

APPLICATION NUMBER: C10-9-014

APPLICANT: Family Service Of Greater New Orleans

PROJECT TITLE: Victim Assistance Program

PROJECT FUNDS :

FUND: \$ 19,040 80.00%

MATCH: \$ 4,760 20.00%

TOTAL: \$ 23,800 100.00%

PROJECT DURATION: 12 months

START DATE: 09/01/2012

END DATE: 08/31/2013

Continuation of NEW

PROJECT SUMMARY:

Family Service of Greater New Orleans seeks to provide services to children who have been exposed to violent crimes by providing psychotherapy services specifically to children who have been exposed to domestic violence.

RECOMMENDATION : FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.



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

**CRIME VICTIM ASSISTANCE
FORMULA GRANT PROGRAM**

CFDA #16.575

FOR LCLE USE ONLY:

Project ID: **C10-9-014**

CVA Purpose Area: **1,2,3,4**

1. TITLE OF PROJECT Victim Assistance Project	2. <input checked="" type="checkbox"/> NEW PROJECT <input type="checkbox"/> CONTINUATION PROJECT OF: C - -
---	--

3. PROJECT DURATION Total Length: 12 Months (<i>Not to exceed 12 Months</i>) Desired Start Date: 10/1/2012 Desired End Date: 9/30/2013	4. PROJECT FUNDS Federal Funds: \$19,040 Cash Match: \$0 In-Kind Match: \$4,760 Total Project: \$23,800
---	---

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

Fed Employer Tax Id: 72 - 0408931 DUNS: 122622723 - CCR CAGE/NCAGE: 5DPM2 CCR Expiration Date: 1/9/2013

6. IMPLEMENTING AGENCY Name: Ronald P. McClain, JD, LCSW Title: President/CEO Agency: Family Service of Greater New Or Address: 2515 Canal Street; Suite 201 City: New Orleans Zip: 70119- Phone: (504) 822-0800 FAX: (504) 822-0831 Email: rmccclain@fsgno.org	7. PROJECT DIRECTOR Name: Dave Haynik, LCSW Title: Vice President of Programs Agency: Family Service of Greater New Or Address: 2515 Canal Street; Suite 201 City: New Orleans Zip: 70119- Phone: (504) 827-4015 FAX: (504) 822-0831 Email: dhaynik@fsgno.org	8. FINANCIAL OFFICER Name: Jim Hubbard Title: Vice President of Finance Agency: Family Service of Greater New Or Address: 2515 Canal Street; Suite 201 City: New Orleans Zip: 70119- 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 provide services to children who have been exposed to violence or crime by providing psychotherapy services specifically to children who have been exposed to domestic violence. Domestic violence is cyclical in nature; research has demonstrated that many perpetrators of crime, specifically domestic violence, ~~have~~ also been exposed to violence during his or her childhood. Through this program, Family Service would offer free therapeutic services to the children of domestic violence perpetrators in an effort to help stop this cycle.

The project will facilitate the recovery process through the use of evidence-based models and providing clients with age-appropriate tools necessary to reprocess the traumatic event, change patterns of thinking, and improve overall quality of mental health. Funding to support this initiative would allow Family Service to be intervene in the cycle of domestic violence through many fronts. With funding to support this project, Family Service would be able to offer a continuum of domestic violence services. This project would provide comprehensive support to families as well as prevent children from learning to use violence as a method to resolve conflict.

had violent crime

approved? (see p5)

2012 AUG -3 PM 1:57
LA COMMISSION
LAW ENFORCEMENT

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
Program Director	Dave Haynik, LCSW	FT	\$5,833.00	2.00%	12.00	\$1,399.92	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program Manager	Rebecca Garside, LPC	FT	\$4,167.00	3.00%	12.00	\$1,500.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clinician	Melissa Harris	FT	\$2,625.00	37.00%	12.00	\$11,655.00	<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"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$14,555.04	F = Fed Funds C = Cash Match	

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH	
								F	C
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$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 will assess needs for victim's services and make appropriate referrals to individual or group therapy and/or offer community resources.	150.00	\$10.00	\$1,500.00
Volunteer counselors will assist in the provision of individual and group therapy services. These volunteers will also make clients aware of the crime victim reparation procedures and assist victims in applying for these as appropriate.	326.00	\$10.00	\$3,260.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$4,760.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$14,555
CASH MATCH	\$0
IN-KIND MATCH	\$4,760
PERSONNEL TOTAL	\$19,315

SECTION 00. 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 Program Director (Vice President of Programs) is necessary to complete administrative duties for the project such as budget monitoring, administrative oversight and management.

The Program Manager (Clinical Director) is necessary to provide clinical supervision to the clinician and volunteers who are providing the direct service to clients. Clinical supervision is essential, especially when dealing with vulnerable populations, to assure that services are ethical, appropriate and client centered.

The Clinician is necessary to provide the direct service to the clients. The clinician has the largest allocation of dollars and provides psychotherapy to children who have witnessed domestic violence.

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

Salary ranges are based on the FSGNO Salary Grid, which sets compensation based on program responsibility, required education level, and norms for community based organizations in the area.

C) Project duties of each position requested:

The Program Director will review all quarterly reports, expense reports and complete subgrant adjustments as necessary. The Program Director also completes the subgrant application.

The Program Manager provides daily oversight and weekly clinical supervision of the volunteers and the clinician. The Program Manager reviews cases for appropriateness and eligibility to the program. The Program Manager will complete quarterly reports.

The Clinician provides direct service. Psychotherapy is provided by the Clinician using evidence based models of treatment.

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.]

Dave Haynik is an existing personnel.
Rebecca Garside is existing personnel.
Melissa Harris is existing personnel.

All positions will be backfilled.

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		\$1,400	\$86	5.	.062			\$0
2. Rebecca Garside	.062		\$1,500	\$93	6.	.062			\$0
3. Melissa Harris	.062		\$11,655	\$722	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. David Haynik	.0145		\$1,400	\$20	5.	.0145			\$0
2. Rebecca Garside	.0145		\$1,500	\$21	6.	.0145			\$0
3. Melissa Harris	.0145		\$11,655	\$168	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. Rebecca Garside	215.00	12.00	3.00%	\$77	5.				\$0
2. Melissa Harris	215.00	12.00	37.00%	\$954	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	0.028		\$1,400	\$39	5.				\$0
2. Rebecca Garside	0.028		\$1,500	\$42	6.				\$0
3. Melissa Harris	0.028		\$11,655	\$326	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.		<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: LTD	RATE		SALARY	TOTAL	OTHER: Group Life	RATE		SALARY	TOTAL
1. Dave Haynik	0.0036		\$1,400	\$5	5. Dave Haynik	0.0038		\$1,400	\$5
2. Rebecca Garside	0.0036		\$1,500	\$5	6. Rebecca Garside	0.0038		\$1,500	\$5
3. Melissa Harris	0.0036		\$11,655	\$41	7. Melissa Harris	0.0038		\$11,655	\$44
4.				\$0	8.				\$0
FRINGE BENEFITS TOTAL (A):				\$2,599	FRINGE BENEFITS TOTAL (B):				\$54

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

Fringe Benefits Total (A+B): \$2,653

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$2,653
CASH MATCH	\$0
TOTAL FRINGE BENEFITS	\$2,653

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
Basic Supply Allowance	12.00	\$50.00	\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF SECTION A SUPPLIES:			\$600.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

BRIEFLY EXPLAIN:

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

Office supplies are used in therapy sessions and by clinicians/suppot staff to complete case recordings, statistical reports, and progress notes for LCLE reporting and client continuity of care.

B) Its relationship to this project.

General office supplies are necessary to conduct business and provide services in a professional manner.

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF SECTION B SUPPLIES:				\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

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.:

SECTION 500. SUPPLIES SUMMARY	
FEDERAL FUNDS	\$600
CASH MATCH	
IN-KIND MATCH	
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
Rent	144 sq.ft. X \$13 per sq.ft @ 37%	144.00	\$6.11	\$879.84	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copier	1% of monthly fee of \$1000	12.00	\$10.00	\$120.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Service	\$30 per line per office @ 37%	12.00	\$11.10	\$133.20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet Line	\$22.30 per office @ 37%	12.00	\$8.25	\$99.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$1,232.04	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

BRIEFLY EXPLAIN:

A) Need for each type listed; and

Rent is needed in order to provide a safe working space for staff. Phone service is necessary to communicate with clients and community contacts. Copies are needed to appropriate documentation of services and reporting to funders. The internet line allows for the clinician to find community resources, email and enhance communication.

B) Its relationship to project.

All of the above items are related to the project because they are necessary to operate an organization that provides services to clients in a safe and professional manner.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$1,232
CASH MATCH	
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	\$1,232

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 Journal of Family Psychology reports that 15.5 million children live in families that have had partner violence occur (McDonald, Renee, Ernest N. Jouriles, Suhasini Ramisetty-Mikler, et al. 2006. Estimating the number of American Children Living in Partner Violent Families. Journal of Family Psychology 20 (1): 137-142). Of these children, seven million are classified as severe violence. New Orleans consistently ranks as one of the most violent cities in America and according to <http://www.neighborhoodscout.com/la/new-orleans/crime/#description> (retrieved July 24, 2012). New Orleans has more violent crime than 78% of cities in the United States. Statistics as those listed above increase the chance that children in New Orleans will be exposed to violence, specifically domestic violence. Research has demonstrated that male children who witness domestic violence, specifically their mothers being physically abused, are more likely to commit domestic violence in adulthood than those children who are raised in homes free of violence. In fact, a child's exposure to the father abusing his partner is the strongest predicting factor in the cycle of violence from one generation to the next (Rosenbaum and O'Leary, "Children: The Unintended Victims of Marital Violence," American Journal of Orthopsychiatry, 1981).

It has been well documented that children who are exposed to domestic violence can suffer emotionally, behaviorally, and physically. According to the Journal of Pediatrics, children who witness domestic violence "suffer symptoms of post-traumatic stress disorder, such as bed-wetting or nightmares, and are at greater risk than their peers of having allergies, asthma, gastrointestinal problems, headaches, and flu." (Graham-Bermann, SA, and Seng, J. 2005. Violence Exposure and Traumatic Stress Symptoms as Additional Predictors of Health Problems in High-Risk Children. Journal of Pediatrics. 146(3):309-10). Another article from the Journal of Interpersonal Violence reports that physical abuse during childhood increases the risk of victimization of women and the risk of perpetration by men (Whitfield, CL, Anda RF, Dube SR, Felittle VJ. 2003. Violent Childhood Experiences and the Risk of Intimate Partner Violence in Adults: Assessment in a Large Health Maintenance Organization. Journal of Interpersonal Violence. 18(2): 166-185).

As demonstrated above the challenges that are the result of children being exposed to domestic violence are numerous and resources for working with the issues are often scarce.

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

In the Greater New Orleans area, there are resources available for victims of domestic violence and for children. The challenge is often that there are more clients than services. As described above, the New Orleans has high violence and as a result, a high demand for services. Family Service is an active member of the Domestic Violence Advisory Committee (DVAC). Because of the relationships with other providers, Family Service is aware of the gaps in service and challenges with access to services. Currently, there is only one other provider in the area that focuses on working with children who have been exposed to domestic violence. By having an additional provider, families will have increased accessibility to services. Should Family Service receive funding to create a new project with this specialty, Family Service would be able to continue collaborative efforts with other organizations to ensure that the victimized families are able to receive treatment for the serious trauma that they have been exposed to.

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.

The Victim Assistance Project at Family Service of Greater New Orleans will identify and provide mental health treatment to 50 unduplicated children who have been exposed to domestic violence from October 1, 2012 - September 30, 2013.

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.

1. Family Service of Greater New Orleans will provide 375 hours of therapeutic interventions to 50 unduplicated children (age 4-17) who have been exposed to violence in order to improve mental health functioning.
2. Family Service of Greater New Orleans will demonstrate an overall increase in mental health functioning as evidenced by the use of the Impact of Events Scale for children demonstrating a reduction in scores (lower scores indicate fewer symptoms) by 10%. The Impact of Events Scale for children is an evidence based measurement tool to assess and measure traumatic response symptoms.

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.

By October 31, 2012, community organizations will be aware of the services provided by the Victim Assistance Project through outreach and marketing.

By March 30, 2013, a total of 25 children will be receiving mental health services to address exposure to domestic violence. A Master's Level clinician or a Master's Level Student will conduct the 25 intake assessments and determine their appropriateness for services with the Victim Assistance Project. All 25 children and families, as necessary, will have begun treatment. A total of 188 hours of service will have been provided by this time.

By September 30, 2013, a total of 50 children will be receiving mental health services to address exposure to domestic violence. A Master's Level Clinician or a Master's Level Student will conduct the 50 intake assessments to determine their appropriateness r services with the Victim Assistance Project. All 50 children and families, as necessary, will have begun treatment. A total of 375 hours of service will have been provided by this time.

By September 30, 2013, data will have been collected to demonstrate an average of 10% reduction in symptoms of trauma.

By September 30, 2013, plans to continue the project, with or without LCLE funding, will be in place.

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.

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.)

2. Did the project work as expected? Explain.

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?

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?

All clients will complete the Impact of Events Scale for Children. Clients will also complete a client satisfaction survey that measures how Family Service of Greater New Orleans delivered the requested service.

2. When will the data be collected?

Clients will complete the Impact of Events Scale at the intake assessment, quarterly and at termination. The Client Satisfaction Survey is completed by clients on a quarterly basis.

3. Who will collect and analyze the data?

The Vice President of Programs collects and analyzes the data.

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

Name: Melissa Harris

Phone: (504) 822-0800

Email: mharris@fsgno.org

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

The Vice President of Programs will review the data reported on and make changes as necessary. The Vice President of Programs will work with the Clinician and the Clinical Director to ensure that the project's strategy is valid and effective. All data will be integrated into the current Performance and Quality Improvement Program for the organization.

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.

The Louisiana Commission on Law Enforcement will receive quarterly reports to update them of the progress of the Victim Assistance Program. The Louisiana Commission on Law Enforcement will also receive monthly expenditure reports.

The entire staff of Family Service of Greater New Orleans will receive the Performance and Quality Improvement Quarterly Report, which provides data on the entire organization. This information is also provided to the Board of Directors.

Family Service of Greater New Orleans
Performance and Quality Improvement Program
 Client Satisfaction Survey

Please check the box that represents how you feel about each statement:

Date: _____

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
1. My appointments are scheduled promptly.	1	2	3	4	5	
2. The office/facility is clean and comfortable.	1	2	3	4	5	
3. As a client, I am aware that I have rights and responsibilities.	1	2	3	4	5	
4. I have an active role in the development of my treatment plan.	1	2	3	4	5	
5. My clinician or case manager is helpful.	1	2	3	4	5	
6. The office staff is friendly.	1	2	3	4	5	
7. I would refer a friend to Family Service.	1	2	3	4	5	
8. The hours are convenient.	1	2	3	4	5	
9. Family Service staff members are professional.	1	2	3	4	5	
10. My clinician or case manager is prompt and timely.	1	2	3	4	5	

What can Family Service of Greater New Orleans do to improve?

What do you like about Family Service of Greater New Orleans?

Any Additional Comments?

Thank you for your feedback!

FSGNO USE-----

Office: _____ Program: _____ Score: _____

**Evaluation for Meetings and Trainings
Performance and Quality Improvement for Family Service of Greater New Orleans**

Date: _____

Name of Meeting or Training: _____

Please rate the following in regards to today's meeting or training:	Totally Disagree	Disagree	Unsure	Agree	Totally Agree
This meeting was conducted in a time efficient manner					
The facilitator/trainer conducted the meeting/training in a knowledgeable and professional way					
This meeting/training was beneficial to the work that I do					
I learned something new from this meeting/training					

Overall rating of this event:

- Poor
 Below Average
 Average
 Above Average
 Excellent

What can be done to improve this meeting/training?

What did you like about this meeting/training?

Any additional comments?

Thank you!

IMPACT OF EVENTS SCALE (IES)

*8 Item Child/Adolescent Scale (IES-8)

Summary: The IES (Horowitz, Wilner, & Alvarez, 1979) has probably been the most widely used "quick & dirty" measure of post-traumatic stress, with a focus on the classic avoidance and intrusion symptoms. Dyregrov and Yule (1995) have validated a subset of 8 items for use with children and adolescents. Both versions are psychometrically sound. The content shown here is correct, but the printed format is nicer than this one. Also, the frequency boxes should be blank, with the scoring done later (I couldn't figure out how to program blank boxes).

On _____ you experienced _____.

Below is a list of comments made by people after stressful life events. Please check each item, indicating how frequently these comments were true for you DURING THE PAST SEVEN DAYS. If they did not occur during that time, please mark the "not at all" column.

Statement.....	FREQUENCY			
	Not at all	Rarely	Sometimes	Often
1.* I thought about it when I didn't mean to.	0	1	3	5
2. I avoided letting myself get upset when I thought about it or was reminded of it.	0	1	3	5
3.* I tried to remove it from memory.	0	1	3	5
4. I had trouble falling asleep or staying asleep, because of pictures or thoughts about it that came into my mind.	0	1	3	5
5.* I had waves of strong feelings about it.	0	1	3	5
6. I had dreams about it.	0	1	3	5
7.* I stayed away from reminders of it.	0	1	3	5
8. I felt as if it hadn't happened or it wasn't real.	0	1	3	5
9.* I tried not to talk about it.	0	1	3	5
10.* Pictures about it popped into my mind.	0	1	3	5
11.* Other things kept making me think about it.	0	1	3	5
12. I was aware that I still had a lot of feeling about it, but I didn't deal with them.	0	1	3	5
13.* I tried not to think about it.	0	1	3	5
14. Any reminder brought back feelings about it.	0	1	3	5
15. My feelings about it were kind of numb.	0	1	3	5

Copyright(c) Ricky Greenwald, Psy.D.. Created: 6/11/97 Updated: 10/13/99

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.

Family Service is always seeking additional funding to help support client service programs. United Way continues to fund Family Service for the Counseling Programs. Family Service has received support from numerous foundations that can support projects such as the Victim Assistance Project. The Carter Foundation, The Rosamary Foundation, The Harper Foundation and others have all supported the organization in its work with children.

K. RESOURCES

Describe the facilities and additional resources available to this project. Include the physical facility where services are provided. If applicable, list other resources available to this project, i.e. equipment, supplies, staff, etc.

Services are provided at the Canal Street Office. The office is a safe, comfortable and condential place for families to receive services. Computers are made available for staff and a receptionist is available to greet clients and receive phone calls.

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?

All volunteers utilized by this program are Master's Level Counselors or Social Workers. Volunteers working within the VOCA Program perform clinical duties such as intake assessment, treatment planning, psychotherapy, referral, education, and crisis planning.

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.

Family Service currently assists clients in the filing of Louisiana CrimeVictim's Reparations Program claims. Clients are informed about the program and provided with the person's name and telephone number at the appropriate agency. Subsequent to the client's submission of claim forms, Family Service clinicians complete the Crime Victims Reparation Mental Health Treatment Plan and required reviews and updates.

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.

Family Service has participated in several community collaboratives such as the Crime Victims' Rights Week Planning Committee, Night Out Against Crime, and the Mayor's Domestic Violence Advisory Committee.

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.

During the course of services, clients will increase their awareness of options for reporting crimes to law enforcement. Clinician involvement and support is at times necessary in the reporting process with the client due to reported resistance. The resistance is typically due to inexperience with the system or stated personal sensitivity from the nature of the crime.

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.

Family Service is in compliance with the Louisiana Child Protection Act (LRS 15:587.1).