

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

**APPLICATION AND REVIEW
SUMMARY**

APPLICATION NUMBER: C10-9-009

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: 04/01/2011

END DATE: 03/31/2012

Continuation of C97-9-009

PROJECT SUMMARY:

The Domestic Violence Project will provide increased awareness and education to the community. For those who have been victims of crime, walk-in services, crisis intervention, counseling, advocacy, information, and referrals will be 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.



**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: C10-9-009 CVA Purpose Area: 1,2,3,4

| | | | |
|--|--|--|--|
| 1. TITLE OF PROJECT Domestic Violence Counseling Program | | 2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C09-9-007 | |
| 3. PROJECT DURATION Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 4/1/2011 Desired End Date: 3/31/2012 | | 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: rmcclain@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: rmcclain@fsgno.org | |
| Fed Employer Tax Id: 72 - 0408931 DUNS: 122622723 - CCR CAGE/NCAGE: 5DPM2 CCR Expiration Date: 2/9/2011 | | | |

| | | |
|--|---|--|
| 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: rmcclain@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: Larry Taggart Title: Senior V.P., Finance & Administration 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: ltaggart@fsgno.org |
|--|---|--|

9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)
The Domestic Violence Counseling Program provides mental health counseling and increases awareness and education in the community. Individuals and families who have been victims of crime and able to receive walk-in services, crisis intervention, counseling, advocacy, information, and referrals.

VOCA PURPOSE AREAS

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

| | |
|-------------------------------------|------------------------|
| <input checked="" type="checkbox"/> | Sexual Assault |
| <input checked="" type="checkbox"/> | Domestic Abuse |
| <input checked="" type="checkbox"/> | Child Abuse |
| <input checked="" type="checkbox"/> | Previously Underserved |

State Type of Previously Underserved: minorities, incomes below poverty level, chronic 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 | \$47,577 | \$0 | \$16,250 | \$63,827 |
| SECTION 200. FRINGE BENEFITS | \$8,397 | \$0 | N/A | \$8,397 |
| SECTION 300. TRAVEL | \$1,009 | \$0 | \$0 | \$1,009 |
| SECTION 400. EQUIPMENT | \$0 | \$0 | \$0 | \$0 |
| SECTION 500. SUPPLIES | \$1,797 | \$0 | \$0 | \$1,797 |
| SECTION 600. CONTRACTUAL | \$0 | \$0 | N/A | \$0 |
| SECTION 700. RENOVATION COSTS | \$0 | \$0 | \$0 | \$0 |
| SECTION 800. OTHER DIRECT COSTS | \$6,220 | \$0 | \$0 | \$6,220 |
| TOTAL: | \$65,000 | \$0 | \$16,250 | \$81,250 |

Provide Source of Cash Match:

Provide Source of In-Kind Match: Program volunteers and intake workers provide services to victims for a total of 1,625 hours at a rate of \$10.00/hour.

LA COMMISSION
ON LAW ENFORCEMENT
2010 DEC 17 PM 4:10

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 | \$4,494.00 | 5.00% | 12.00 | \$2,695.40 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Project Coordinator | Rebecca Garside | FT | \$2,753.00 | 80.00% | 12.00 | \$26,428.80 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Clinician | Mary McClure | FT | \$2,541.00 | 20.00% | 12.00 | \$6,098.40 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Clinician | Alicia Barajas | FT | \$3,414.00 | 20.00% | 12.00 | \$8,193.60 | <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: | | | | | | \$43,417.20 | F = Fed Funds C = Cash Match | |

PART-TIME OR OVERTIME EMPLOYEES:

| POSITION TITLE | EMPLOYEE NAME | PT DT | ACTUAL EMPLOYEE HOURLY SALARY RATE | NUMBER OF HOURS | TIME DEVOTED TO PROJECT | NUMBER OF WEEKS | TOTAL SALARY PAID BY GRANT | PAID WITH | |
|--|----------------|-------|------------------------------------|-----------------|-------------------------|-----------------|----------------------------|-------------------------------------|--------------------------|
| | | | | | | | | F | C |
| Part-time clinician | Al Sidhom | PT | \$20.00 | 1.00 | 100.00% | \$2.00 | \$1,040.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Part-time clinician | Aaron Armelie | PT | \$20.00 | 1.00 | 100.00% | \$2.00 | \$1,040.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Part-time clinician | Kristen Graff | PT | \$20.00 | 1.00 | 100.00% | \$2.00 | \$1,040.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Part-time clinician | Felecia Bowers | PT | \$20.00 | 1.00 | 100.00% | \$2.00 | \$1,040.00 | <input checked="" 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: | | | | | | | \$4,160.00 | 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 | \$47,577 |
| CASH MATCH | |
| IN-KIND MATCH | \$16,250 |
| PERSONNEL TOTAL | \$63,827 |

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
 Mary McClure: Existing, hired for position
 Al Sidhom: Existing, hired for position
 Aaron Armelie: Existing, hired for position
 Kristen Graff: Existing, hired for position
 Felecia Bowers: 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 | | | | | SOCIAL SECURITY | | | | |
| 1 David Haynik | .062 | | \$2,696 | \$167 | 3 | .062 | | | \$0 |
| 2 Rebecca Garside | .062 | | \$26,433 | \$1,638 | 4 | .062 | | | \$0 |
| 3 Mary McClure | .062 | | \$6,120 | \$379 | 7 | .062 | | | \$0 |
| 4 Alicia Barajas | .062 | | \$8,195 | \$508 | 8 | .062 | | | \$0 |
| MEDICARE | | | | | MEDICARE | | | | |
| 1 David Haynik | .0145 | | \$2,696 | \$39 | 3 | .0145 | | | \$0 |
| 2 Rebecca Garside | .0145 | | \$26,433 | \$383 | 4 | .0145 | | | \$0 |
| 3 Mary McClure | .0145 | | \$6,120 | \$88 | 7 | .0145 | | | \$0 |
| 4 Alicia Barajas | .0145 | | \$8,195 | \$118 | 8 | .0145 | | | \$0 |
| HEALTH/LIFE INSURANCE | | | | | HEALTH/LIFE INSURANCE | | | | |
| 1 Alicia Barajas | 222.73 | 12.00 | 20.00% | \$534 | 3 | | | | \$0 |
| 2 Rebecca Garside | 222.73 | 12.00 | 20.00% | \$2,138 | 4 | | | | \$0 |
| 3 Mary McClure | 221.17 | 12.00 | 20.00% | \$530 | 7 | | | | \$0 |
| 4 | | 0.00 | 0.00% | \$0 | 8 | | | | \$0 |
| WORKMAN'S COMPENSATION | | | | | WORKMAN'S COMPENSATION | | | | |
| 1 David Haynik | 0.028 | | \$2,696 | \$75 | 3 | 0.028 | | | \$0 |
| 2 Rebecca Garside | 0.028 | | \$26,433 | \$740 | 4 | | | | \$0 |
| 3 Mary McClure | 0.028 | | \$6,120 | \$171 | 7 | | | | \$0 |
| 4 Alicia Barajas | 0.028 | | \$8,195 | \$229 | 8 | | | | \$0 |
| UNEMPLOYMENT TAX | | | | | UNEMPLOYMENT TAX | | | | |
| 1 | | CHECK | | \$0 | 3 | | CHECK | | \$0 |
| 2 | | | | \$0 | 4 | | | | \$0 |
| 3 | | <input type="checkbox"/> PUTA | | \$0 | 7 | | <input type="checkbox"/> PUTA | | \$0 |
| 4 | | <input type="checkbox"/> SUTA | | \$0 | 8 | | <input type="checkbox"/> SUTA | | \$0 |
| PUBLIC/PRIVATE RETIREMENT | | | | | PUBLIC/PRIVATE RETIREMENT | | | | |
| 1 | | | | \$0 | 3 | | | | \$0 |
| 2 | | | | \$0 | 4 | | | | \$0 |
| 3 | | | | \$0 | 7 | | | | \$0 |
| 4 | | | | \$0 | 8 | | | | \$0 |
| OTHER LTD and Group Life | | | | | OTHER LTD and Group Life | | | | |
| 1 David Haynik | 43.00 | | \$1 | \$43 | 3 | | | | \$0 |
| 2 Rebecca Garside | 413.00 | | \$1 | \$413 | 4 | | | | \$0 |
| 3 Mary McClure | 96.00 | | \$1 | \$96 | 7 | | | | \$0 |
| 4 Alicia Barajas | 108.00 | | \$1 | \$108 | 8 | | | | \$0 |
| FRINGE BENEFITS TOTAL (A): | | | | \$8,397 | FRINGE BENEFITS TOTAL (B): | | | | \$0 |

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

Fringe Benefits Total (A+B): \$8,397

| SECTION 200. FRINGE BENEFITS SUMMARY | |
|--------------------------------------|---------|
| FEDERAL FUNDS | \$8,397 |
| CASH MATCH | \$0 |
| TOTAL FRINGE BENEFITS | \$8,397 |

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: Rebecca Garside TITLE: VOCA Coordinator PURPOSE: Client/Service related meetings, marketing, and trainings. | \$0.48 | 200.00 | \$96.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: Mary McClure TITLE: Clinician PURPOSE: Client/Service related meetings, marketing, and trainings. | \$0.48 | 100.00 | \$48.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: David Haynik TITLE: Project Director PURPOSE: Client/Service related meetings, marketing, and trainings. | \$0.48 | 52.00 | \$24.96 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL FOR LOCAL TRAVEL: | | | \$168.96 | | | |

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

| NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE) NAME/POSITION/TITLE/PURPOSE OF TRAVEL | TRAVEL DESTINATION | TRAVEL DATES: | | PAID WITH | | |
|---|--------------------|---------------|----|-------------------------------------|--------------------------|--------------------------|
| | | FROM | TO | F | C | IK |
| NAME: To be determined with LCLE approval TITLE: seminars and trainings for continuing PURPOSE: education outside of greater New Orleans. | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PURPOSE: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| CONTINUED FROM ABOVE TABLE | MILEAGE RATE | TOTAL MILES | MILEAGE COST | NO. OF DAYS | NO OF MEALS | MEAL COSTS | AIRFARE COSTS | LODGING COSTS (Include Tax) | OTHER TRAVEL COSTS | TOTAL COSTS | PAID WITH | | |
|--|--------------|-------------|--------------|-------------|-------------|------------|---------------|-----------------------------|--------------------|-------------|--------------------------|--------------------------|--------------------------|
| NAME: | \$0.48 | 500.00 | \$240.00 | 4 | 2 | \$100 | | \$500 | | \$840.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: | | | \$0.00 | | | | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: | | | \$0.00 | | | | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL FOR NON-LOCAL, IN-STATE AND OUT-OF-STATE TRAVEL COST: | | | | | | | | | | \$840.00 | | | |

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

| SECTION 300. TRAVEL SUMMARY | |
|-----------------------------|---------|
| FEDERAL FUNDS | \$1,009 |
| CASH MATCH | |
| IN-KIND MATCH | |
| TRAVEL TOTAL | \$1,009 |

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 160 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. Host 1 training provided by the Office of Victims of Crime in D.C. for the New Orleans mental health service provider community.

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 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. MAJOR 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, 71 clients were seen between April and June and 68 were seen between July and September under the program. Our goal, since the term of the program is currently active, is to serve 75 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 113 unduplicated clients. We are raising our goal this term to 160 unduplicated clients. Our database of recorded client sessions reports 936.5 hours of therapy and intake sessions provided. We will be raising our previous goal from 1200 hours to 1400 hours of therapy provided to clients. As reported by the Mental Health Inventory completed by the clients, overall functioning increased 9% during the first quarter of the previous grant and 12% during the second quarter. 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 has been made a goal for this grant term. Also, the program will host an Office of Victims of Crime training for community providers of this population served.

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 in 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: | November 11, 2010 |
| 2. Dates covered by last audit: | July 2009 through June 30, 2010 |
| 3. Date of next audit: | December 1, 2011 |
| 4. Dates to be covered by next audit: | July 2010 through June 30, 2011 |
| 5. Date next audit will be forwarded to LCLE: | December 1, 2012 |
- 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 Council, 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. The Project Coordinator is also working with the Office for Victim of Crime in Washington D.C. in order to host trainings geared towards professional development of victim service providers.
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.