

**RESOLUTION OF THE GOVERNING BODY OF  
THE THREE AFFILIATED TRIBES OF THE  
FORT BERTHOLD RESERVATION**

**WHEREAS,** This Nation having accepted the Indian Reorganization Act of June 18, 1934, and authority under the said Act; and

**WHEREAS,** The Constitution and By Laws of the Three Affiliated Tribes authorize and empower the Tribal Business Council to engage in activities for the welfare and benefit of the Tribe and Tribal Members; and

**WHEREAS,** The membership of the Three Affiliated Tribes have suffered instances of family violence in the forms of child abuse/neglect/abandonment and spouse abuse; and

**WHEREAS,** Locating immediate shelter for victims of family violence on short notice/emergency basis is often difficult; and

**WHEREAS,** The Office of Community Services/Administration for Children and Families, Department of Health and Human Services is making available direct grants to Indian Tribes for Fiscal Year 2003-2004. Family Violence Prevention and Services Funding under Public Law 102-295; and

**WHEREAS,** The Three Affiliated Tribes meets the application requirements as an eligible Indian Tribe and is listed as Tribes over the population of 3,000 for qualifying for the grant; and

**WHEREAS,** The Three Affiliated Tribes received a grant of \$59,424 in Fiscal Year 2002-2003 and has demonstrated the need that greatly exceeds this amount; and

**WHEREAS,** The Social Services Program of the Human Resources Department has established expertise and procedures for providing services/assistance to victims of Family Violence.

**NOW THEREFORE BE IT RESOLVED,** that the Tribal Business Council of the Three Affiliated Tribes hereby authorizes and directs the Social Services Program/Human Resource Department to execute and file the attached application for Family Violence Prevention and Services funding in the amount of \$59,973; including the required assurances as listed.

**FAMILY VIOLENCE PREVENTION AND SERVICES**

**EXPENDITURE PERIOD: Fiscal Year 2003-2004**

**UNDER THE  
FAMILY VIOLENCE PREVENTION AND SERVICES ACT OF  
TITLE III, PL 102-295**

**SUBMITTED TO:**

**OFFICE OF COMMUNITY SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES  
ATTN: WILLIAM D. RILEY  
5<sup>TH</sup> FLOOR, WEST WING  
370 L'ENFANT PROMENADE, S.W.  
WASHINGTON, DC 20447  
(202) 401-5529**

**SUBMITTED BY:**

**THREE AFFILIATED TRIBES  
FORT BERTHOLD RESERVATION  
NORTH DAKOTA**

**PREPARED BY:**

**ROBERTA CROWS BREAST  
DIRECTOR  
FORT BERTHOLD COALITION AGAINST DOMESTIC VIOLENCE  
P O BOX 935  
NEW TOWN ND 58763  
(701) 627-4171**

**CERTIFICATION REGARDING LOBBYING\***

**Certification for Contracts, Grants, Loans,  
And Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

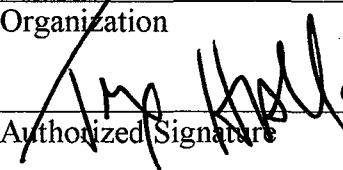
- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extensions, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

THREE AFFILIATED TRIBES

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Organization

 Chairman 02-13-03

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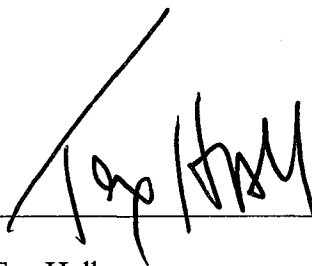
Authorized Signature Title Date

NOTE: If Disclosure Forms are required, please contact: Mr. William Sexton, Deputy Director, Grants and Contracts Mangement Division, Room 341F, HHH Building, 200 Independence Avenue, SW Washington, DC 20201-0001.

**\*THIS FORM MUST BE PROPERLY EXECUTED AND RETURNED WITH YOUR GRANT APPLICATION**

APPLICATION SIGNATURE:

CHIEF EXECUTIVE OFFICER:

  
Tex Hall  
Tribal Chairman  
Tribal Business Council  
Fort Berthold Reservation  
North Dakota

DATE: 02-13-03

ORGANIZATION INFORMATION:

APPLICANT TRIBAL GOVERNMENT:

Three Affiliated Tribes  
Fort Berthold Reservation  
404 Frontage Road  
New Town ND 58763

EMPLOYER IDENTIFICATION:

45-03023672

RESPONSIBILITY FOR ADMINISTRATION:

Janet Gunderson, Administrator  
Tribal Social Services  
Human Services Department  
Tribal Administration Building  
New Town ND 58763

CONTACT PERSON:

Janet Gunderson, Administrator  
(701) 627-4781

SUBMITTAL AUTHORITY:

The authority to submit this application was provided by the Tribal Business Council of the Three Affiliated Tribes. Please refer to the Tribal Business Council Resolution shown on the following page.

## ASSURANCES

1. That not less than 70 percent of the funds shall be used for immediate shelter and related assistance to the victims of family violence and their dependents. That not less than 25 percent of the funds distributed shall be used to provided related assistance (section 303 (f)).
2. That grant funds made available under the Act will not be used as direct payment to any victim or dependent of a victim of family violence (section 303 (c)).
3. That no income eligibility standard will be imposed upon individuals receiving assistance or services supported with funds appropriated to carry out the Act (section 303 (d)).
4. That the address or location of any shelter-facility assisted under the Act will not be made public, except with written authorization of the person or persons responsible for the operation of such shelter (section 303 (b) (2)).
5. That grantees receiving funds under this program will prohibit discrimination on the basis of age, handicap, sex, race, color, national origin, or religion (section 307).
6. Grantees will comply with Departmental record keeping and reporting requirements and general grant administration requirements of 45 CFR part 92.

## MAINTENANCE OF RECORDS

Fort Berthold Coalition Against Domestic Violence maintains records of client contact for statistical purposes (i.e. to provide data to funding sources and research purposes) and to aid in evaluating programs and facilitating communication between staff/volunteers.

Individual client files are kept in a locked filing cabinet. The staff maintains the key for the filing cabinet. Client files are not available for review by students or board members except under compelling circumstances and then only under the supervision of the Executive Director or the Director's delegate.

No statement of a client shall ever be written verbatim. The writer should sign and date each entry, noting that the client has not verified the entry.

Client files should not reflect legal conclusions except as these notations are made by attorney's acting as counsel for the client.

Statements of evaluation or opinion should be kept to a minimum in client files. The counseling supervisor including entries about drug and alcohol abuse/consumption should approve evaluation or opinion entries.

Students working in the program are not authorized to make entries in client files. Counseling notes of student's supervision file. If or when student's notes are released to college professors, all identifying material must be removed from these notes, including the name of staff, volunteers, battered women, children and other students.

All entries in a client file must be made in such a fashion that they are legible and in language familiar to the client.

Client files should be factual only and must not include interpretive, evaluative remarks about clients.

Essential communications about individual clients, which cannot effectively be made orally to other workers in the program, should be made in a memo form, which is immediately destroyed by the recipient.

Written statements, letters, or comments of a battered woman or child need not be kept in the file except when they are critical to service delivery or advocacy. The battered woman should be carefully informed that any statement not addressed to workers in the program may not be deemed covered by the communications privilege by a court and might potentially be used against her. Furthermore, when a battered woman merely asks that the organization hold papers for her safe-keeping, those papers should not become a part of the file, but should be kept in a locked place where other client valuables are kept while women are being assisted within the coalition. Materials that are kept merely for safekeeping are not deemed organization records.

## **PLANS TO USE GRANT FUNDS TO PREVENT INCIDENTS OF FAMILY VIOLENCE**

Federal Family Violence is the Fort Berthold Coalition Against Domestic Violence Program's main funding source for direct services to its clients. Direct Services provided to clients of FBCADV include; emergency shelter; transportation to shelters of the reservation; emergency child care, food, and clothing; education; intervention; referrals for counseling; woman's support group; child nurturing presentations to schools, colleges and domestic violence abuse groups; participation in school fairs and reservation awareness conferences.

FBCADV also provides services in other areas which include referrals for appropriate health care services (i.e. alcohol and drug abuse); court advocacy – preparing protection orders and attending court hearings; referring to legal services; brochure material for education and awareness of domestic violence on the reservation and services available to the clients. For a detailed description of the above-services see the attached budget narrative and budget breakdown.

From January 1, 2001 through December 31, 2001 the FBCADV provided services to 158 victims and 296 children. From January 1, 2002 through June 2002 FBCADV provided services to 73 victims and 157 children. (Attached are the FBCADV statistic data sheets). Statistics for the remainder of 2002 will be available in January 2003.

The FBCADV Program is located on the Fort Berthold Indian Reservation with six communities and rural areas. FBCADV is located in New Town, North Dakota which is the central community where the BIA Agency, Three Affiliated Tribes Administration offices and the Fort Berthold Housing Authority offices are located. The Twin Buttes community is approximately a 4 hour round trip with Lake Sakakawea lying between this community and the central location of office facilities. White Shield and Mandaree communities are approximately 1 ½ to 2 hours round trip. These distances often make travel for clients to report instances of family violence difficult. FBCADV travels to these locations to assist families in need of assistance.

## **PLANS TO PROVIDE SHELTER AND RELATED ASSISTANCE TO VICTIMS OF FAMILY VIOLENCE AND THEIR DEPENDENTS**

FBCADV clients are given options to help assist with their safety. These options are available to all clients who receive services from the program; which include going to a shelter off the reservation, staying in a safe-home or a motel until other arrangements for their safety can be arranged. Victims are also assisted in maintaining their current home by emergency financial services. Victims of family violence who prefer to stay in their own home are assisted with obtaining a protection order; as well as the supportive services provided by other agencies. The program has a Women's Support Group held once time per week. Counseling services are available which is provided by a licensed counselor. All victims are informed of areas in which they are eligible for assistance. Direct services are provided to the victims and their dependents.

**PROCEDURES DESIGNED TO INVOLVE  
KNOWLEDGEABLE INDIVIDUALS AND  
INTERESTED ORGANIZATION IN  
PROVIDING SERVICES**

The Fort Berthold Coalition Against Domestic Violence Program networks with the following agencies and programs on the Fort Berthold Reservation to provide direct services to victims of family violence, child abuse, and victims of violent crimes; to-wit:

1. Tribal Business Council, Human Resource, and Judiciary Committees;
2. Three Affiliated Tribes Social Services and Child Welfare Program;
3. Fort Berthold Bureau of Indian Affairs Law Enforcement Services, Tribal Law Enforcement, City and County Law Enforcement: Mountrail, McKenzie, McLean and Dunn Counties.
4. Fort Berthold District Court;
5. Indian Health Services, Minne Tohe Clinic, Mental Health;
6. Legal Services of North Dakota
7. North Dakota Council on Abused Women's Services;
8. Domestic Violence Shelters located in Minot, Dickinson, Williston and Bismarck;
9. Casey Family Program Counseling Service;
10. Three Affiliated Tribes Child Protection Team;
11. Domestic Violence Task Force – STOP Team.
12. Circle of Life Alcohol Program
13. Parshall Resource Center Residential Treatment Program
14. County Social Services Programs

The domestic violence program seeks other avenues of support to address the needs of victims of family violence. These avenues include area schools, churches, job services, and child nurturing classes on the reservation. These entities contribute to the education, referral and information, guidance, and offer supportive services for clients seeking assistance.



## **BUDGET NARRATIVE**

**FY: 2003-2004**

The Fort Berthold Coalition Against Domestic Violence budget projects various expenses to provide direct services to its victims of family violence.

Personnel provides direct services to clients by assisting with the protection order process, providing emergency financial assistance, transporting clients to safe environments and making referrals for clients to receive the appropriate care required for each victim. Personnel provide support to the client and assists with all aspects of the client's situation.

The Direct Services assists the program by allowing financial assistance for the victim's basic needs, including food, shelter, and childcare. The Budget includes an emergency clothing line item. This line item is for the victims who must flee their home without appropriate clothing. First months rent/client relocation is an expense for the victims who find alternative homes and/or the perpetrator has left the home, but the victim is unable to pay the utilities expenses (i.e., telephone, water, electrical).

Travel includes the transportation costs to provide victims with assistance when relocating or taking a victim/family to shelter, traveling to appointments and court hearings and the ability for the staff to make home visits. The FBCADV has added additional staff members to its program; which has enhanced the program's services; the travel expense will increase the ability to provide training for staff members. The program was able to purchase a new program vehicle which is a 2002 Dodge Double Cab Truck. This enables the program to assist victims leaving a family violence situation to help move their belongings, furniture, clothing and household items. It is also a must in the winter months of North Dakota. The program is responsible for the maintenance of this vehicle.

The amount budgeted for supplies covers basic office supplies, (i.e. paper, pens, computer supplies, file folders, stamps, facsimile supplies, etc.). The program provides education and awareness material for the victims.

**FORT BERTHOLD COALITION AGAINST DOMESTIC VIOLENCE  
FAMILY VIOLENCE PREVENTION AND SERVICES**

**FY: 2003-2004**

**BUDGET**

**I. PERSONNEL:**

1. Director Salary (approx. 50%)	\$ 19,282
2. Assistant Salary (approx. 25%)	6029
3. Fringe Benefits @ 25.65%	6,492

**TOTAL \$ 31,803**

**II. DIRECT SERVICES:**

**A. EMERGENCY SHELTER:**

1. Safe Homes/Motels @ \$40.	\$ 2,000
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**B. EMERGENCY CHILD CARE:**

1. \$6.50 x 5 hrs./month x 16 clients per year.	520
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Rate higher due to traumatic  
ordeal of disorientated and  
frightened child(ren), and the  
extra care provided the child(ren)  
under the circumstances.

**C. EMERGENCY FOOD:**

1. \$30.00 per person/hh x 170 clients per year.	5,500
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D. EMERGENCY CLOTHING:

- 1. \$125 per person x 10 clients \$ 1,250  
per year.

E. FIRST MONTH RENT/CLIENT  
RELOCATION:

- 1. \$250 x 20 clients 5,000

**TOTAL: \$ 14,270**

**III. TRAVEL:**

A. DIRECT SERVICES

- 1. Transport and Networking: \$ 5,000
- 2. Client Relocation 2,000

B. TRAINING/CONFERENCES

- 1. 2 Staff/2 new positions 1,500

C. VEHICLE EXPENSES:

- 1. Van purchased for program  
By Three Affiliated Tribes 1,000

**TOTAL: \$ 9,500**

**IV. SUPPLIES:**

- 1. Office Supplies 1,000
- 2. Postage 500
- 3. Education Materials 500

**TOTAL: \$ 2,000**

**V. TELEPHONE:**

**A. OFFICE:**

1. 200.00 per month 2,400

**TOTAL: 2,400**

**TOTAL AMOUNT OF GRANT AWARD: \$59,973**

**BUDGET FOR EXPEDITURE PERIOD**

**FY: 2003-2004**

I.	Personnel	31,803
II.	Direct Services	14,270
III.	Travel	9,500
IV.	Supplies	2,000
V.	Telephone	2,400
<b>TOTAL:</b>		<b>\$ 59,973</b>



**DOMESTIC VIOLENCE PROGRAM - DATA COLLECTION**  
 NORTH DAKOTA DEPARTMENT OF HEALTH  
 MATERNAL AND CHILD HEALTH DIVISION  
 SFN 16506 (112-95)

Project Name: Fort Berthold Coalition Against Domestic Violence  
 Month of: January - December 2001

This Report Completed By: Kim Wood  
 Telephone Number: 701-627-4171

158 1. NUMBER OF NEW VICTIMS SERVED THIS MONTH (Count each victim only once per year the first time she/he receives services. If you talk to a victim on the phone for a significant length of time, and obtain enough information to respond to the following, record here and not as a phone call.)  
 100 1a. OF NEW VICTIMS REPORTED IN LINE 1 ABOVE HOW MANY WERE ALSO CLIENTS IN A PREVIOUS YEAR?  
 9 2. NUMBER OF VICTIMS REPORTING ABUSE (OR FOR WHOM SOMEONE ELSE HAS REPORTED ABUSE) FOR THE FIRST TIME THIS YEAR WHO WERE 'PHONE CALLS ONLY' (These should not be included in line 1.) PHONE CALL refers to a victim who was not seen in person, and from/for whom only limited data are collected. Please see instructions.

RECORD THE FOLLOWING INFORMATION ON NEW VICTIMS (not phone calls) served this month. Total for each category should equal the number of new victims. \*(Except for categories marked by an asterisk.)

3. SEX OF VICTIM		8. PRIMARY REFERRAL SOURCE		12. PRIMARY ABUSER'S RELATIONSHIP TO VICTIM	
151	Female	99	Self	35	Spouse
7	Male	30	Law Enforcement	13	Former Spouse (Includes those legally separated or in divorce process)
4. AGE OF VICTIM		7	Friend	42	Cohabiting Partner
2	0-12 years	7	Family/Relative	11	Partner (Boyfriend/Girlfriend)
12	13-17 years	3	Legal Assistance	30	Former Partner (Boyfriend/Girlfriend)
50	18-29 years		Private Attorney	21	Family Member/Relative
79	30-44 years		Physician/Hospital	0	Roommate
12	45-64 years		County Social Services	4	Other acquaintance
3	65 and older		Human Service Center	11	Unknown
0	UNKNOWN		Church	13. WAS LAW ENFORCEMENT CALLED AT TIME OF INCIDENT?	
*5. DISABLED VICTIMS (Indicate all disabilities (listed below) which apply to each victim.)			Mental Health Referral Line	59	Yes
0	Visually Impaired/Blind		Private Help Agency	99	No (go to #14)
0	Hearing Impaired/Deaf	1	Victim Witness Advocate		Yes, but no officer responded
0	Developmentally Delayed		Employer		Unknown
0	Physical/Medical Disability		Tribal Social Services	*13a. IF OFFICER RESPONDED, WAS THE ABUSER ARRESTED?	
0	Mentally Ill		Tribal Court	29	Yes
0	Other		State's Attorney	28	No
0	Unknown		Court	2	Unknown
0	Total No. Disabled Victims		Other DV Project	*13b. FOR YES ANSWERS IN #13a, ON WHAT CHARGE(S) WAS THE ABUSER ARRESTED?	
6. ETHNIC BACKGROUND			Other	5	Aggravated Assault
VICTIM	ABUSER	11	Unknown	0	Assault
8	10	9. FAMILY SIZE OF VICTIM (number of minor children living in home) 296		21	Simple Assault
		41	None	0	Disorderly Conduct
		28	One	0	Terrorizing
		36	Two	0	Stalking
		24	Three	0	Domestic Abuse: Tribal Code
		21	Four	3	Other (List) Rape, Child Abuse
		8	Five		Unknown
			Over Five (Specify)	14. WAS A CRIMINAL COMPLAINT FILED?	
			Unknown	28	Yes
7. COMMUNITY SIZE OF VICTIM		3	*10. NUMBER OF NEW VICTIMS SEEN WHO WERE PREGNANT AT THE TIME OF THE ASSAULT.	1	No (go to #16)
35	Rural & Remote Location				Unknown
10	Town Under 500 Population		11. PAST USE OF A DV PROJECT		
69	Town 500 to 1500 Population	102	Yes		
39	Town 1500 to 5000 Population	56	No		
0	City 5,000 to 10,000 Population		Unknown		
2	City 10,000 to 35,000 Population				
3	City Over 35,000 Population				

<p>5 23</p>	<p>* 14a. IF YES, WHO SIGNED THE COMPLAINT? Victim Signed Law Enforcement signed without victim's signature Other (Specify): _____ Unknown</p>	<p>21. IS THERE A HISTORY OF ALCOHOL USE ASSOCIATED WITH DOMESTIC VIOLENCE? 74 Yes - By Abuser Only 4 Yes - By Victim Only 51 Yes - By Both 18 No 11 Unknown</p>	<p>22. IS THERE A HISTORY OF DRUG ABUSE ASSOCIATED WITH DOMESTIC VIOLENCE? 15 Yes - By Abuser Only 0 Yes - By Victim Only 16 Yes - By Both 122 No 5 Unknown</p>
<p>28  17 47 36 38 13 7</p>	<p>* 15. IF YES TO #14, WERE CRIMINAL CHARGES FILED? Yes No Unknown 16. LENGTH OF EXPOSURE TO VIOLENT RELATIONSHIP (Not number of years in relationship) Under 1 year 1-5 years 6-10 years 11-20 years Over 20 years Unknown 17. HAVE WEAPONS EVER BEEN USED DURING ANY INCIDENT OF ABUSE (actually used or visibly used as threats)? Yes Pool Stick 5 Guns Fire Poker 6 Knives Belt 17 Other (Specify) Telephone hookarm, Broom household objects No Unknown</p>	<p>* THE FOLLOWING INFORMATION REFERS TO ANY VICTIM YOU HAVE WORKED WITH THIS MONTH, WHETHER OR NOT THEY ARE NEW: 38 * 23. NUMBER OF VICTIMS WHO WERE GRANTED AN EX PARTE ORDER FOR PROTECTION. * 24. NUMBER OF EX PARTE PROTECTION ORDERS DENIED. 3 * 25. NUMBER OF PROTECTION ORDERS DENIED AT FULL HEARING. 13 * 26. NUMBER OF ABUSERS WHO ALLEGEDLY VIOLATED AN ORDER FOR PROTECTION. * 27. NUMBER OF ABUSERS ARRESTED FOR AN INITIAL VIOLATION OF A PROTECTION ORDER. * 28. NUMBER OF ABUSERS ARRESTED FOR A SUBSEQUENT VIOLATION OF A PROTECTION ORDER. * 29. NUMBER OF ABUSERS PROSECUTED IN CONNECTION WITH AN INITIAL VIOLATION OF A PROTECTION ORDER (MISDEMEANOR). * 30. NUMBER OF ABUSERS PROSECUTED IN CONNECTION WITH A SUBSEQUENT VIOLATION OF A PROTECTION ORDER (FELONY). * 31. TOTAL NUMBER OF CLIENTS REINITIATING SERVICES THIS MONTH AS A RESULT OF A NEW INCIDENT OF ABUSE (if victim was seen for the first time this year report on line 1 and not here).</p>	
<p>129 1 118 31</p>	<p>18. TYPE OF ABUSE (Be sure to mark only one type of abuse/victim) Physical 1 Elder Abuse Psychological 8 Sexual Unknown 18a. HAS THE ABUSE ALSO INCLUDED SEXUAL ASSAULT BY THIS ABUSER? Yes No Unknown</p>	<p>1 * 32. NUMBER OF PRESENTATIONS TO PROFESSIONAL GROUPS WHO ALSO DEAL WITH VICTIMS. (Do not include your own inservice training) 40 * 32a. NUMBER OF PEOPLE WHO ATTENDED ABOVE PRESENTATIONS. 0 * 33. NUMBER OF PRESENTATIONS TO SCHOOL PERSONNEL AND STUDENTS. 0 * 33a. NUMBER OF PEOPLE WHO ATTENDED ABOVE PRESENTATIONS 2 * 34. NUMBER OF PRESENTATIONS TO GENERAL PUBLIC. 19 * 34a. NUMBER OF PEOPLE WHO ATTENDED ABOVE PRESENTATIONS. 1 * 35. NUMBER OF MEDIA CONTACTS.</p>	
<p>101 28 29</p>	<p>19. DOES THE ABUSER HAVE A HISTORY OF BEING ABUSIVE WITH OTHER ADULTS? Yes No Unknown</p>	<p>SEND COPIES OF THIS FORM TO: ND Department Health Maternal and Child Health Division 600 E. Boulevard Avenue Bismarck, ND 58505-0200 ND Council on Abused Women's Services 418 E. Rosser #320 Bismarck, ND 58501</p>	
<p>VICTIM 79 48 23 1 5 2</p>	<p>20. EMPLOYMENT STATUS PRIMARY ABUSER 79 Employed 67 Unemployed 2 Student 1 Self-employed Homemaker 3 Other (Retired, Disability) 6 Unknown</p>		



**DOMESTIC VIOLENCE PROGRAM - DATA COLLECTION**  
 NORTH DAKOTA DEPARTMENT OF HEALTH  
 MATERNAL AND CHILD HEALTH DIVISION  
 SFN 16506 (12-95)

Project Name <b>Fort Berthold Coalition Against Domestic Violence</b>	Month of <b>January 2002 - June 2002</b>
This Report Completed By <b>Kim Wood</b>	Telephone Number <b>701-627-4171</b>

**73** 1. NUMBER OF **NEW VICTIMS** SERVED THIS MONTH (Count each victim only once per year the first time she/he receives services. If you talk to a victim on the phone for a significant length of time, and obtain enough information to respond to the following, record here and not as a phone call.)

**37** 1a. OF NEW VICTIMS REPORTED IN LINE 1 ABOVE HOW MANY WERE ALSO CLIENTS IN A **PREVIOUS YEAR**?

**0** 2. NUMBER OF VICTIMS REPORTING ABUSE (OR FOR WHOM SOMEONE ELSE HAS REPORTED ABUSE) FOR THE FIRST TIME THIS YEAR WHO WERE **'PHONE CALLS ONLY'** (These should not be included in line 1.) **PHONE CALL** refers to a victim who was not seen in person, and from/for whom only limited data are collected. Please see instructions.

RECORD THE FOLLOWING INFORMATION ON NEW VICTIMS (not phone calls) served this month. Total for each category should equal the number of new victims. \*(Except for categories marked by an asterisk.)

<p>3. SEX OF VICTIM</p> <p><b>71</b> Female</p> <p><b>2</b> Male</p> <p>4. AGE OF VICTIM</p> <p><b>0</b> 0-12 years</p> <p><b>1</b> 13-17 years</p> <p><b>23</b> 18-29 years</p> <p><b>46</b> 30-44 years</p> <p><b>3</b> 45-64 years</p> <p><b>0</b> 65 and older</p> <p><b>0</b> UNKNOWN</p> <p>*5. DISABLED VICTIMS (Indicate all disabilities (listed below) which apply to each victim.)</p> <p><b>1</b> Visually Impaired/Blind</p> <p><b>0</b> Hearing Impaired/Deaf</p> <p><b>0</b> Developmentally Delayed</p> <p><b>0</b> Physical/Medical Disability</p> <p><b>2</b> Mentally Ill</p> <p><b>0</b> Other</p> <p><b>0</b> Unknown</p> <p><b>3</b> Total No. Disabled Victims</p> <p>6. ETHNIC BACKGROUND</p> <table border="1"> <tr><th>VICTIM</th><th>ABUSER</th><th></th></tr> <tr><td><b>5</b></td><td><b>5</b></td><td>Caucasian/White</td></tr> <tr><td><b>68</b></td><td><b>65</b></td><td>American Indian/Alaskan Native</td></tr> <tr><td><b>0</b></td><td><b>2</b></td><td>African American/Black</td></tr> <tr><td><b>0</b></td><td><b>0</b></td><td>Asian/Pacific Islander</td></tr> <tr><td><b>0</b></td><td><b>1</b></td><td>Hispanic</td></tr> <tr><td><b>0</b></td><td><b>0</b></td><td>Other</td></tr> <tr><td><b>0</b></td><td><b>0</b></td><td>Unknown</td></tr> </table> <p>7. COMMUNITY SIZE OF VICTIM</p> <p><b>15</b> Rural &amp; Remote Location</p> <p><b>5</b> Town Under 500 Population</p> <p><b>49</b> Town 500 to 1500 Population</p> <p><b>2</b> Town 1500 to 5000 Population</p> <p><b>0</b> City 5,000 to 10,000 Population</p> <p><b>1</b> City 10,000 to 35,000 Population</p> <p><b>1</b> City Over 35,000 Population</p>	VICTIM	ABUSER		<b>5</b>	<b>5</b>	Caucasian/White	<b>68</b>	<b>65</b>	American Indian/Alaskan Native	<b>0</b>	<b>2</b>	African American/Black	<b>0</b>	<b>0</b>	Asian/Pacific Islander	<b>0</b>	<b>1</b>	Hispanic	<b>0</b>	<b>0</b>	Other	<b>0</b>	<b>0</b>	Unknown	<p>8. PRIMARY REFERRAL SOURCE</p> <p><b>49</b> Self</p> <p><b>9</b> Law Enforcement</p> <p><b>0</b> Friend</p> <p><b>13</b> Family/Relative</p> <p><b>1</b> Legal Assistance</p> <p><b>0</b> Private Attorney</p> <p><b>0</b> Physician/Hospital</p> <p><b>0</b> County Social Services</p> <p><b>0</b> Human Service Center</p> <p><b>0</b> Church</p> <p><b>0</b> Mental Health Referral Line</p> <p><b>0</b> Private Help Agency</p> <p><b>0</b> Victim Witness Advocate</p> <p><b>0</b> Employer</p> <p><b>1</b> Tribal Social Services</p> <p><b>0</b> Tribal Court</p> <p><b>0</b> State's Attorney</p> <p><b>0</b> Court</p> <p><b>0</b> Other DV Project</p> <p><b>0</b> Other</p> <p><b>0</b> Unknown</p> <p>9. FAMILY SIZE OF VICTIM (number of minor children living in home) <b>157 Children</b></p> <p><b>13</b> None</p> <p><b>11</b> One</p> <p><b>22</b> Two</p> <p><b>13</b> Three</p> <p><b>7</b> Four</p> <p><b>7</b> Five</p> <p><b>0</b> Over Five (Specify)</p> <p>Unknown</p> <p><b>2</b> *10. NUMBER OF NEW VICTIMS SEEN WHO WERE PREGNANT AT THE TIME OF THE ASSAULT.</p> <p>11. PAST USE OF A DV PROJECT</p> <p><b>44</b> Yes</p> <p><b>29</b> No</p> <p>Unknown</p>	<p>12. PRIMARY ABUSER'S RELATIONSHIP TO VICTIM</p> <p><b>23</b> Spouse</p> <p><b>6</b> Former Spouse (Includes those legally separated or in divorce process)</p> <p><b>19</b> Cohabiting Partner</p> <p><b>4</b> Partner (Boyfriend/Girlfriend)</p> <p><b>19</b> Former Partner (Boyfriend/Girlfriend)</p> <p><b>2</b> Family Member/Relative</p> <p><b>0</b> Roommate</p> <p><b>0</b> Other</p> <p><b>0</b> Unknown</p> <p>13. WAS LAW ENFORCEMENT CALLED AT TIME OF INCIDENT?</p> <p><b>30</b> Yes</p> <p><b>43</b> No (go to #14)</p> <p><b>0</b> Yes, but no officer responded</p> <p><b>0</b> Unknown</p> <p>*13a. IF OFFICER RESPONDED, WAS THE ABUSER ARRESTED?</p> <p><b>13</b> Yes</p> <p><b>17</b> No</p> <p><b>0</b> Unknown</p> <p>*13b. FOR YES ANSWERS IN 13A, ON WHAT CHARGE(S) WAS THE ABUSER ARRESTED?</p> <p><b>1</b> Aggravated Assault</p> <p><b>1</b> Assault</p> <p><b>11</b> Simple Assault</p> <p><b>0</b> Disorderly Conduct</p> <p><b>0</b> Terrorizing</p> <p><b>0</b> Stalking</p> <p><b>0</b> Domestic Abuse: Tribal Code</p> <p><b>0</b> Other (List)</p> <p><b>0</b> Unknown</p> <p>14. WAS A CRIMINAL COMPLAINT FILED?</p> <p><b>20</b> Yes</p> <p><b>10</b> No (go to #16)</p> <p><b>0</b> Unknown</p>
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<p>* 14a. IF YES, WHO SIGNED THE COMPLAINT?</p> <p><u>11</u> Victim Signed</p> <p><u>09</u> Law Enforcement signed without victim's signature</p> <p><u>0</u> Other (Specify): _____</p> <p><u>0</u> Unknown</p>	<p>21. IS THERE A HISTORY OF ALCOHOL USE ASSOCIATED WITH DOMESTIC VIOLENCE?</p> <p><u>29</u> Yes - By Abuser Only</p> <p><u>1</u> Yes - By Victim Only</p> <p><u>27</u> Yes - By Both</p> <p><u>15</u> No</p> <p><u>1</u> Unknown</p>	<p>22. IS THERE A HISTORY OF DRUG ABUSE ASSOCIATED WITH DOMESTIC VIOLENCE?</p> <p><u>10</u> Yes - By Abuser Only</p> <p><u>1</u> Yes - By Victim Only</p> <p><u>8</u> Yes - By Both</p> <p><u>49</u> No</p> <p><u>5</u> Unknown</p>																										
<p>* 15. IF YES TO #14, WERE CRIMINAL CHARGES FILED?</p> <p><u>20</u> Yes</p> <p><u>0</u> No</p> <p><u>0</u> Unknown</p> <p>16. LENGTH OF EXPOSURE TO VIOLENT RELATIONSHIP (Not number of years in relationship)</p> <p><u>8</u> Under 1 year</p> <p><u>29</u> 1-5 years</p> <p><u>14</u> 6-10 years</p> <p><u>19</u> 11-20 years</p> <p><u>3</u> Over 20 years</p> <p><u>0</u> Unknown</p> <p>17. HAVE WEAPONS EVER BEEN USED DURING ANY INCIDENT OF ABUSE (actually used or visibly used as threats)?</p> <p><u>6</u> Yes</p> <p><u>3</u> Guns</p> <p><u>1</u> Knives</p> <p><u>2</u> Other (Specify) _____</p>	<p>* THE FOLLOWING INFORMATION REFERS TO ANY VICTIM YOU HAVE WORKED WITH THIS MONTH, WHETHER OR NOT THEY ARE NEW:</p> <p><u>31</u> *23. NUMBER OF VICTIMS WHO WERE GRANTED AN EX PARTE ORDER FOR PROTECTION.</p> <p><u>3</u> *24. NUMBER OF EX PARTE PROTECTION ORDERS DENIED.</p> <p><u>0</u> *25. NUMBER OF PROTECTION ORDERS DENIED AT FULL HEARING.</p> <p><u>0</u> *26. NUMBER OF ABUSERS WHO ALLEGEDLY VIOLATED AN ORDER FOR PROTECTION.</p> <p><u>0</u> *27. NUMBER OF ABUSERS ARRESTED FOR AN INITIAL VIOLATION OF A PROTECTION ORDER.</p> <p><u>0</u> *28. NUMBER OF ABUSERS ARRESTED FOR A SUBSEQUENT VIOLATION OF A PROTECTION ORDER.</p> <p><u>0</u> *29. NUMBER OF ABUSERS PROSECUTED IN CONNECTION WITH AN INITIAL VIOLATION OF A PROTECTION ORDER (MISDEMEANOR).</p> <p><u>0</u> *30. NUMBER OF ABUSERS PROSECUTED IN CONNECTION WITH A SUBSEQUENT VIOLATION OF A PROTECTION ORDER (FELONY).</p> <p><u>10</u> *31. TOTAL NUMBER OF CLIENTS REINITIATING SERVICES THIS MONTH AS A RESULT OF A NEW INCIDENT OF ABUSE (if victim was seen for the <u>first</u> time this year report on line 1 and not here).</p>																											
<p><u>67</u> No</p> <p><u>0</u> Unknown</p> <p>18. TYPE OF ABUSE (Be sure to mark only one type of abuse/victim)</p> <p><u>50</u> Physical</p> <p><u>72</u> Psychological</p> <p><u>1</u> Unknown</p> <p>18a. HAS THE ABUSE ALSO INCLUDED SEXUAL ASSAULT BY THIS ABUSER?</p> <p><u>2</u> Yes</p> <p><u>71</u> No</p> <p><u>0</u> Unknown</p> <p>19. DOES THE ABUSER HAVE A HISTORY OF BEING ABUSIVE WITH OTHER ADULTS?</p> <p><u>25</u> Yes</p> <p><u>48</u> No</p> <p><u>0</u> Unknown</p>	<p><u>0</u> *32. NUMBER OF PRESENTATIONS TO PROFESSIONAL GROUPS WHO ALSO DEAL WITH VICTIMS. (Do not include your own inservice training)</p> <p><u>0</u> *32a. NUMBER OF PEOPLE WHO ATTENDED ABOVE PRESENTATIONS.</p> <p><u>0</u> *33. NUMBER OF PRESENTATIONS TO SCHOOL PERSONNEL AND STUDENTS.</p> <p><u>0</u> *33a. NUMBER OF PEOPLE WHO ATTENDED ABOVE PRESENTATIONS</p> <p><u>0</u> *34. NUMBER OF PRESENTATIONS TO GENERAL PUBLIC.</p> <p><u>0</u> *34a. NUMBER OF PEOPLE WHO ATTENDED ABOVE PRESENTATIONS.</p> <p><u>0</u> *35. NUMBER OF MEDIA CONTACTS.</p>																											
<p>20. EMPLOYMENT STATUS</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">VICTIM</th> <th style="text-align: left;">PRIMARY ABUSER</th> <th></th> </tr> </thead> <tbody> <tr> <td><u>34</u></td> <td><u>33</u></td> <td>Employed</td> </tr> <tr> <td><u>32</u></td> <td><u>37</u></td> <td>Unemployed</td> </tr> <tr> <td><u>6</u></td> <td><u>0</u></td> <td>Student</td> </tr> <tr> <td><u>0</u></td> <td><u>1</u></td> <td>Self-employed</td> </tr> <tr> <td><u>0</u></td> <td><u>0</u></td> <td>Homemaker</td> </tr> <tr> <td><u>1</u></td> <td><u>1</u></td> <td>Other (Retired, Disability)</td> </tr> <tr> <td><u>0</u></td> <td><u>1</u></td> <td>Unknown</td> </tr> </tbody> </table>	VICTIM	PRIMARY ABUSER		<u>34</u>	<u>33</u>	Employed	<u>32</u>	<u>37</u>	Unemployed	<u>6</u>	<u>0</u>	Student	<u>0</u>	<u>1</u>	Self-employed	<u>0</u>	<u>0</u>	Homemaker	<u>1</u>	<u>1</u>	Other (Retired, Disability)	<u>0</u>	<u>1</u>	Unknown	<p>SEND COPIES OF THIS FORM TO:</p> <table style="width:100%;"> <tr> <td style="width:50%;"> <p>ND Department Health Maternal and Child Health Division 600 E. Boulevard Avenue Bismarck, ND 58505-0200</p> </td> <td style="width:50%;"> <p>ND Council on Abused Women's Services 418 E. Rosser #320 Bismarck, ND 58501</p> </td> </tr> </table>		<p>ND Department Health Maternal and Child Health Division 600 E. Boulevard Avenue Bismarck, ND 58505-0200</p>	<p>ND Council on Abused Women's Services 418 E. Rosser #320 Bismarck, ND 58501</p>
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## VOCA -- CVA PERFORMANCE REPORT

Report For: ( ) First Half of Grant Year	Reporting Period: 7/1/ to 12/31/
Report For: (x) Entire Grant Year	Reporting Period: 7/1/01 to 6/30/02

Organization: Fort Berthold Coalition Against Domestic Violence	
Address: P O Box 935	Grant Number: VOCA CVA 01.14
City: New Town	Contact Person: Roberta Crows Breast
State: ND   Zip Code: 58763-0935	Telephone Number: 701-627-4171

A. Indicate the number of victims served by type of victimization: <b>SEE VICTIM DEFINITION</b>	WHOLE PROGRAM	VOCA <u>10</u> %	CVA <u>2</u> %
1. Child Physical Abuse	2	1	1
2. Child Sexual Abuse	2	1	1
3. DUI/DWI Crashes	0	0	0
4. Domestic Violence	434	43	9
5. Adult Sexual Assault	2	1	1
6. Elder Abuse	0	0	0
7. Adults Molested as Children	0	0	0
8. Survivors of Homicide Victims	0	0	0
9. Robbery	0	0	0
10. Assault	0	0	0
11. Other ( <i>specify</i> ) Homeless			
<b>Total:</b>	440	45	12

B. Indicate the number of victims who received the following services. (See instructions for definitions for each service)	WHOLE PROGRAM	VOCA <u>10</u> %	CVA <u>2</u> %
1. Crisis Counseling	155	16	3
2. Follow-up	172	17	3
3. Therapy	24	3	1
4. Group Treatment/Support	37	4	1
5. Shelter/Safehouse	10	1	1
6. Information/Referral (In-Person)	107	11	2
7. Criminal Justice Support/Advocacy	66	7	1
8. Emergency Financial Assistance	208	21	4
9. Emergency Legal Advocacy	0	0	0
10. Assistance in Filing Compensation Claims	2	1	1
11. Personal Advocacy	63	6	1
12. Telephone Contact Information/Referral	0	0	0
13. Other ( <i>specify</i> ) Transportation	63	6	1
<b>Total:</b>	907	93	19

# PERFORMANCE REPORT

## PAGE 2

### INSTRUCTIONS

A **NON-DISCRIMINATION FORM** must be completed for every client; however, for purposes of this report, non-discrimination information may be compiled and submitted to the State on one form which shows the totals in each category.

**INDIVIDUAL FORM** must be available for at least 3 years after the grant year is ended.

### NON-DISCRIMINATION INFORMATION

#### PLEASE NOTE:

1. **Indicate whole program numbers**
2. **Each total below should be the same figure**
3. **There is no unknown category, please use your best judgment**

1. Race of National Origin

<u>13</u>	White (not of Hispanic Origin)
<u>0</u>	Black (not of Hispanic Origin)
<u>0</u>	Hispanic
<u>0</u>	Asian or Pacific Islander
<u>427</u>	American Indian or Alaskan Native
<u>440</u>	<b>Total</b>

2. Handicap

<u>336</u>	No
<u>4</u>	Yes
<u>440</u>	<b>Total</b>

3. Sex

<u>137</u>	Male
<u>303</u>	Female
<u>440</u>	<b>Total</b>

4. Age

<u>216</u>	0-12 years	<u>50</u>	13-17 years
<u>69</u>	18-29 years	<u>97</u>	30-44 years
<u>8</u>	45-64 years	<u>0</u>	65+ years
<u>440</u>	<b>Total</b>	<u>440</u>	<b>Total</b>

This information will be used only to compile statistics in order to comply with Federal non-discriminatory requirements.

#### NUMBER OF VICTIMS RECEIVING SERVICE BY STATUS

CRIME REPORTED	CRIME NOT REPORTED	TOTAL
137	303	440

# PERFORMANCE REPORT

## PAGE 3

PLEASE PROVIDE A NARRATIVE DESCRIPTION RESPONDING TO THE FOLLOWING QUESTIONS.

A. How do crime victims find out about your services?

The Domestic Violence Program is listed in the Telephone Book Front Cover and Yellow Pages. Victims are also referred to the program through law enforcement, social services, legal services, tribal court and other agencies. Victims also assist by word of mouth.

The Program also advertises its Women's Support Group by placing posters throughout the communities, tribal building, post office, law enforcement, each tribal segment, and announces the meeting on the local radio station.

B. Briefly describe efforts to promote coordinated public and private efforts within the community to aid crime victims. (referrals to or from social services, mental health, etc.)

Many programs refer victims to our office including IHS Mental Health, Tribal Social Services, Fort Berthold District Court, Law Enforcement. Domestic Violence is inviting to all child protection team meetings. The Program is also involved with the STOP team consisting of members from Tribal Court, Law Enforcement, and Tribal Administration.

C. Describe your efforts to increase victim cooperation with law enforcement.

The Program has a working relationship with law enforcement. Law Enforcement provides the domestic violence program with police reports pertaining to victims of domestic violence and also call an advocate to the crime scene or notify us when a victim requests an advocate. The Program Staff encourages all victims to report crimes committed against them to law enforcement and does provide assistance to the victims in filing their complaints.

# PERFORMANCE REPORT

## PAGE 4

D. How has the receiving of these funds helped you to improve the delivery of victim services?

Funds provided assist in providing adequate and quality services to victims of domestic violence and/or sexual assault. Without these funds there would be no advocate services to provide assistance 24 hours a day.

E. Include two case illustrations showing how funds have been used to assist crime victims.

One individual who was in a domestic violence situation, she was assaulted by her perpetrator traveling down the highway. She had to stop at a bank to cash a check, told the perpetrator the window was closed and had to go inside. She asked the tellers for assistance in calling the police. These individuals hid her in the bank vault until police arrived. An advocate was contacted the next morning to obtain a protection order for this individual. Federal charges are being sought against the perpetrator.

An individual was beaten by her perpetrator, ear ripped had to be glued on, fractured cheekbone. Advocate was called to the scene, victim sought medical attention, placed in a motel room for weekend. Protection Order obtained. Perpetrator is serving 6 months jail time. Federal charges filed were denied prosecution.

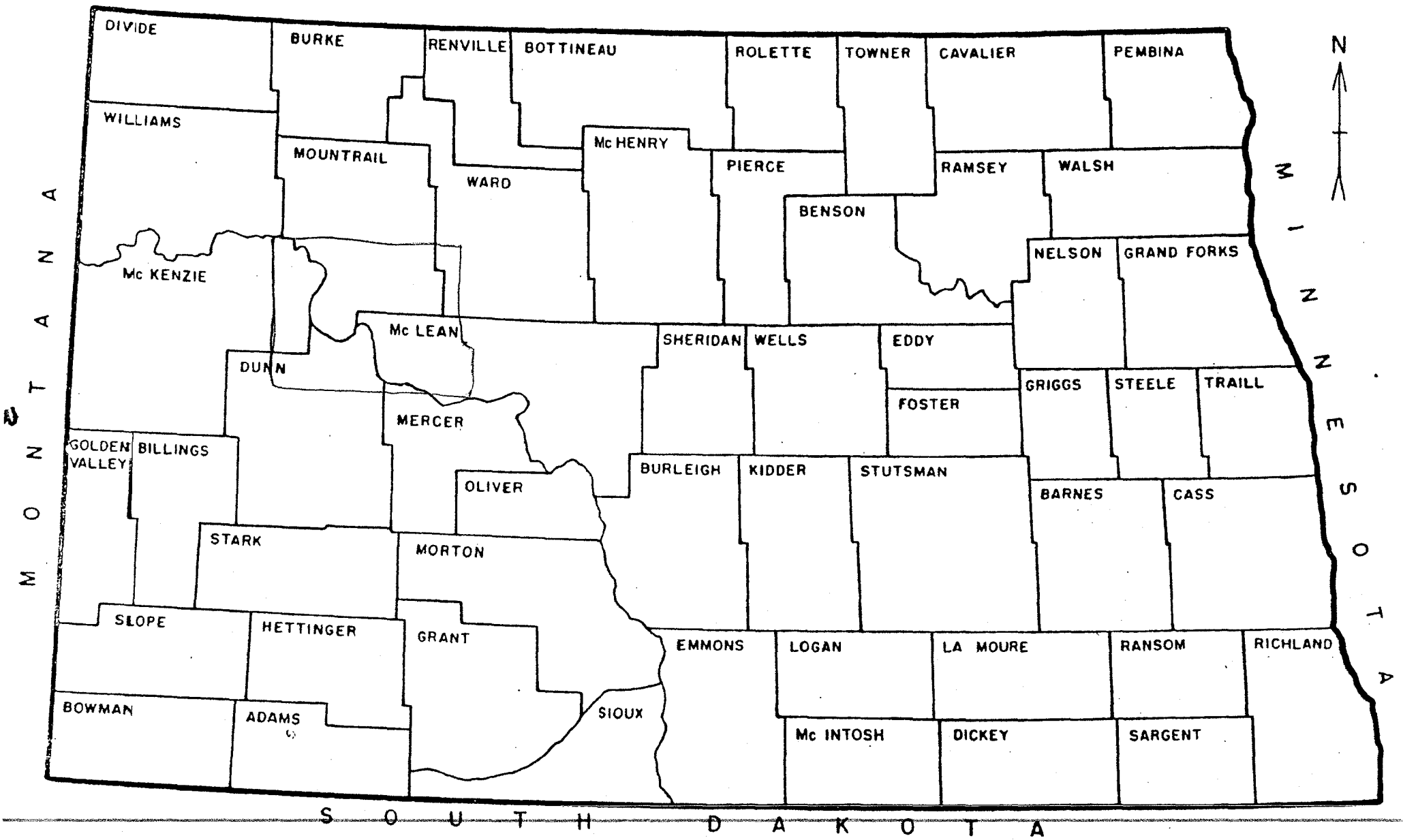
F. Identify any emerging or notable trends impacting crime victim services in your area.

Awareness of domestic violence and sexual assault is on the rise in this area. More individuals are requesting information to assist them in their college courses, individuals are doing presentations on domestic violence in their college classes, bringing more awareness to the community. Law Enforcement is also working toward ending domestic violence by working closely with the staff of domestic violence.

  
Authorized Signature

  
Date

# NORTH DAKOTA



COUNTY DIAGRAM

CERTIFICATION

I, the undersigned, as Secretary of the Tribal Business Council of the Three Affiliated Tribes of the Fort Berthold Indian Nation, hereby certifies that the Tribal Business Council is composed of 7 members of whom 5 constitute a quorum, 7 were present at a Regular meeting thereof duly called, noticed, convened, and held on the 13<sup>th</sup> day of February, 2002; that the foregoing Resolution was duly adopted at such Meeting by the affirmative vote of 7 members, 0 members opposed, 0 members abstained, 0 members not voting, and the said Resolution has not been rescinded or amended in any way.

Chairman (Voting) (Not Voting)

Dated this 13<sup>th</sup> day of February, 2002.

Randy Hill

Secretary, Tribal Business Council

ATTEST: Tex Hall

Tex Hall  
Chairman, Tribal Business Council