

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C12-4-004

APPLICANT: Faith House

PROJECT TITLE: Domestic Violence Program

PROJECT FUNDS :

FUND: \$ 52,234 80.00%

MATCH: \$ 13,059 20.00%

TOTAL: \$ 65,293 100.00%

PROJECT DURATION: 12 months

START DATE: 10/01/2012

END DATE: 09/30/2013

Continuation of C89-4-003

PROJECT SUMMARY:

Faith House, Inc. will use CVA funds to provide residential services, including 24-hour crisis line for survivors of domestic violence and their children. Residents are provided with crisis counseling, peer/options counseling, food, clothing, personal items, legal and medical advocacy, domestic violence education and a comprehensive children's program. Our goals are to provide safe shelter and support services to ensure survivor safety and empowerment.

RECOMMENDATION : FUND 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: C12-4-004

CVA Purpose Area: 2

1. TITLE OF PROJECT

Domestic Violence Program

2. NEW PROJECT

CONTINUATION PROJECT OF: C11-4-004

3. PROJECT DURATION

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

Desired Start Date: 10/1/2012

Desired End Date: 9/30/2013

4. PROJECT FUNDS

Federal Funds: \$52,234

Cash Match

In-Kind Match: \$13,059

Total Project: \$65,293

5A. APPLICANT AGENCY INFORMATION

Agency Name: Faith House, Inc.

Physical Address: 1453 W. Willow (confidential address)

City: Lafayette

Zip: 70506-1026

Mailing Address: P. O. Box 93145

City: Lafayette

Zip: 70509-3145

Phone: (337) 264-9422

FAX: (337) 232-2770

Email: blacombe@faithhouseacadiana.com

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Billi Lacombe

Title: Executive Director

Agency Name: Faith House, Inc.

Address: P. O. Box 93145

City: Lafayette

Zip: 70509-3145

Phone: (337) 267-9422

FAX: (337) 232-2770

Email: blacombe@faithhouseacadiana.com

Fed Employer Tax Id: 72 - 0910067

DUNS: 627245178 -

CCR CAGE/NCAGE: 487F7

CCR Expiration Date: 1/5/2012

6. IMPLEMENTING AGENCY

Name: Judith Perez

Title: Board of Directors - President

Agency: Faith House, Inc.

Address: P. O. Box 93145

City: Lafayette

Zip: 70509-3145

Phone: (337) 267-9422 FAX: (337) 232-2770

Email: jjperez6@cox.net

7. PROJECT DIRECTOR

Name: Billi Lacombe

Title: Executive Director

Agency: Faith House, Inc.

Address: P. O. Box 93145

City: Lafayette

Zip: 70509-3145

Phone: (337) 267-9422 FAX: (337) 232-2770

Email: blacombe@faithhouseacadiana.com

8. FINANCIAL OFFICER

Name: Liz Moreau

Title: Board of Directors - Treasurer

Agency: Faith House, Inc.

Address: P. O. Box 93145

City: Lafayette

Zip: 70509-3145

Phone: (337) 267-9422 FAX: (337) 232-2770

Email: ljmoreau@bplb.com

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

Faith House, Inc. will use CVA funds to provide residential services, including 24-hour crisis line for survivors of domestic violence and their children. Residents are provided with crisis counseling, peer/opotions counseling, food, clothing, personal items, legal and medical advocacy, domestic violence education and a comprehensive children's program. Our goals are to provide safe shelter and support services to ensure survivor safety and empowerment.

2012 SEP 12 PM 5:56

LA COMMISSION
LAW ENFORCEMENT

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):	
<input type="checkbox"/>	Sexual Assault
<input checked="" type="checkbox"/>	Domestic Abuse
<input type="checkbox"/>	Child Abuse
<input type="checkbox"/>	Previously Underserved
State Type of Previously Underserved:	

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: **Bobbie Hollier** Title: **Administrative Assistant**
 Phone: (337) 267-9422 Fax: (337) 232-2770 E-Mail: bhollier@faithhouseacadiana.com

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$51,839	\$0	\$13,059	\$64,898
SECTION 200. FRINGE BENEFITS	\$395	\$0	N/A	\$395
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$0	\$0	\$0	\$0
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$0	\$0	\$0	\$0
TOTAL:	\$52,234	\$0	\$13,059	\$65,293

Provide Source of Cash Match:

Provide Source of In-Kind Match: Volunteer Hours

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
Crisis Intervention Advocat	Jeanelle Bernard	FT	\$2,245.00	88.00%	7.00	\$13,829.20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crisis Intervention Advocat	Gaynel Ferguson	FT	\$2,245.00	88.00%	7.00	\$13,829.20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crisis Intervention Advocat	Jeanelle Bernard	FT	\$3,367.00	88.00%	2.00	\$5,925.92	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crisis Intervention Advocat	Gaynel Ferguson	FT	\$3,367.00	88.00%	2.00	\$5,925.92	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crisis Intervention Advocat	Jeanelle Bernard	FT	\$2,335.00	88.00%	3.00	\$6,164.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crisis Intervention Advocat	Gaynel Ferguson	FT	\$2,335.00	88.00%	3.00	\$6,164.40	<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"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$51,839.04	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
Volunteers - assist with maintenance & repair and with various duties/activities with victims.	622.40	\$10.00	\$6,224.00
Children Activities/Shelter Aides/ULL Students - Provide group activities for children, provide arts & crafts activities, organize holiday activities, accompany children on field trips, assist with playroom activities. Answer hot-lines, make copies, files, run errands; handle donations; write thank you letters, assist in keeping the shelter clean.	683.50	\$10.00	\$6,835.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$13,059.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$51,839
CASH MATCH	
IN-KIND MATCH	\$13,059
PERSONNEL TOTAL	\$64,898

SECTION 10. PERSONNEL (Continued) – BRIEFLY & PLAIN

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:

Faith House, Inc. is requesting funding for the positions of Crisis Intervention Advocates. The Crisis Intervention Advocates staff the front office, which functions 24 hours every day, providing crisis line coverage, direct services to residents, monitoring the security system and management of the shelter. Without these positions, the shelter could not remain open. Overtime hours are not paid with this funding.

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

The salaries for these positions are based on the general salary structure of the entire program, the job description, and information from the Department of Child and Family Services and the Louisiana Coalition Against Domestic Violence. Jeanelle Bernard and Gaynel Ferguson will both work 10 months at their current salary and two months with a 4% annual increase.

C) Project duties of each position requested:

Crisis Intervention Advocates are responsible for the smooth running of the shelter, including answering the crisis line and overseeing repairs, monitoring the security cameras and the front gate, direct services to survivors and their children (including providing of personal items and medication, transportation and emotional support), answering all telephone lines, questions and inquiries from the public, and orienting survivors to the shelter at intake.

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.]

The Evening Crisis Intervention Advocate, Gaynel Ferguson began her employment with Faith House 06-07-97, the Morning Crisis Intervention Advocate, Jeanelle Bernard has been employe with Faith House since 09-04-91. This is a continuation grant and both Jeanelle and Gaynel where paid with CVA funds last year.

SECTION 200. FRINGE BENEFITS (Employer's Share Only)

Enter the Individual Name(s) of the employees receiving fringe benefits for each position funded through this grant. There are two sets of each benefit below to allow budgeting for eight employees. For further information and direction, please refer to the application instructions.

Check: All Fringe Benefits Will Be Paid by Applicant Agency

Additional Fringe Benefits Will Be Paid by Applicant Agency

EMPLOYEES' NAMES:					EMPLOYEES' NAMES: (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1. Jeanelle Bernard	.062			\$0	5.	.062			\$0
2. Gaynel Ferguson	.062			\$0	6.	.062			\$0
3.	.062			\$0	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Jeanelle Bernard	.0145			\$0	5.	.0145			\$0
2. Gaynel Ferguson	.0145			\$0	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1. Gaynel Ferguson	434.00	2.00	45.60%	\$395	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL
1.		CHECK TYPE:		\$0	5.		CHECK TYPE:		\$0
2.				\$0	6.				\$0
3.		<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	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
FRINGE BENEFITS TOTAL (A):				\$395	FRINGE BENEFITS TOTAL (B):				\$0

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

Fringe Benefits Total (A+B): \$395

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$395
CASH MATCH	
TOTAL FRINGE BENEFITS	\$395

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.

On September 15, 2011 the National Network to End Domestic Violence conducted a one day census of victims living in domestic violence shelters. In Louisiana 541 victims found refuge and safety in domestic violence shelters. Fifty one women and children were unable to obtain safe shelter on that day because of the lack of bed space in the state and the Domestic Violence Hotline answered calls from 314 victims of domestic violence. In 2011, the Acadiana Regional Coalition on Homelessness reported that 20% of the homeless population in their service area were victims of domestic violence. The domestic violence subpopulation was the highest reported from all service providers. The services provided by Faith House are designed to positively impact one of the most pressing and critical unmet needs identified in the City of Lafayette's Consolidated Plan, which also identifies battered women and their children as one of the largest homeless subpopulations. Safe shelter and support services for survivors of domestic violence are desperately needed in our communities for this specialized population.

From November 2010 through September 2011 sixty four people died due to domestic violence in Louisiana. (LCADV) Louisiana ranks third in the nation in the number of women killed by men. Since 1997, Louisiana has consistently ranked within the top 5 states among female victims killed by male offenders. From 1997 through 2009, 892 people died in domestic violence incidents, 70% of victims were female and in 80% of the cases, the perpetrators were men. Ninety percent of these homicides are committed by someone who the woman was familiar with. In fact, the majority of the murders were committed by the woman's current intimate partner or spouse. Forty nine percent of the cases involved multiple victims or a homicide or suicide. That's higher than the national average of 30%, and in most of the cases, 66% of them, firearms were the weapon of choice.
www.klfy.com/story/12624460/domestic-violence-in-louisiana

Louisiana's child population is 1,219,984 of that number 296,055 of these children are living in poverty. The child poverty rate in Louisiana is 26.2% which is the second highest in the nation and is the highest in the South. (www.hopenetworks.org) Louisiana has been cited as the state where children are the most at risk for homelessness by the nationally recognized Better Homes Fund.

Faith House is the only domestic violence program that serves Lafayette Parish as well as the rural parishes of Acadia, Avoyelles, Evangeline, Rapides, St. Landry, and Vermilion parishes. During the 2011 program year, Faith House housed 534 survivors for a total of 15,122 nights of shelter. In 2011, based on three meals per day per person the women and children were provided with 45,366 meals. Non-Residential services were provided to 712 women and 611 children. Faith House had to turn away 218 residential women during calendar year 2011. The staff answered 7,678 information/crisis/counseling calls in 2011. Faith House is in need of continuation funding to maintain the staffing for the shelter program which provides immediate access to safety for victims of domestic violence. Through our thirty one years of experience we have learned that immediate access to safety is the single most effective prevention method for domestic homicides.

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

Survivors and staff members advocating on behalf of survivors identify gaps in community resources as:

- Legal assistance for survivors remains the largest gap in community resources. Often times survivors cannot afford attorneys for divorce, custody, or community property cases which results in inequitable representation during hearings and has a negative affect on victims and their children.
- Lack of affordable housing is an ongoing gap. Many survivors are paid minimum wage and cannot earn enough money to sufficiently support their household.
- Financial assistance for relocation example: bus tickets, plane tickets, gas money, etc. Funding streams for relocation of victims are not readily available. Survivors may have to leave and relocate to escape further harm from abuse.
- Medication assistance particularly with medications for injuries such as prescription pain medications and mood stabilizing prescriptions.

The needs created by these gaps in services often affect the very basic needs of life for a victim and her children. These gaps are identified by needs surveys and goal plans which are completed by survivors in our program. Survivors share this information with us on a regular basis and our advocates network with other service providers to identify resources to fill these needs.

B. GOALS

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

Goal 1: Faith House will provide 300 survivors of domestic violence and their children with safe shelter.

Goal 2: Faith House will provide education, advocacy and referral services to 285 adult residents to assist them to develop lives free from violence.

C. OBJECTIVES

OBJECTIVES: Provide at least TWO (2) measurable objectives for EACH goal. Objectives need to be measurable, observable aspects of the program. Identify who, what will change and by how much. Use absolute numbers, not percentages and be sure to include a baseline number.

Goal 1:

Objective 1: Three hundred women and their children will be checked into Faith House for safety and shelter from October 1, 2012 to September 30, 2013.

Objective 2: Three hundred women and their children will receive personal items, food, clothing, medications, transportation and support as needed during their stay here from October 1, 2012 to September 30, 2013.

Goal 2:

Objective 1: Needs assessments will be completed with at least 200 victims of domestic violence who stay at least 72 hours from October 1, 2012 to September 30, 2013.

Objective 2: Two hundred eighty-five women will receive domestic violence education, peer/options counseling, and referrals to and advocacy with social service resources from October 1, 2012 to September 30, 2013.

D. ACTIVITIES / METHODS

List the specific activities and/or services to be provided that will accomplish the objectives. Must include a timetable for achieving the various components of your project. Timetable must cover entire grant period. This must relate back to the Goals and Objectives. If this is a training project, omit this page and complete D-2 Training Programs.

Goal 1: Provide safe shelter for 300 female victims of domestic violence and their children.

Objective 1: 24-hour staff will answer the crisis line, take crisis information, check in residents and their children, and monitor the security system.

Objective 2: 24-hour staff will give each resident towels and personal items, make sure they receive adequate food, provide clothing when needed, call to have prescriptions filled and provide over-the-counter medications, arrange for transportation and be available for personal support for each client.

Goal 2: Provide education, advocacy and referral services to 285 adult residents to assist them to develop lives free from violence.

Objective 1: Within the first 72 hours at Faith House, each client will take part in an intake procedure which includes a needs assessment, identifying goals and the means to accomplish them. These goals may include an income, employment, a place to live, daycare, etc.

Objective 2: Using the needs assessment goal plan as a guide, client advocates and shelter advocates will provide referrals to social service agencies, including letters of residency, assistance with filling out application forms; advocacy with agencies when appropriate; crisis, options and peer counseling and support; and education about the dynamics of domestic violence.

The timeline is from October 1, 2012 through September 30, 2013.

H. F...OR RESULTS (For Continuation Projects...y)

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.)

During the first, second, and third quarter of the current grant cycle the following data was collected:

Goal 1:

Objective 1: 300 women and their children checked into Faith House for safety and shelter.

Objective 2: 300 women and their children received personal items, food and clothing.

150 women and their children received transportation assistance.

292 women and their children received financial assistance.

Goal 2:

Objective 1: Needs assessments were done with 289 women and children residents.

Objective 2: Domestic violence education and peer/option counseling were provided to 289 residential women and children for a total of 6,849 sessions. 1,176 referrals to and 6,171 advocacies with social services resources were provided to survivors of domestic violence.

2. Did the project work as expected? Explain.

The project has worked as expected. During this time frame, October 1, 2011 through June 30, 2012 we provided 11,105 nights of emergency shelter to women and children.

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

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

I. EVALUATION AND DISSEMINATION OF REPORTING

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

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

Data is collected from victims of domestic violence who have entered our emergency shelter.

2. When will the data be collected?

The data is collected upon entry into our shelter, midstay and upon the survivor's departure of our shelter.

3. Who will collect and analyze the data?

Crisis intervention advocates, survivor advocates, and/or legal advocate collect the data and submits the information to the program director. The program director analyzes the data each month and reports the findings to the executive director, board of directors, grantors, etc.

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

Name: Crystal Scrantz

Phone: (337) 267-9422

Email: crystal.scrantz@faithhouseacadiana.

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

Formal strategies are accomplished by utilizing feedback and suggestions from survivors, staff members, and board members. The executive director and program director meet to update and revise the project's strategies informally as needed.

6. Name the recipients who will receive the project's results and the schedule of reporting (i.e. monthly, quarterly, yearly). Recipients MUST state the Louisiana Commission on Law Enforcement will receive Quarterly Progress Reports and expenditure reports quarterly/monthly as specified at award time. Recipients should also include, if applicable, board of directors, applicant agency (if different from implementing agency), courts with jurisdiction, etc.

Monthly statistics are reported to the Board of Directors in the Director's Report.

Financial reports are submitted monthly to the Department of Child and Family Services, United Way of St. Landry/Evangeline Parish, Louisiana Commission on Law Enforcement/CVA and Lafayette Consolidated Government. Quarterly reports are filed with Louisiana Commission on Law Enforcement/CVA, VAWA, Consolidated Government External Agency, HUD, United Way of Acadiana, and foundation grants.

Shelter Feedback Form – Exit

Thank you for your help! Your answers are confidential and very important to us. Please respond honestly.

Advocate's name (optional) _____

Please check yes or no.

Because of the services I have received from this program so far, I feel:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	I know more ways to plan for my safety.
<input type="checkbox"/>	<input type="checkbox"/>	I know more about community resources.
<input type="checkbox"/>	<input type="checkbox"/>	I know more about my rights and options.
<input type="checkbox"/>	<input type="checkbox"/>	I am comfortable asking for help.
<input type="checkbox"/>	<input type="checkbox"/>	I am more hopeful about the future.
<input type="checkbox"/>	<input type="checkbox"/>	Staff treats me with respect.
<input type="checkbox"/>	<input type="checkbox"/>	Staff are caring and supportive.
<input type="checkbox"/>	<input type="checkbox"/>	Staff assists me with my survivor related needs.
<input type="checkbox"/>	<input type="checkbox"/>	The facility is clean and comfortable.

Overall, thinking about my experience with the services I have received, I would rate the help I have received as:

Very Helpful Helpful A Little Helpful Not at all helpful

If a friend of mine told me she was thinking of coming to this program for help, I would:

Strongly recommend she come Recommend she come
Recommend she not come Strongly recommend she not come

Is there anything we could do to improve our services?

Yes No

If yes, please describe:

Shelter Feedback Form – During stay

Thank you for your help! Your answers are confidential and very important to us. Please respond honestly.

Advocate's name (optional) _____

Please check yes or no.

Because of the services I have received from this program so far, I feel:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	I know more ways to plan for my safety.
<input type="checkbox"/>	<input type="checkbox"/>	I know more about community resources.
<input type="checkbox"/>	<input type="checkbox"/>	I know more about my rights and options.
<input type="checkbox"/>	<input type="checkbox"/>	I am comfortable asking for help.
<input type="checkbox"/>	<input type="checkbox"/>	I am more hopeful about the future.
<input type="checkbox"/>	<input type="checkbox"/>	Staff treats me with respect.
<input type="checkbox"/>	<input type="checkbox"/>	Staff are caring and supportive.
<input type="checkbox"/>	<input type="checkbox"/>	Staff assists me with my survivor related needs.
<input type="checkbox"/>	<input type="checkbox"/>	The facility is clean and comfortable.
<input type="checkbox"/>	<input type="checkbox"/>	Overall, I feel satisfied with the services I have received from Faith House.

Please provide any comments here:

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.

At the conclusion of federal support, we will seek support from the community.

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 facility in Lafayette consists of a 45-bed shelter and administrative/direct service offices. There are nine residential bedrooms, with five connecting baths, a large playroom, playground, a dining room, a family room, a laundry room, a wardrobe room, a meditation room, a nurse's office, and a large kitchen. There are a total of 10 direct services/administrative offices. Each office is equipped with a computer, printer, telephone, adding machine and other supplies. Faith House has a fax machine and copy machine that is available for each employee to use.

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 11-08-11
- 2. Dates covered by last audit: 07-01-10 to 06-30-11
- 3. Date of next audit: September 2012
- 4. Dates to be covered by next audit: 07-01-11 to 06-30-12
- 5. Date next audit will be forwarded to LCLE: upon completion of audit

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

M. VOLUNTEERS

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

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

Volunteers - 622.5 hours
Assist with maintenancy & repair and with various duties/activities around the shelter.

Children Activities and Shelter Aides/ULL Students - 683.5
Provide group activities for children whose mothers are in weekly support groups, provide arts and crafts activities, organize holiday activities, accompany children on field trips, assist with playroom activities. Answer hot-lines, make copies, files, run errands; handle donations; assist with keeping the shelter clean, write thank you letters, fix computers, etc.

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.

The legal advocate employed by Faith House completes a legal intake with each new survivor. At the time, if the survivor is eligible, she is given information and a Crime Victims' Reparation Form. The legal advocate assists her in filing out the form. The legal advocate then accompanies the survivor to a meeting with the Crime Victims' Reparation Coordinator in the Sheriff's Department.

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.

Faith House has amicable relations with law enforcement in the five-parish area we serve. During calendar year 2011, Faith House provided law enforcement trainings to various agencies in Acadiana. The local police officers often call from the scene of domestic incidents and allow our advocates to speak with the survivor if she so chooses, and they hand out Faith House literature.

Lafayette has a Family Court which consists of two judges, both of whom are supportive of our program. Responding to a concern expressed by the Hearing Officers, the legal advocate is available to meet with survivors prior to TRO hearings each Thursday in court to answer questions and explain the order and process. She then escorts them to the courtroom.

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.

Every survivor intake process includes detailed questions about police charges and former encounters with police. The legal advocate conducts another intake to specifically address the legal and law enforcement issues. If a survivor has not filed charges, she is told that it is an option. If she has filed charges, she is supported in her actions, both in filing and in following the case through the system. If she has had difficulty with the justice process, staff intervenes and tries to help resolve the problem.

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.

Faith house conducts criminal background checks for all employees as a condition of employment and complies with the requirements of LRS 15:587.1.