

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: M11-8-005

APPLICANT: Catholic Charities Archdiocese Of N. O.

PROJECT TITLE: Domestic Violence Program

PROJECT FUNDS :

FUND:	\$	<u>15,231</u>	100.00%
MATCH:	\$	<u>0</u>	0.00%
TOTAL:	\$	<u>15,231</u>	100.00%

PROJECT DURATION: 12 months

START DATE: 05/01/2012

END DATE: 04/30/2013

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. Additionally, through the funding we will maintain a part-time bi-lingual psychologist for assisting Hispanic persons who are survivors of domestic violence.

RECOMMENDATION: FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 01/03/12 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: A11-8-005

VAWA Purpose Area: 12

1. TITLE OF PROJECT Domestic Violence Program		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: M10 - 8 - 005	
3. PROJECT DURATION Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 5/1/2012 Desired End Date: 4/30/2013		4. PROJECT FUNDS Federal Funds: \$15,231 Cash Match In-Kind Match: Total Project: \$15,231	
5A. APPLICANT AGENCY INFORMATION Agency Name: Catholic Charities Archdiocese of N.O. Physical Address: 1000 Howard Ave. City: New Orleans Zip: 70113-1972 Mailing Address: 1000 Howard Ave. City: New Orleans Zip: 70113-1972 Phone: (504) 523-3755 FAX: (504) 310-6876 Email: mclandry@ccano.org		5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Gordon R. Wadge Title: CEO-President Agency Name: Catholic Charities Archdiocese of New Or Address: 1000 Howard Ave. City: New Orleans Zip: 70113-1972 Phone: (504) 596-3099 FAX: (504) 592-5695 Email: gwadge@ccano.org	
Fed Employer Tax Id: 72 - 0408911 DUNS: 795171297 - CCR CAGE/NCAGE: IL659 CCR Expiration Date: 1/21/2013			
6. IMPLEMENTING AGENCY Name: Gordon Wadge Title: CEO-President Agency: Catholic Charities Archdiocese Address: 1000 Howard Ave. City: New Orleans Zip: 70113-1972 Phone: (504) 523-3755 FAX: (504) 592-5695 Email: gwadge@ccano.org	7. PROJECT DIRECTOR Name: Mary Claire Landry Title: Director, DV/SA Services Agency: Catholic Charities Archdiocese Address: 1000 Howard Ave. City: New Orleans Zip: 70113-1972 Phone: (504) 310-6885 FAX: (504) 310-6876 Email: mclandry@ccano.org	8. FINANCIAL OFFICER Name: Cheryl Laborde Title: Chief Financial Officer Agency: Catholic Charities Archdiocese Address: 1000 Howard Ave. 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.)

This is a continuation project. For this project a part-time social workers, Pam Albers and Dianne Hookfin will assist battered women and their children, providing counseling, case management, advocacy and other services. Additionally, through the funding we will maintain a part-time bi-lingual psychologist for assisting Hispanic persons who are survivors of domestic violence.

2011 NOV 06 PM 5:51
REC
LAW ENFORCEMENT
LA COMMISSION

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:

	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 in each budget section.

Person Completing Budget Section: **Mary Claire Landry** Title: **Director, DV/SA Services**
 Phone: (504) 310-6885 Fax: (504) 310-6876 E-Mail: **mclandry@ccano.org**

PROJECT BUDGET SUMMARY

BUDGET CATEGORY	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100 PERSONNEL	\$12,289	\$0	\$0	\$12,289
SECTION 200 FRINGE BENEFITS	\$2,245	\$0	N/A	\$2,245
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	\$697	\$0	\$0	\$697
TOTAL:	\$15,231	\$0	\$0	\$15,231

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	
Domestic Violence/Dating Violence	100%
Stalking	
Total (must equal 100 percent)	100%

SECTION 100. PERSONNEL

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

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Social Worker/Program D	Pam Albers	FT	\$3,806.40	10.00%	12.00	\$4,567.68	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social worker	Dianne Hookfin	FT	\$3,489.17	5.00%	12.00	\$2,093.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clinical Psychologist	Dr. Roy Salgado	FT	\$5,517.20	8.50%	12.00	\$5,627.54	<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"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$12,288.72	<input type="checkbox"/>	<input type="checkbox"/>

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"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>

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	\$12,289
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	\$12,289

SECTION 200. 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, through 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, through 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 and Dr. Salgado counsels hispanic survivor populations. We have continued the services of Dianne Hookfin from previous funding period (5/1/2011 – 4/30/2012) and Pam Albers will 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

EMPLOYEES' NAMES:					EMPLOYEES' NAMES: (Continued)				
SOCIAL SECURITY					SOCIAL SECURITY				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1. Pam Albers	.062		\$4,568	\$283	5.	.062			\$0
2. Dianne Hookfin	.062		\$2,094	\$129	6.	.062			\$0
3. Dr. Roy Salgado	.062		\$5,628	\$348	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE					MEDICARE				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1. Pam Albers	.0145		\$4,568	\$66	5.	.0145			\$0
2. Dianne Hookfin	.0145		\$2,094	\$30	6.	.0145			\$0
3. Dr. Roy Salgado	.0145		\$5,628	\$81	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTHLIFE INSURANCE					HEALTHLIFE INSURANCE				
	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL		RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1. Pam Albers	350.00	12.00	10.00%	\$420	5.				\$0
2. Dianne Hookfin	350.00	12.00	5.00%	\$210	6.				\$0
3. Dr. Roy Salgado	350.00	12.00	7.50%	\$315	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION					WORKMAN'S COMPENSATION				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1. Pam Albers	0.010		\$4,568	\$45	5.				\$0
2. Dianne Hookfin	0.010		\$2,094	\$20	6.				\$0
3. Dr. Roy Salgado	0.010		\$5,628	\$56	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX					UNEMPLOYMENT TAX				
	RATE	TYPE	SALARY	TOTAL		RATE	TYPE	SALARY	TOTAL
1. Pam Albers	0.010	CHECK	\$4,568	\$45	5.		CHECK		\$0
2. Dianne Hookfin	0.010	TYPE:	\$2,094	\$20	6.		TYPE:		\$0
3. Dr. Roy Salgado	0.010	<input type="checkbox"/> PUTA	\$5,628	\$56	7.		<input type="checkbox"/> PUTA		\$0
4.		<input checked="" type="checkbox"/> SJTA		\$0	8.		<input type="checkbox"/> SJTA		\$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: Life/Disability					OTHER: Life/Disability				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1. Pam Albers	0.01		\$4,568	\$45	5.				\$0
2. Dianne Hookfin	0.01		\$2,094	\$20	6.				\$0
3. Dr. Roy Salgado	0.01		\$5,628	\$56	7.				\$0
4.				\$0	8.				\$0
FRINGE BENEFITS TOTAL (A):				\$2,245	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): \$2,245

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$2,245
CASH MATCH	
TOTAL FRINGE BENEFITS	\$2,245

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
IT Administration	Estimated at \$11 per month	12.00	\$11.00	\$132.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.R. Administration	Estimated at \$10 per month	12.00	\$10.00	\$120.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payroll Administration	Estimated at \$12 per month	12.00	\$12.00	\$144.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounts Receivable	Estimated at \$15 per month	12.00	\$15.00	\$180.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grant Billing	Estimated at \$10.10 per month	12.00	\$10.10	\$121.20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$697.20			

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

BRIEFLY EXPLAIN:

- A) Need for each type listed; and
- I.T. Administration is the direct costs for computer services under this funding.
 - H.R. Administration maintains personnel files and maintains records on, and offers, trainings and other sessions to maintain quality services.
 - Direct Payroll Administration costs are allocated to each program and oversee the payroll process.
 - Accounts Receivable oversees the accounting processes related to the receipt of funds through this project.
 - Grant Billing oversees expenses and billing for services rendered under this funding. (See attached description)

B) Its relationship to project.
The direct costs listed above are the costs of computer services, human resources functions, payroll services, and accounting functions incurred as a direct result of offering services through this funding.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$697
CASH MATCH	
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	\$697

Allocated Costs:

The purpose of Catholic Charities' shared cost allocation plan is to distribute costs incurred by the administrative and support functions of the agency to the agency's programs. This allocation is accomplished by distributing costs that are accumulated within administrative and support cost centers. The two primary cost groups are management and general or indirect cost and allocated direct cost. Without the support departments each program would be responsible for hiring outside companies or hiring additional staff. This would add to the cost of program operations and there would be lack of consistency and duplication of effort across programs.

Catholic Charities charges all of its programs for direct and indirect allocated costs. The following represents the allocated direct cost functions.

Support Department	Basis of allocation	Services provided
Human Resources & Training	Payroll hours	Recruiting, selection & pre-employment processes Unemployment hearings Mitigating employment risk Manage employee benefits New employee orientation Maintain employee database Conduct training
Information Technology	Payroll hours	Computers and printers Information system security Systems implementation Landlines and cell phones
Payroll Department	Payroll hours	Agency bi-weekly and weekly payroll Tax and benefit filings and reporting Process garnishment payments
Accounts Payable	Distribution lines in AP journal	Daily vendor payment processing Annual 1099 filing Bookkeeping services Document storage
Budget and Compliance	Revenue posted in prior month	Budget preparation Finance and management consultation Grant compliance oversight
Accounts Receivable	Distribution lines in AR journal	Billing services Maintain AR aging
Grant billing	Revenue posted in prior month	Cost reimbursement billing and documentation Grant consultation and collection

The following represents the allocated indirect or management and general costs that are charged to each program. The basis for allocating indirect costs is a ratio of program direct cost to total direct cost.

Support Department	Services provided
Corporate Office	Executive leadership Strategic planning Program oversight Legal and insurance compliance
Administration	Leadership for Human Resources & Training and Volunteer Services Compliance on HR matters Consultative services for program
Finance	Preparation of financial statements and annual financial audit Single Audit compliance Risk management/insurance Financial system maintenance Fiscal policy and procedure maintenance and implementation Consultative services Contractual review Cash management
Development	Private grant management Fundraising appeals Major donor cultivation
Communications	Public education Media contact
Planning & Evaluation	Statistical data Program accreditation Emergency management oversight Corporate compliance

PROGRAM NARRATIVE

A. PROBLEM DEFINITION

1. Identify the nature and magnitude of the specific problem existing in your particular community that needs to be addressed through this proposed project. Document the need, not the symptoms or solutions. Be sure to include current valid local data or state data, if local data is not available, to support the justification. Give the source and date of your information. State the needs of your agency and the needs of the victims in your area as related to this problem and justify the need for the proposed project.

Crescent House continues to provide the only domestic violence services in Orleans Parish. We have seen a significant increase in domestic violence in the past year and our services are in more demand than ever. During the period of November 1, 2008, through October 31, 2009, Crescent House served 1,349 individual, non-duplicated, adult survivors and their dependent children. From November 1, 2009, through October 31, 2010, Crescent House has served 1,709 individual, non-duplicated adult survivors and their dependent children.

This grant will provide the funds we need so that we many continue to supply the counseling support that our survivors request. New Orleans continues to struggle with inadequate mental health services, even over 5years after Hurricane Katrina; and, referring our survivors out to other agencies would mean an extremely long waiting time or, at worst, they may not be able to access services at all.

Other agencies and mental health clinics are running at a 4-6 week waiting list. In some cases, the wait can be longer. In general, because of these funds, Crescent House has the capacity to see survivor within a few days of a request for counseling.

In the period of April 2010, to September 2010 we have provided counseling support for 40 women (unduplicated count) through this funding.

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

As stated previously, the loss of funding across the state for mental health services has had a significant impact on the demand for counseling support provided by Crescent House. There are other agencies that do provide domestic violence counseling for survivors and mental health clinics that can treat depression and PTSD, but waiting lists are weeks long. Without this grant to allow us to provide services, many women may not seek help or be able to access it because of the wait time. Additionally, services for Hispanic populations are even more scarce and harder to find (if not impossible to find) within the community. With the loss of the Culturally Specific Grant in December 2010, counseling services for Hispanic survivors would have been seriously, and negatively, impacted without allocating funding for services under this contract.

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 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: Pam Albers PHONE: (504) 310-6925 EMAIL: palbers@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: 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 for each quarter

Objective 2: To provide weekly support groups for victims of domestic violence.

Results: From May 1, 2011 through current date, the program has provided:

51 victims with 206 hours of counseling services and an additional 43 victims with 471 hours of support groups.

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

Objective 1: To provide 4 trainings during the grant period to the business community on workplace violence

Objective 2: To provide 12 trainings during the grant period to healthcare and social service providers.

Results: Crescent House has provided 20 community education and training sessions thus far.

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

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.

Results: Our bi-lingual therapist has provided services to 18 Hispanic clients and has assisted 3 with court documents.

2. Did the project work as expected? Explain.

This grant has been invaluable to us in responding to the counseling needs of victims, especially non-English speaking clients who need assistance with U-Visa's and court documents.

3. Have the original goals and objectives been revised? Yes No

If Yes, explain what changes will be made in the continuation of this project and why?

I. EVALUATION AND DISSEMINATION OF REPORTING

A COPY OF YOUR EVALUATION FORMS USED FOR THIS PROJECT MUST BE INCLUDED.

1. From who will the data be collected – what is the source?

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 Albers

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.

LCLE (quarterly)
Program Director
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 STOP funding is limited and not assured, alternate funding sources should be sought. Name the sources and potential sources of continued funding for this project at the conclusion of Federal support.

We are consistently 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 S. Carrollton Ave.) and at the New Orleans Family Justice Center Annex (1000 Howard Ave.). 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: 12/30/11
- 2. Dates covered by last audit: 07/01/10-06/30/11
- 3. Date of next audit: 12/30/12
- 4. Dates to be covered by next audit: 07/01/11-06/30/12
- 5. Date next audit will be forwarded to LCLE: 12/30/12

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

M. VOLUNTEERS

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

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

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 current letters of support and/or written cooperative agreements indicating awareness and cooperation/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.

Kathy Guidry

From: Kathy Guidry
Sent: Tuesday, January 03, 2012 6:41 AM
To: 'Mary Claire Landry'
Cc: 'Beth Meeks'
Subject: M11-8-005, Catholic Charities Archdiocese of New Orleans, Domestic Violence Program

Ms. Mary Claire Landry
Catholic Charities Archdiocese of New Orleans
1000 Howard Ave., Suite 1000
New Orleans, LA 70113-1942

RE: M11-8-005- Domestic Violence Program

Dear Ms. Landry:

This office has received the above application. This application will be presented at the Victim Services Advisory Board and the Commission meetings, which are scheduled for February 29 and March 1, 2012, respectively. The information regarding the location of the meetings is yet to be determined. Since this application request is to continue the above project and is under \$20,000, you are only required to attend the Victim Services Advisory Board meeting.

Based on the preliminary review of the referenced application, the following issues must be addressed and resolved. Additional issues may arise between the agency review process and the Advisory Board/Commission meetings. If so, you will be given every opportunity and assistance to address and/or resolve any additional issues to avoid delaying the application to be presented.

1. Pg. 1,
 - a. CCR CAGE/NCAGE – According to the CCR website, the CCR number is 1L659 which expires 1/21/2012. The application has 1L659 with an expiration date 1/21/13. Please be advised that an award cannot be issued if the CCR number is not valid. Verification of the expiration date is required.
 - b. Our records show the agency's address is 1000 Howard Avenue, Suite 1000, 70113-1942 as does CCR Registry. However, the Louisiana Secretary of State's office shows the zip code as 70113-1916. The U.S. Post Office states the correct zip code +4 for this address (based on the suite number) is 70113-1942. The zip code stated in the application differs. Please advise the official address for the agency.
2. Pg. 4, Section 100 Personnel – The job descriptions must include the following: (1) duties to be performed, (2) level of education, (3) work experience, (4) special trainings, and (5) salary range. Please be sure each description contains the required information.
3. Pg. 14, A. Problem Definition #1 – This information was provided for the previous subgrant, M10-8-005. Please provide the current statistics that support the problem.
4. Pg. 15, B. Goals – The statements provided appears to be more objectives that will accomplish something. A goal should be a concise statement of the overall effects this project wishes to accomplish.
5. Pg. 15, C. Objectives – The stated objectives do not coincide with the statements in each goal. For example – Goal 1 Objective 1 states 25 victims each quarter (totaling 100) but Goal 1 states 50 victims. Please adjust accordingly.
6. Pg. 16, D. Activities/Methods – Please list all the activities for each objective and include a time frame when the activities will occur.

7. Pg. 18, E. Demographics #2 Type of Organization – The 'no' box is checked for both faith-based organization and culturally specific community-based organization. Based on the agency's affiliation with the Catholic Diocese and services provided to bi-lingual victims, it would appear that the 'yes' box should be checked.
8. Pg. 19, H. Prior Results
 - a. #1 – Please refer to M10-8-005 and provide the results for each objective.
 - b. #3 – It states the goals and objectives were not revised; however, Goal 3 and its objectives were added in this application. Please clarify.
9. Pg. 20, I. Evaluation and Dissemination of Reporting
 - a. A copy of your evaluation forms was not submitted.
 - b. #5 – Who will be responsible for implementing any updates/revisions if needed.
 - c. #6 – Need to state LCLE will receive quarterly progress reports and expenditure reports quarterly/monthly, as applicable.
10. Pg. 21, L. Audit Requirements – Please remember that a copy of your most current audit must be submitted to LCLE.
11. Pg. 22, N. Consultation – Three current letters of support are required.

Please email or mail ONLY the changes as directed on the appropriate application pages and return only those pages for which changes or additional information was requested. Please do not fax replies, as they are not always legible.

All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. This information is due to LCLE by **Monday, January 16, 2012**. Please contact Beth Meeks at the Louisiana Coalition Against Domestic Violence or me if you have any questions pertaining to this letter.

Sincerely,

Katherine C. Guidry
Federal Programs Section Manager
LA Commission on Law Enforcement
602 N. 5th St., 1st Floor
Mailing Address:
PO Box 3133
Baton Rouge, LA 70821-3133
P: (225) 342-1829
C: (225) 241-5978
F: (225) 342-1846
Email: kathy.guidry@lcle.la.gov