

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C11-9-008

APPLICANT: Family Service Of Greater New Orleans

PROJECT TITLE: Domestic Violence Counseling Program

PROJECT FUNDS :

FUND: \$ 65,000 80.00%
MATCH: \$ 16,250 20.00%
TOTAL: \$ 81,250 100.00%

PROJECT DURATION: 12 months

START DATE: 04/01/2012

END DATE: 03/31/2013

Continuation of C97-9-009

PROJECT SUMMARY:

The Domestic Violence Project seeks to continue to provide services to assist primary and secondary victims of crime in order to stabilize their lives after victimization by providing psychotherapy services. Goals of the program are to facilitate resolution of trauma, provide psychoeducational interventions and to expand awareness of services available, including the Crime Victims Reparations Fund and the Louisiana Automated Victims Notification System (LAVNS). Family Service only utilizes treatment models that are evidence based and have been thoroughly research, such as cognitive-behavioral therapy. Through the use of the evidence based models, clients are provided with the tools necessary to reprocess the traumatic event, change patterns of thinking, and improve overall quality of life for victims of Crime.

RECOMMENDATION: FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 12/28/11 IS REVIEWED AND APPROVED BY LCLE STAFF.



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

**CRIME VICTIM ASSISTANCE
FORMULA GRANT PROGRAM**

CFDA #16.575

FOR LCLE USE ONLY:

Project ID: C11-9-008

CVA Purpose Area: 1, 2, 3, 4

1. TITLE OF PROJECT

Domestic Violence Counseling Program

2. NEW PROJECT

CONTINUATION PROJECT OF: C10-9-009

3. PROJECT DURATION

Total Length: 12 Months (Not to exceed 12 Months)

Desired Start Date: 4/1/2012

Desired End Date: 3/31/2013

4. PROJECT FUNDS

Federal Funds: \$65,000

Cash Match: \$0

In-Kind Match: \$16,250

Total Project: \$81,250

5A. APPLICANT AGENCY INFORMATION

Agency Name: Family Service of Greater New Orleans

Physical Address: 2515 Canal Street, Suite 201

City: New Orleans Zip: 70119-6437

Mailing Address: 2515 Canal Street, Suite 201

City: New Orleans Zip: 70119-6437

Phone: (504) 822-0800 FAX: (504) 822-0831

Email: rmccclain@fsgno.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Ronald P. McClain, JD, LCSW

Title: President & CEO

Agency Name: Family Service of Greater New Orleans

Address: 2515 Canal Street, Suite 201

City: New Orleans Zip: 70119-6437

Phone: (504) 822-0800 FAX: (594) 822-0831

Email: rmccclain@fsgno.org

Fed Employer Tax Id: 72 - 0408931

DUNS: 122622723 -

CCR CAGE/NCAGE: 5DPM2

CCR Expiration Date: 2/7/2012

6. IMPLEMENTING AGENCY

Name: Ronald P. McClain, JD, LCSW

Title: President & CEO

Agency: Family Service of Greater N.O.

Address: 2515 Canal Street, Suite 201

City: New Orleans Zip: 70119-6437

Phone: (504) 822-0800 FAX: (504) 822-0831

Email: rmccclain@fsgno.org

7. PROJECT DIRECTOR

Name: David Haynik, LCSW

Title: Clinical Director

Agency: Family Service of Greater N.O.

Address: 2515 Canal Street, Suite 201

City: New Orleans Zip: 70119-6437

Phone: (504) 822-0800 FAX: (504) 822-0831

Email: dhaynik@fsgno.org

8. FINANCIAL OFFICER

Name: Jim Hubbard

Title: V.P., Finance & Administrator

Agency: Family Service of Greater N.O.

Address: 2515 Canal Street, Suite 201

City: New Orleans Zip: 70119-6437

Phone: (504) 822-0800 FAX: (504) 822-0831

Email: jhubbard@fsgno.org

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

Family Service of Greater New Orleans seeks to continue to provide services to assist primary and secondary victims of crime in order to stabilize their lives after victimization by providing psychotherapy services. Goals of the program are to facilitate resolution of trauma, provide psychoeducational interventions and to expand awareness of services available, including the Crime Victims Reparations Fund and the Louisiana Automated Victims Notification System (LAVNS). Family Service only utilizes treatment models that are evidence-based and have been thoroughly researched, such as cognitive-behavioral therapy. Through the use of the evidence-based models, clients are provided with the tools necessary to reprocess the traumatic event, change patterns of thinking, and improve overall quality of life for victims of Crime.

CVA - 1

2011 DEC - 7 PM 3: 19
 LA COMMISSION
 ON LAW ENFORCEMENT
 AND THE ADMINISTRATION
 OF CRIMINAL JUSTICE
 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: minorities, incomes below poverty level, chronic mental illness, & Limited Literacy

PROJECT BUDGET SUMMARY

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

CHECKLIST:

	YES:	NO:
Are all budgeted items allowable per Program Guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were instructions followed to determine allowable personnel/contractual costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all line item computations correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do line items add to category totals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have category totals been rounded to nearest dollar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Each category amount listed in the table below must equal category totals shown on Pages 3 through 11.		
Person Completing Budget Section: Rebecca Garside	Title: VOCA Coordinator	
Phone: (504) 827-4006	Fax: (504) 822-0831	E-Mail: rgarside@fsgno.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$50,466	\$0	\$16,250	\$66,716
SECTION 200. FRINGE BENEFITS	\$7,901	\$0	N/A	\$7,901
SECTION 300. TRAVEL	\$170	\$0	\$0	\$170
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	\$5,863	\$0	\$0	\$5,863
TOTAL:	\$65,000	\$0	\$16,250	\$81,250

Provide Source of Cash Match:

Provide Source of In-Kind Match: Masters Level Social Worker and Counselor Interns (volunteers) provide services to victims for a total of 1,625 hours at a rate of \$10.00/hour.

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Revised JULY 2010

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
Project Director	David Haynik, LCSW	FT	\$5,126.00	3.00%	12.00	\$1,845.36	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project Coordinator	Rebecca Garside	FT	\$3,750.00	61.00%	12.00	\$27,450.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clinician	Melissa Harris	FT	\$2,586.53	5.00%	12.00	\$1,551.91	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clinician	Alicia Barajas	FT	\$3,501.45	20.00%	12.00	\$8,403.48	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clinician	Marquita Davis	FT	\$2,596.15	36.00%	12.00	\$11,215.36	<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:						\$50,466.11	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	0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	0.00	0.00%	0.00	\$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
Intake workers assess needs for victim's services and make appropriate referrals to individual or group therapy and/or offer community resources.	812.50	\$10h.00	\$8,125.00
Counselors assist clinicians in the provision of individual and group therapy services. These volunteers also make clients aware of the crime victims reparation procedures and assist victims in applying for these as appropriate.	812.50	\$10h.00	\$8,125.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$16,250.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$50,466
CASH MATCH	
IN-KIND MATCH	\$16,250
PERSONNEL TOTAL	\$66,716

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:

Continued from the previous grant, due to the number of clients who access these services, clinical positions are needed for the provisions of individual and group therapy to crime survivors. An additional Project Manager/ Clinician position is needed for the provision of individual and group therapy as well as to collect data and oversee the evaluation of grant objectives. A Project Director position is needed to supervise personnel and volunteers on the grant. All individuals are responsible for community collaboration with other treatment providers and law enforcement.

No need for overtime justification as it is not utilized.

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

Salary ranges are based on the FSGNO salary program, which sets compensation based on program responsibility, required education level, and public sector community norms for similar positions.

C) Project duties of each position requested:

Please see attached position descriptions for existing positions.

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.]

David Haynik: Existing, hired for position
 Rebecca Garside: Existing, hired for position
 Alicia Barajas: Existing, hired for position
 Marquita Davis: Existing, hired for position
 Melissa Harris: Existing, hired for position

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	.062		\$1,845	\$114	5. Melissa Harris	.062		\$1,551	\$96
2. Rebecca Garside	.062		\$27,900	\$1,729	6.				\$0
3. Marquita Davis	.062		\$11,215	\$695	7.				\$0
4. Alicia Barajas	.062		\$8,403	\$520	8.				\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. David Haynik	.0145		\$1,845	\$26	5. Melissa Harris	.0145		\$1,551	\$22
2. Rebecca Garside	.0145		\$27,900	\$404	6.				\$0
3. Marquita Davis	.0145		\$11,215	\$162	7.				\$0
4. Alicia Barajas	.0145		\$8,403	\$121	8.				\$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. Marquita Davis	230.31	12.00	36.00%	\$994	5. Dave Haynik	48.77	12.00	3.00%	\$17
2. Rebecca Garside	240.35	12.00	62.00%	\$1,788	6. Rebecca Garside	37.02	12.00	62.00%	\$275
3. Melissa Harris	230.31	12.00	5.00%	\$138	7. Melissa Harris	24.72	12.00	5.00%	\$14
4.	0.00	0.00	0.00%	\$0	8. Alicia Barajas	23.70	12.00	20.00%	\$56
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1. David Haynik	0.028		\$2,696	\$75	5. Melissa Harris	0.028		\$1,500	\$42
2. Rebecca Garside	0.028		\$24,799	\$694	6.				\$0
3. Marquita Davis	0.028		\$10,800	\$302	7.				\$0
4. Alicia Barajas	0.028		\$8,194	\$229	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.		<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0
4.		<input type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> SUTA		\$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1.	0.00		\$0	\$0	5.	0.00		\$0	\$0
2.	0.00		\$0	\$0	6.				\$0
3.	0.00		\$0	\$0	7.				\$0
4.	0.00		\$0	\$0	8.				\$0
FRINGE BENEFITS TOTAL (A):				\$7,991	FRINGE BENEFITS TOTAL (B):				\$522

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

Fringe Benefits Total (A+B): \$8,513

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$7,991
CASH MATCH	\$0
TOTAL FRINGE BENEFITS	\$7,991

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.	.062		\$0	\$0	5.	.062		\$0	\$0
2.	.062		\$0	\$0	6.	.062			\$0
3.	.062		\$0	\$0	7.	.062			\$0
4.	.062		\$0	\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1.	.0145		\$0	\$0	5.	.0145		\$0	\$0
2.	.0145		\$0	\$0	6.	.0145			\$0
3.	.0145		\$0	\$0	7.	.0145			\$0
4.	.0145		\$0	\$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.	0.00	0.00	0.00%	\$0	5. Marquita Davis	24.72	12.00	36.00%	\$106
2.	0.00	0.00	0.00%	\$0	6.	0.00	0.00	0.00%	\$0
3.	0.00	0.00	0.00%	\$0	7.	0.00	0.00	0.00%	\$0
4.	0.00	0.00	0.00%	\$0	8.	0.00	0.00	0.00%	\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1.	0.000		\$0	\$0	5.	0.000		\$0	\$0
2.	0.000		\$0	\$0	6.				\$0
3.	0.000		\$0	\$0	7.				\$0
4.	0.000		\$0	\$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.		<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0
4.		<input type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> SUTA		\$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1.	0.00		\$0	\$0	5.	0.00		\$0	\$0
2.	0.00		\$0	\$0	6.				\$0
3.	0.00		\$0	\$0	7.				\$0
4.	0.00		\$0	\$0	8.				\$0
FRINGE BENEFITS TOTAL (A):				\$0	FRINGE BENEFITS TOTAL (B):				\$106

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

Fringe Benefits Total (A+B): \$106

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$7,795
CASH MATCH	\$0
TOTAL FRINGE BENEFITS	\$7,795

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.

The 2010 CQ Press City Crime Rate Rankings reported that the city of New Orleans ranks 13th in highest level of crime in the United States based on reports of murder, rape, robbery, aggravated assault, burglary, theft, and car theft. According to the November 27th, 2011 Times Picayune article, "The New Orleans murder rate can't be downplayed," New Orleans murder rate "is 10 times the national rate, and it's been that way for years." While the CQ Press ranking moved in a positive direction dropping New Orleans' ranking from 6th last year to 13th this year, New Orleans continues to be a city infamous for high crime rates.

With violent crime and exposure to disasters, stress reactions can occur and sometimes lead to posttraumatic stress disorder (PTSD). Looking at poverty and violence, it is clear that additional supports are needed within the community provide mental health services, safety and community cohesion. Providing easily accessible mental health services through the collaboration of the Louisiana Commission on Law Enforcement, those that have been exposed to the high levels of violence can seek treatment for related symptoms of stress and anxiety. Family Service's Mission Statement of "...strengthens the emotional health and fosters the self-sufficiency of families and individuals," describes the work and the benefit of providing the services mentioned within this application. According to Melinda Smith, M.A., and Jeanne Segal, Ph.D., authors of "Post Traumatic Stress Disorder" on www.helpguide.org, early treatment of PTSD can help improve family life, physical health and overall functioning (2011). Family Service can provide the early treatment recommended by being accessible to the community. Family Service has offices on both banks of the Mississippi River in Jefferson Parish and utilizes trained and qualified clinicians to work with the underserved population of victims of crime.

Family Service of Greater New Orleans will continue to provide intervention for victims in the form of family, group and individual counseling; psychoeducational treatment and presentations; and information and referral services for victims of crime in New Orleans. This agency, through continued funding, seeks to provide effective intervention services that provide therapeutic treatment to victims of crime and to the community in the hope of intervening in response to vicimization, reducing the chances of re-victimization, and encouraging victims to come forward.

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

The gap in resources is due to the large number of impacted individuals in the community due to high crime rates in the city. Communication by representatives of this agency with members of the community at large, law enforcement, criminal court representatives, and Domestic Violence Advisory Counsel members allowed for an in-depth understanding of the unmet need for victims' services in the city of New Orleans and the resulting stress on the population as a result. Due to the need, affected individuals, especially those represented by underserved populations, have limited pathways for treatment of ensuing symptoms and mental illness resulting from trauma.

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: Assist 180 unduplicated, victims of crime, including children, adolescents, and adults to improve coping with trauma related symptoms and increase overall functioning. The hope of this project is to improve the quality of life of crime survivors.

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.

Objective 1: Provide a minimum of 1600 hours of direct, therapeutic interventions to victims in order to reduce symptoms and depression and anxiety using effective cognitive behavioral techniques and outcome measures.

Objective 2: Decrease engagement of inappropriate coping mechanisms, such as substance abuse, by victims and increase effective, healthy coping mechanisms by utilizing psychoeducation to teach alternatives.

Objective 3: Empower victims to report crimes and utilize community resources through staying involved as an agency with at least 25 other, complimentary community and public service providers in order to bridge and ease access for victims. An example of this is our involvement in the local event for the National Crime Victim's Rights Week through hosting committee meetings and direct involvement in the yearly event.

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.

Method for Objective 1:

Throughout the year of the grant, masters level clinicians will provide individual, family, and group therapy for 180 victims. Clinicians will maintain current, effective cognitive behavioral practices through attending a minimum of 10 hours of external and/or internal trainings.

Method for Objective 2:

Throughout the grant year, provide psychoeducation to victims in therapy and in the community that teach the dynamics of abuse, safety planning, and appropriate self-care techniques. Handouts and modeling of techniques and exercises will be utilized by clinicians.

Method for Objective 3:

Throughout the year of the grant, attend various meetings that involve other service providers in community resource and community event development meetings. Travel to various other area providers on marketing trips to increase awareness about the VOCA services provided by Family Service of Greater New Orleans and increase referral sources for our clients.

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 checked="" 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 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: Rebecca Garside, LPC PHONE: (504) 827-4006 EMAIL: rgarside@fsgno.com

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.)

Based on the quarterly progress reports submitted in July and October, respectively, 64 clients were seen between April and June and 61 were seen between July and September under the program. Our goal, since the term of the program is currently active, is to serve 160 unduplicate clients throughout the span of the program. Based on our "Kareworks" database entry system and physical files, in the first 8 months of the program, we have served 125 unduplicated clients. We are raising our goal this term to 180 unduplicated clients. Our database of recorded client sessions reports 948.25 hours of therapy and intake sessions provided. We will be raising our previous goal from 1400 hours to 1600 hours of therapy provided to clients. As reported by the Mental Health Inventory Outcome Measure for the entire agency which is completed by the clients, overall functioning increased 10% during the first quarter of this fiscal year. Meeting minutes with recorded attendance are maintained for each of the community meetings attended by the VOCA coordinator. Business cards, printed information, brochures, and meeting notes are maintained on file for each community contact made as well.

2. Did the project work as expected? Explain.

Yes, the project worked as expected. The demand for services was present and exceeded the expectations of the Program Coordinator, at the current rate, by double the clients that were expected based on previous grant cycles. Overall functioning, as recorded by Mental Health Inventory outcome measure results, increased throughout therapy for the clients served.

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?

An increase in clients to be served and increase in community collaboration has been made a goal for this grant term.

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 the clients of this program and recorded in the agency database, "Kareworks." Client surveys and the completed Mental Health Inventory outcome measures are compiled in the quarterly Performance and Quality Improvement (PQI) reports maintained for the agency.

2. When will the data be collected?

Throughout the duration of the grant as clients register for services, complete mental health inventories, and annually complete surveys. Quarterly Performance and Quality Improvement (PQI) reports are completed by the PQI Coordinator.

3. Who will collect and analyze the data?

The PQI Coordinator for the organization and Project Director, David Haynik.

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

Name: Rebecca Garside

Phone: (504) 827-4006

Email: rgarside@fsgno.org

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

The VOCA coordinator will update/revise the project's strategy based on the number of clients presenting for services and the effectiveness of interventions used in therapy as reflected by mental health inventory outcome results.

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 and the agency's board of directors. Media shall get results as requested.

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 space for victims to be seen. Also, additional staff and student interns at Family Service are additional resources that the project can utilize as needed. 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, printing capacities, and numerous resources books serve as some of the physical resources supplied by the agency.

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
- 2. Dates covered by last audit:
- 3. Date of next audit:
- 4. Dates to be covered by next audit:
- 5. Date next audit will be forwarded to LCLE:

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?

Volunteer working within the VOCA program fit three essential job function categories:

- 1. Intake workers: Volunteers assess the need for victim services for potential clients and will make appropriate referrals to community resources.
- 2. Therapists: Volunteers will assist clinicians in the provision of therapeutic services.
- 3. Educators: Volunteers will provide information and psychoeducation for crime victims in the extent of community presentations and in treatment.

All volunteers utilized by this program are Master's level student interns.

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 are trained and required to inform all appropriate clients about the CVR program and to facilitate/assist in the application process. Referral logs will be reviewed to ensure compliance and follow-up with clients referred to CVR program will be recorded in the individuals' files.

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

The Project coordinator attends meetings in order to maintain contact with other providers serving the community which include the Domestic Violence Advisory Counsel, the Tulane University Domestic Violence Law Clinic Lunch and Learn Series, and regular meetings with U.S. Department of Justice Victim Specialists Division. The Project Coordinator is also actively involved in a local event for the National Crime Victim's Rights Week.

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.

In order to reduce chances of re-victimization of clients and further victimization of others, clinicians and counselors encourage and empower victims to report crimes and utilize community resources through demystifying the process for clients by explaining the necessary steps in reporting, allowing the clients space to make the initial call from the agency, and through connecting clients with direct points of contact with the law enforcement and district attorney's office to smoothly facilitate the reporting process.

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 Domestic Violence Program will comply with the Louisiana Child Protection Act (LARS 15:587.1) as appropriate.

Kathy Guidry

From: Kathy Guidry
Sent: Wednesday, December 28, 2011 5:40 PM
To: George Lawrence; Maria-Kay Chetta
Cc: James Carter
Subject: C11-9-008, Family Services of Greater New Orleans, Domestic Violence Counseling

Mr. David Haynik, LCSW
Family Services of Greater New Orleans
c/o City of New Orleans, Office of Criminal Coordination
1300 Perdido St., Room 8E15
New Orleans, LA 70112-2125

RE: C11-9-008, Domestic Violence Counseling

Dear Mr. Haynik:

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 this project and is over \$20,000, you will be required to attend both meetings.

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. 3, Section 100 Personnel – The job descriptions for the Clinician, Clinical Director/Performance Quality Improvement Coordinator, VOCA Coordinator, Hate Crimes Community Educator/Clinician and Clinician/Pretrial Contract Manager needs to include the salary range.
2. Pg. 5, Section 200 Fringe Benefits – Fringe Benefits are requested; however, the box stating that all fringe benefits will be paid by the applicant agency. If the applicant agency is paying other benefits that are not listed, then you should check the box stating additional fringe benefits will be paid by applicant agency. Please clarify.
3. Pg. 6, Section 300 Travel – Reimbursement is requested for marketing. Although this was allowed in the previous subgrant, this is an unallowable cost per VOCA guidelines.
4. Pg. 14, A. Problem Definition #1 – Please remove the statement referring to the collaboration with LCLE as this collaboration is contingent upon Federal funding and not the problem causing the crime rates.
5. Pg. 15, B. Goals – The first statement of your goal is an objective. The second statement appears to be your overall goal.
6. Pg. 15, C. Objectives – The objectives need a baseline. Did you achieve the objectives in the previous subgrant? The statement on page 19 #3 states an increased in clients for this project. This previous number of clients would be your baseline. For example: To increase the number of clients from 160 to 180 unduplicated ... Objective 2 needs to be stated in measurable terms.
7. Pg. 16, D. Activities/Methods – You must state the timeframe these activities will occur. Need to remove reference on marketing.

8. Pg. 20, I. Evaluation and Dissemination of Reporting #6 – Need to include that LCLE will receive expenditure reports monthly/quarterly as 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 to the District Office. 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 the District Office 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