	.062			\$0
MEDICARE					MEDICARE				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1 Pam Albers	.0145		\$4,647	\$67	5	.0145			\$0
2 Dr. Roy Salgado	.0145		\$5,658	\$82	6	.0145			\$0
3 Dianne Hookfin	.0145		\$2,131	\$30	7	.0145			\$0
4	.0145			\$0	8	.0145			\$0
HEALTH INSURANCE					HEALTH INSURANCE				
Prescription Insurance	RATE	MONTHS	PER MONTH PROJECT	TOTAL	Prescription Insurance	RATE	MONTHS	PER MONTH PROJECT	TOTAL
1 Pam Albers	.32160	12.00	10.00%	\$385	5				\$0
2 Dianne Hookfin	.32160	12.00	5.00%	\$192	6				\$0
3				\$0	7				\$0
4				\$0	8				\$0
WORKMAN'S COMPENSATION					WORKMAN'S COMPENSATION				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1 Pam Albers	0.020		\$4,647	\$92	5				\$0
2 Dr. Roy Salgado	0.020		\$5,658	\$113	6				\$0
3 Dianne Hookfin	0.020		\$2,131	\$42	7				\$0
4				\$0	8				\$0
EMPLOYMENT TAX					EMPLOYMENT TAX				
Based on the State or Loc.	RATE	TYPE	SALARY	TOTAL	Based on the State or Loc.	RATE	TYPE	SALARY	TOTAL
1 Pam Albers	0.010	CHECK	\$700	\$7	5		CHECK		\$0
2 Dr. Roy Salgado	0.010	CHECK	\$612	\$6	6		CHECK		\$0
3 Dianne Hookfin	0.010	<input type="checkbox"/> FUTA	\$350	\$3	7		<input type="checkbox"/> FUTA		\$0
4		<input checked="" type="checkbox"/> SUTA		\$0	8		<input type="checkbox"/> SUTA		\$0
PUBLIC/PRIVATE RETIREMENT					PUBLIC/PRIVATE RETIREMENT				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1				\$0	5				\$0
2				\$0	6				\$0
3				\$0	7				\$0
4				\$0	8				\$0
OTHER STATUT.					OTHER STATUT.				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1 Pam Albers	0.01		\$4,647	\$46	5				\$0
2 Dr. Roy Salgado	0.01		\$5,658	\$56	6				\$0
3 Dianne Hookfin	0.01		\$2,131	\$21	7				\$0
4				\$0	8				\$0
FRINGE BENEFITS TOTAL (A):				\$1,912	FRINGE BENEFITS TOTAL (B):				\$0

PLEASE NOTE: IF MORE THAN EIGHT EMPLOYEES CHARGED TO THIS PROJECT, PLEASE COMPLETE AN ADDITIONAL PAGE

FRINGE BENEFITS TOTAL (A+B): \$1,912

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$1,912
CASH MATCH	
TOTAL FRINGE BENEFITS	\$1,912



### B. GOALS

**GOALS:** The primary mission of all projects is to have a positive impact on the victims, not just to accumulate statistics on how many are served. Based on the problem identified, BRIEFLY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

Goal 1: To assist 50 primary victims of domestic violence in safety planning, lethality assessments and supportive counseling services.

Goal 2: To provide community education and training on the issues of domestic violence

Goal 3: To provide counseling, assessments, and other services in a linguistically/culturally competent manner.

### C. OBJECTIVES

**OBJECTIVES:** Provide at least TWO (2) measurable objectives for EACH goal. Objectives need to be measurable, observable aspects of the program. Identify who, what will change and by how much. Use absolute numbers, not percentages and be sure to include a baseline number.

Goal 1:

Objective 1: To provide 25 individual counseling services to victims of domestic violence for each quarter  
Objective 2: To provide weekly support groups for victims of domestic violence.

Goal 2:

Objective 1: To provide 2 trainings during the grant period to the business community on workplace violence  
Objective 2: To provide 4 trainings during the grant period to healthcare and social service providers.

Goal 3:

Objective 1: To provide intensive, culturally-specific services to a minimum of 25 clients per year, including assessments, counseling, etc., which may lead to further interventions, including those within the criminal justice system.  
Objective 2: To provide expert testimony in criminal court for 5 Hispanic victims of domestic violence.

### 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

The Social Worker/Program Director (Pam Albers) is a Licensed Clinical Social Worker (LCSW), who will provide counseling sessions to 25 individuals and weekly support groups (excluding holidays and other occasions when it is not reasonable or possible to have a group session).

The Social Worker/Program Director will also be responsible for contacting potential agencies to provide education programs, coordinating, planning and presenting education programs within the community.

The Clinical Psychologist (Dr. Roy Salgado) is a PhD in Psychology who is bi-lingual and will provide counseling services to Hispanic survivors. He will serve a minimum of 25 survivors each year and will collaborate with other programs and providers (including the criminal justice system) to provide a holistic approach to assisting Hispanic survivors.

Ms Dianne Hookfin (GSW) will work with the counselors and case managers to assure that clients under this project receive appropriate case management services to complement the counseling received

**E. DEMOGRAPHICS**

1 This project serves the following Congressional District(s)  
 1  2  3  4  5  6  7  All (Statewide Project)

2 Type of Organization  
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: PAUL ALBERS PHONE: (504) 310-6925 EMAIL: palbers@cccano.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://cle.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://cle.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)

Information about prior results was pulled from data for the current grant period. The grant period preceding this application will not start until December 1, 2010, and will end on April of 2011. Goals for that period are, as follows:

Goal 1: To assist 50 primary victims of domestic violence in safety planning, lethality assessments, and supportive counseling services.

Objective 1: To provide 25 individual counseling services to victims of domestic violence each quarter.  
Objective 2: To provide weekly support groups for victims of domestic violence.

Goal 2: To provide community education and training on the issues of domestic violence.

Objective 1: To provide four trainings in the year to the business community on workplace violence.  
Objective 2: To provide twelve trainings in the year to healthcare and social service providers.

Goal 3: To provide counseling, assessments, and other services in a linguistically/culturally competent manner.  
Objective 1: To provide intensive, culturally-specific services to 25 clients per year, including assessments, counseling, etc., which may lead to further interventions, including those within the criminal justice system.  
Objective 2: To provide expert testimony in criminal court for 5 Hispanic victims of domestic violence.

2 Did the project work as expected? Explain

The grant that this program continues starts on December 1, 2010.

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?

In this program grant, we are continuing the services of the Social Worker/Program Director at 10% FTE, and continuing with the services of the Clinical Psychologist at 8.75% FTE (3.5 hours per week). We are adding the coordination of case management for the clients receiving services through this funding, by adding Dianne Hookfin to 5% FTE (2 hours per week). Ms. Hookfin will be a conduit between counselors and case managers to make sure that survivor needs are communicated and met in a timely and appropriate manner.

### 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?

The data will be collected from clients seeking sexual assault services who agree to fill out a client satisfaction survey. Clients are told that the survey is not mandatory and that their participation or lack of has no impact on seeking other services.

2. When will the data be collected?

Data is collected monthly.

3. Who will collect and analyze the data?

Case managers, counselors and group facilitators pass out the surveys and ask the participants to place them in the survey box. Surveys are analyzed by the program director each month.

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

Name: Pam A'heer

Phone: (504) 310-6925

Email: palbers@ccano.org

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

Survey information and service delivery are reviewed quarterly. Following the quarterly reports, an overview of that quarter is done and recommendations for change are made, as 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.

Recipients to receive project results on a monthly, quarterly and yearly basis are:

LACLE (quarterly)  
Program Director  
Business Manager (grants manager)  
Case managers  
Counselors  
Group facilitators  
Board of Directors (quarterly)  
LCADV

### J. CONTINUATION

Yes  No Do you plan to continue this project at the conclusion of federal support?  
Since continued STDP 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 in this project. Include the physical facility where services are provided. If applicable, list other resources available in this project, i.e. equipment, supplies, staff, etc.

Services are provided at Crescent House (2814 South Carrollton Avenue) and at the New Orleans Family Justice Center Annex (1000 Howard Avenue). At both locations, staffing is available 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.

### 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 LACLE:	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 to match?  
If yes, describe the duties and functions to be performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). If volunteers are used as match, their duties must directly relate to the focus of this project and information stated in Section 190 Personnel.

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

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

**N. CONSULTATION**

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

The Program Director has many years of experience as a social worker and mental health professional. She has established working relationships with other community organizations and criminal justice agencies in the community. Our agency collaborates with the New Orleans Family Justice Center, the New Orleans Police Department, the New Orleans District Attorney's Office, as well as with staff at local hospitals, and legal services (Tulane, Southeast Louisiana Legal Services, and Project Save). We remain an integral part of the Mayor's Domestic Violence Advisory Committee and work very closely with all the collaborative partners of that committee.