LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C09-9-008

APPLICANT: Family Service Of Greater New Orleans

PROJECT TITLE: Victim Outreach Program

PROJECT FUNDS :

FUND:	$ 20,000	80.00%	PROJECT DURATION: 12 months
MATCH:	$ 5,000	20.00%	START DATE: 09/01/2010
TOTAL:	$ 25,000	100.00%	END DATE: 08/31/2011

Continuation of C04-9-015

PROJECT SUMMARY:

To provide increased awareness and education to individuals and the community regarding hate crimes and their significant impact. The Hate Crimes Project will advocate for increased reporting of hate crimes to the appropriate law enforcement agencies. For those who have been victimized by crimes of hate, access to a support-line, counseling services, crisis intervention, advocation, information and referral will be made available.

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.

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CRIME VICTIM ASSISTANCE FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY: Project ID: C09-9-008 **CVA Purpose Area:**

1. TITLE OF PROJECT
Victim Outreach Program (The Hate Crimes Project)

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: C07-9-008

3. PROJECT DURATION
Total Length: 12 Months (*Not to exceed 12 Months*)
Desired Start Date: 9/1/2010
Desired End Date: 8/31/2011

4. PROJECT FUNDS
Federal Funds: $20,000
Cash Match $5,000
In-Kind Match:
Total Project: **$25,000**

5A. APPLICANT AGENCY INFORMATION
Agency Name: Family Service of Greater New Orleans
Physical Address: 2515 Canal Street; Suite 201
City: New Orleans, LA Zip: 70119-6437
Mailing Address: 2515 Canal Street; Suite 201
City: New Orleans, LA Zip: 70119-
Phone: (504) 822-0800 FAX: (504) 822-0831
Email: rmcclain@fsgno.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: Ronald P. McClain
Title: CEO
Agency Name: Family Service of Greater New Orleans
Address: 2515 Canal Street; Suite 201
City: New Orleans, LA Zip: 70119-
Phone: (504) 822-0800 FAX: (504) 822-0831
Email: rmcclain@fsgno.org

Fed Employer Tax Id: 72 - 0408931 DUNS: 122622723 - CCR CAGE/NCAGE: 5DPM2 CCR Expiration Date: 4/2/2011

6. IMPLEMENTING AGENCY
Name: Ronald P. McClain
Title: CEO
Agency: FSGNO1
Address: 2515 Canal Street; Suite 201
City: New Orleans, LA Zip: 70119-
Phone: (504) 822-0800 FAX: (504) 822-0831
Email: rmcclain@fsgno.org

7. PROJECT DIRECTOR
Name: David Haynik
Title: Project Director
Agency: FSGNO
Address: 2515 Canal Street; Suite 201
City: New Orleans, LA Zip: 70119-
Phone: (504) 822-0800 FAX: (504) 822-0831
Email: dhaynik@fsgno.org

8. FINANCIAL OFFICER
Name: Lawrence Taggart
Title: V.P. Finance and Administration
Agency: FSGNO
Address: 2515 Canal Street; Suite 201
City: New Orleans, LA Zip: 70119-
Phone: (504) 822-0800 FAX: (504) 822-0831
Email: ltaggart@fsgno.org

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

The Hate Crimes Project will provide increased awareness and education to individuals and the community regarding hate crimes and their significant impact. The Hate Crimes Project will advocate for increased reporting of hate crimes to the appropriate law enforcement agencies. For those who have been victimized by crimes of hate, access to a support-line, counseling services, crisis intervention, advocation, information and referrals will be made available.

Revised JULY 2010

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):	
☒	Sexual Assault
☒	Domestic Abuse
☒	Child Abuse
☒	Previously Underserved

State Type of Previously Underserved: Hispanic, sexual minority, Jewish, Muslim, African-American, and the disabled

PROJECT BUDGET SUMMARY

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

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

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

Person Completing Budget Section: Mary McClure Title: Community Educator

Phone: (504) 822-0800 Fax: (504) 822-0831 E-Mail: mmcclure@fsgno.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$13,163	$0	$5,000	**$18,163**
SECTION 200. FRINGE BENEFITS	$2,454	$0	N/A	**$2,454**
SECTION 300. TRAVEL	$773	$0	$0	**$773**
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	$3,010	$0	$0	**$3,010**
TOTAL:	**$20,000**	**$0**	**$5,000**	**$25,000**

Provide Source of *Cash* Match:

Provide Source of *In-Kind* Match: In-kind match is provided through the use of volunteers to help with marketing, outreach, development of materials, research and other project related activities.

SECTION 100. PERSONNEL

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

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
Project Director	David Haynik	FT	$4,438.00	5.00%	12.00	$2,662.80	☒	☐
Community Educator	Mary McClure	FT	$2,500.00	35.00%	12.00	$10,500.00	☒	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						$13,162.80		

F = Fed Funds C = Cash Match

PART-TIME OR OVERTIME EMPLOYEES:

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

F = Fed Funds C = Cash Match

VOLUNTEERS:

DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions.	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
Student volunteers and other voluntters contribute to marketing efforts, research, program development, commmunity outreach and awareness, victim advocacy, and other assigned tasks	500.00	$10.00	$5,000.00
			$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			$5,000.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	$13,163
CASH MATCH	$0
IN-KIND MATCH	$5,000
PERSONNEL TOTAL	**$18,163**

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:

The project director is necessary to supervise all functions of The Hate Crimes Project. The Community Educator is responsible for conducting all of the daily operations of the program and supervising volunteers and student interns regarding their work with the project.

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

Salaries are based on the salary grid used for all employees at Family Service of Greater New Orleans.

C) Project duties of each position requested:

The Project Director is responsible for supervision of all functions of the Community Educator. The Community Educator will be responsible for all daily functions and activities including but not limited to: reports, community contacts, presentation, brochurs, mailings, support-line calls, outreach, counseling, advocacy, and organization/coordination of all volunteer activities.

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.]

Both staff are existing personnel from last year.

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. David Haynik @ 5%	.062		$2,696	$167	5.	.062			$0
2. Mary McClure @ 35%	.062		$10,675	$661	6.	.062			$0
3.	.062			$0	7.	.062			$0
4.	.062			$0	8.	.062			$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. David Haynik @ 5%	.0145		$2,696	$39	5.	.0145			$0
2. Mary McClure @ 35%	.0145		$10,675	$154	6.	.0145			$0
3.	.0145			$0	7.	.0145			$0
4.	.0145			$0	8.	.0145			$0
HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1. David Haynik	221.17	12.00	5.00%	$132	5.				$0
2. Mary McClure	221.17	12.00	35.00%	$928	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1. David Haynik @ 5%	0.028		$2,696	$75	5.				$0
2. Mary McClure @ 35%	0.028		$10,657	$298	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
UNEMPLOYMENT TAX Based on first $7,000 or Less	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first $7,000 or Less	RATE	TYPE	SALARY	TOTAL
1.		CHECK TYPE:		$0	5.		CHECK TYPE:		$0
2.				$0	6.				$0
3.		☐ FUTA		$0	7.		☐ FUTA		$0
4.		☐ SUTA		$0	8.		☐ SUTA		$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
OTHER: LTD and Group Life	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1. David Haynik @ 5%	0.02		$2,696	$53	5.				$0
2. Mary McClure @ 35%	0.01		$10,675	$106	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
			FRINGE BENEFITS TOTAL (A):	$2,613				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): $2,613

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$2,454
CASH MATCH	
TOTAL FRINGE BENEFITS	$2,454

SECTION 300. TRAVEL

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

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH F	C	IK
NAME: Mary McClure TITLE: Community Educator PURPOSE: Community outreach, coordination and presentations	$0.52	990.00	$514.80	☒	☐	☐
NAME: David Haynik TITLE: Project Director PURPOSE: Community outreach, coordination, and presentations	$0.52	498.00	$258.96	☒	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
SUBTOTAL FOR LOCAL TRAVEL:			$773.76	F = Federal Funds C = Cash Match IK = In-Kind Match		

NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE) NAME/POSITION TITLE/PURPOSE OF TRAVEL	TRAVEL DESTINATION	TRAVEL DATES: FROM	TO	PAID WITH F	C	IK
NAME: TITLE: PURPOSE:				☐	☐	☐
NAME: TITLE: PURPOSE:				☐	☐	☐
NAME: TITLE: PURPOSE:				☐	☐	☐

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH F	C	IK
NAME:			$0.00							$0.00	☐	☐	☐
NAME:			$0.00							$0.00	☐	☐	☐
NAME:			$0.00							$0.00	☐	☐	☐
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	$773
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	$773

SECTION 500. SUPPLIES

SECTION A: List items within this category by major type, e.g., office supplies (pens, pencils, paper, etc.), postage, blank cassette tapes, etc. Include tax and shipping costs in Unit Price. If office supplies average $50 per month or less, i.e., $600 for a 12-month grant period, do not itemize items. List as "Basic Supply Allowance" under "Type" and the dollar amount under "Total Cost". Please refer to application instructions for direction.

TYPE OF SUPPLIES	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH F	C	IK
General Office Supplies	1.00	$600.00	$600.00	☒	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
SUBTOTAL OF SECTION A SUPPLIES:			$600.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

A) Need for and use of each major supply type requested:

B) Its relationship to this project.

SECTION 500. SUPPLIES (Continued)

SECTION B: Use this section only for Publications, workbooks, curriculum guides, videotapes, etc. Under type choose: P – Publications; W – Workbooks; CG – Curriculum Guides; V – Videotapes; O – Other. Itemize each item separately. Include tax and shipping costs in Unit Price, when applicable.

TYPE	TITLE OF PUBLICATIONS/FILMS	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
	SUBTOTAL OF SECTION B SUPPLIES:			$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

A) The use of each request and its relationship to the project. Also explain the choice of materials, e.g. based on previous experiences or research showing its effectiveness, etc.:

General office supplies are needed to carry out functions of the project.

SECTION 500. SUPPLIES SUMMARY	
FEDERAL FUNDS	$600
CASH MATCH	
IN-KIND MATCH	$0
SUPPLIES TOTAL	$600

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
Cellular Phone Service	Monthly Serivce Charge	12.00	$40.00	$480.00	☒	☐	☐
Telephone	Flat Rate	12.00	$25.00	$300.00	☒	☐	☐
Computer Usage	Flat Rate	12.00	$40.00	$480.00	☒	☐	☐
Annual CPA Audit	$20,800 @ 3%	12.00	$52.00	$624.00	☒	☐	☐
Printing	Prices vary	1,126.00	$1.00	$1,126.00	☒	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
	SUBTOTAL OF OTHER DIRECT COSTS:			$3,010.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

A) Need for each type listed; and

The cell phone is used as the support-line for victims and available for those who need immedate support or have questions. The phone line is used to maintain community contacts regarding hate crimes and to coordinate events, meetings, or presentations regarding hate crimes. The audit is necessary to maintain financial integrity and compliance with non-profit organizations. The computer use is for record keeping,k research, and coordination with community contacts via maintaining hate crimes websits and e-mail. Printing is used to reproduce prgram brochures to distribute to the community to inform and educate indivuals and groups about hate crimes and their impact, alone with referral information for those who wish to seek counseling and support.

B) Its relationship to project.

Operating expenses are necessary for dailing functioning of the program and all of the above directly relate to the effective functioning of the project. The support line is operated through the cell phone which is an integral component of the project by having the support-line readily available for primary or secondary victims. The printing of new brochures is another important component due to the referral aspect of the project and it is necessary to have materials with this information printed on. Referral information is printed on the brochures such as the support-line.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	$3,010
CASH MATCH	$0
IN-KIND MATCH	$0
OTHER DIRECT COSTS TOTAL	$3,010

PROGRAM NARRATIVE

A. PROBLEM DEFINITION

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

Hate crimes continue to be pervasive and unreported acts of hated against individuals and groups. The nature of this problem is that hate crimes can take many different forms, ranging from racial slurs to violent or even fatal acts, and the result is opression of particular groups of people through fear and submission.

The scope of this problem is widespread throughout the United States and particularly in the South where particular minority groups are larger. According to the Southern Poverty Law Center, hate group membership is up 54% since the year 2000 and identified 928 active hate groups in 2008 (most recent statistics are from 2008) which means a 4% increase in hate group membership since 2007. Louisiana is no exception to this national increase.

There are 76 reported hate crimes in Louisiana in 2008 (most recent statistics), which is an increase from the 34 reported in 2007 and the 27 reported in 2006.The increase in hate group membership along with increased number of reported hate crimes in Louisiana shows the continued need for the Hate Crimes Project.

Need: In order for accurate statistics to be reported and victims of crimes to be served, it continues to be important that a coordinated outreach/educational effort be made in the community. This would provide the community as a whole with information relevate to what constitutes a hate crime and what can be done to address the problem. Family Service of Greater New Orleans proposes to use its stature in the community as an outreach mechanism. Because Family Service also currently Victims of Crime Act (VOCA) services, making a connection for victims of hate crimes to mental health services will be seamless, whether done through FSGNO or community resources. Established contact Family Service of Greater New Orleans with the police force will ease access to reporting for victims of hate crimes in order to support more accurate statistics as well.

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

A gap exists between the community, victims, and knowledge of resources available. The need for information and support in their experience in crimes as well as understanding the reporting process and it's importance is created in this gap in services.

B. GOALS

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

Goal 1:

To educate the community of professionals and general public on hate crimes, including definitions, individual and societal effects, coping mechanisms and methods of combating the issue.

Goal 2:

To provide primary, secondary, and those who are more vulnerable to victimization, with resrouces and service to help cope with and work through the emotional trauma of a hate crimes.

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:
Family Service will conduct marketing through dispersement of materials that include referral information and other educational materials to the general public and professionals. The Community Educator will disperse 1,000 brouchures in total through attending one marketing trip monthly which will include visiting in person at least three organizations.

Objective 2: Family Service will conduct presentations, workshops, and trainings to other professionals and community members for educational purposes. The Community Educator will conduct one presentation per quarter, four in total.

Goal 2:

Objective 1:
Family Service will operate a support-line in which callers can receive information on referrals and services for victims of hate crimes.

Objective 2: Family service will develop a referral list, including Family Serivce VOCA program and other community agencies to distribute to victims and potential victims of hate crimes.

Objective 3: Family Service will serve as a walk-in center to provide crisis intervention, referrals and counseling for victims of hate crimes, including referrals to CVR and LAVINS.

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:

The community outreach and education aspect of the Hate Crimes Project will be completed through flyers, pamphlets, posters and websites that are maintained and updated by the Community Educator. These materials and sites contain messages on education, referrals, prevention, and information on the Hate Crimes Project as well as information regarding reporting.

Community contacts will continue to be made through different outreach efforts and networking. Meetings will be scheduled with different organizations and members to discuss hate crimes.

Presentations and workshops will continue to be conducted by the Community Educator.

Goal 2:

The support-line will continue to be operated at Family Service. The support-line will provide callers with information on how to access services, report a hate crime, preventing hate crimes, and general hate crime information. Crisis intervention can take place over the phone, along with referrals and safety plans.

A referral list will be developed and consistently updated with viable organizations that can assist victims. This list will be made available to staff and student interns.

Staff and students will be available to provide crisis conseling for walk-in clients and referrals for continued services.

D-2. TRAINING PROJECTS

Complete this page in lieu of Section D – Activities/Methods. This page is to be completed only if this application is for the training of individuals involved in the criminal justice system. DO NOT use this for in-house training.

1. Training Curriculum (topics to be included):

2. Type of personnel to be trained:

3. Number of personnel to be trained:

4. Geographical locations of trainees (who will be invited):

5. Dates and hours of training:

6. Location of training:

7. Explanation supporting the effectiveness of the training program including how the program will meet the identified need.

E. DEMOGRAPHICS

1. This project serves the following Congressional District(s)

☒ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ All (Statewide Project)

2. Type of Organizations:

Applicant Agency: ☐ Law Enforcement ☐ Prosecution ☐ Court ☒ Non-Profit Organization ☐ Tribal Government

Check the one answer that best describes the organization receiving VOCA Formula Grant Program funds.

- ☐ Community-Based Organization
- ☐ Court
- ☐ Domestic Violence Program
- ☐ Domestic Violence State Coalition
- ☐ Dual Program (Sexual Assault and Domestic Violence)
- ☐ Dual State Coalition (Sexual Assault and Domestic Violence)
- ☐ Government Agency (Department of Human Services, Bureau of Health)
- ☐ Law Enforcement
- ☐ Probation, Parole, or Other Correctional Agency
- ☐ Prosecution
- ☐ Sexual Assault Program
- ☐ Sexual Assault State Coalition
- ☐ Tribal Coalition
- ☐ Tribal Government
- ☐ Tribal Sexual Assault and/or Domestic Violence Program
- ☐ Unit of Local Government
- ☐ University/School
- ☒ Other (Specify): Community Based Organization

☐ 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: Mary McClure, GSW PHONE: (504) 822-0800 EMAIL: mmcclure@fsgno.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.)

The measurable outcomes were updated marketing materials will accurate and up to date referrals and resources for victims. Victims were, and continue to be, made aware of the Victims Reparations Fund. Community outreach efforts, presentations, community contacts, and updated referrals and information regarding hate crimes all took place.

2. Did the project work as expected? Explain.

The projects goals were met accordingly through efforts made by the Community Educator. The support-line was maintained, educational materials updated and dispersed, community contacts were created and maintained, and presentations were conducted to the community. Individuals were also seen by the community educator for individual mental health counseling to help assist with the trauma of hate crime victimization. Victims were also made aware of resources made available to them.

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?

One particular change is an increased focus on presentations and workshops as a function of education to the public regarding hate crimes.

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?

Mary McClure, GSW, who is the community educator will collect the data from direct victim services, community outreach, and research.

2. When will the data be collected?

During outreach efforts, presentations, workshops, phone calls, and counseling of vicims of hate crimes.

3. Who will collect and analyze the data?

Mary McClure, GSW, the community educator.

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

Name: Mary McClure Phone: (504) 822-800 Email: mmcclure@fsgno.org

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

The community educator who update/revise the project's strategy as needed based on the needs of the project, the needs of victims, and the needs of the community as they are presented.

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.

Quarterly reports will be given to the Louisiana Commission on Law Enforcement, Mayor's Office of Criminal Justice Coordination, the LGCCNO Board of Directors, local law enforcement agencies, the National Coalition of Anti-Violence Projects, local partners and local media

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.

Continued funding will be secured through private donations, grants, corporate sponsorships, collaborations, and foundation funding.

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.

The physical facility provided consists of office space at Family Service of Greater New Orleans which is a crucial component of the project due to the fact that it offers a safe and private safe for victims to be seen. Additional staff and student interns at Family Service are additional resources that the project can utilize as needed as well. The well trained staff at Family Service of Greater New Orleans is essential to the process that makes the project effective due to their expertise and experience. A computer, internet, additional phone line, the support-line, printing capacities, and numerous books regarding hate crimes.

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	10/12/09
2.	Dates covered by last audit:	7/1/08-6/30/09
3.	Date of next audit:	9/2010
4.	Dates to be covered by next audit:	7/1/09-6/30/10
5.	Date next audit will be forwarded to LCLE:	After 9/2010

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

M. VOLUNTEERS

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

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

Volunteers assist with community outreach, education, dispersement of materials that indicate resources and referrals available to victims, and volunteers assist with preparations and assistance regarding community presentations.

N. REQUIRED COMPONENTS

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

All students and staff are trained and required to inform all callers about the CVR program and to facilitate/assist in the application process. Referral logs will be reviewed to ensure compliance and follow-up calls include questions about CVR program referrals.

2. Describe how applicant has/will coordinate activities with other criminal justice system/private service providers in the community. If you have obtained cooperative agreements, a copy may be attached to the application in addition to the brief description.

Regular meetings will be scheduled with the representative appointed by the chief of police. Established contacts with other agencies whom also serve victims through the criminal justice system will continue to take place.

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.

The Hate Crimes Project provides a direct liason and advocacy service to victims of hate crimes so that those would normally hesitate to report an incident have the knowledge of the importance of reporting and the support of peer advocates to faciliate reporting and contact with the law enforcement.

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.

The Hate Crimes Project will comply with the Louisiana Child Protection Act (LARS 15:587:I) as appropriate.