

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

**APPLICATION AND REVIEW
SUMMARY**

APPLICATION NUMBER: C12-5-007

APPLICANT: Baton Rouge Children's Advocacy Center

PROJECT TITLE: Child Advocacy Program

PROJECT FUNDS :

FUND: \$ 14,977 80.00%

PROJECT DURATION: 12 months

MATCH: \$ 3,744 20.00%

START DATE: 07/01/2012

TOTAL: \$ 18,721 100.00%

END DATE: 06/30/2013

Continuation of C07-5-021

PROJECT SUMMARY:

The BRCAC lessens the trauma experienced by child victims when abuse allegations are investigated by facilitating a collaborative partnership of child protective services, law enforcement, prosecution, medical and mental health professionals in a child-friendly setting. We are requesting a pre-award costs for this project back to July 1, 2012.

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: C12-5-007

CVA Purpose Area: 1, 3

1. TITLE OF PROJECT

Child Advocacy Program

2. NEW PROJECT

CONTINUATION PROJECT OF: C11-5-007

3. PROJECT DURATION

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

Desired Start Date: 7/1/2012

Desired End Date: 6/30/2013

4. PROJECT FUNDS

Federal Funds: \$14,997

Cash Match: \$3,774

In-Kind Match:

Total Project: **\$18,771**

5A. APPLICANT AGENCY INFORMATION

Agency Name: Baton Rouge Children's Advocacy

Physical Address: 626 E. Blvd.

City: Baton Rouge

Zip: 70802-6058

Mailing Address: 626 E. Blvd

City: Baton Rouge

Zip: 70802-6058

Phone: (225) 343-1984

FAX: (225) 343-1987

Email: Sharon@batonrougecac.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Sharon Pol

Title: Executive Director

Agency Name: Baton Rouge Children's Advocacy Center

Address: 626 E. Blvd.

City: Baton Rouge

Zip: 70802-6058

Phone: (225) 343-1984

FAX: (225) 343-1987

Email: Sharon@batonrougecac.org

Fed Employer Tax Id: 26 - 0028918

DUNS: 791013555 -

CCR CAGE/NCAGE: 5K2Z5

CCR Expiration Date: 9/17/2013

6. IMPLEMENTING AGENCY

Name: Sharon Pol

Title: Executive Director

Agency: Baton Rouge Children's Advocacy

Address: 626 E. Blvd.

City: Baton Rouge

Zip: 70802-6058

Phone: (225) 343-1984 FAX: (225) 343-1987

Email: Sharon@batonrougecac.org

7. PROJECT DIRECTOR

Name: LaTonia Dunbar

Title: Family Advocate

Agency: Baton Rouge Children's Advocacy

Address: 626 E. Blvd.

City: Baton Rouge

Zip: 70802-6058

Phone: (225) 343-1984 FAX: (225) 343-1987

Email: Latonia@batonrougecac.org

8. FINANCIAL OFFICER

Name: Luke Myers

Title: CPA

Agency: Postlewaite & Netterville

Address: 8550 United Plaza Dr. Suite 1001

City: Baton Rouge

Zip: 70809-

Phone: (225) 408-4791 FAX: (225) 922-4611

Email: lmyers@pncpa.com

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

The BRCAC lessens the trauma experienced by child victims when abuse allegations are investigated by facilitating a collaborative partnership of child protective services, law enforcement, prosecution, medical and mental health professionals in a child-friendly setting.

We are requesting a preaward cost for this project back to July 1, 2012.

2012 DEC 17 AM 10:12
LA COMMISSION
LAW ENFORCEMENT

VOCA PURPOSE AREAS

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

Title: Project Manager

Phone: (225) 343-1984

Fax: (225) 343-1987

E-Mail: Latonia@batonrougecac.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$14,997	\$3,774	\$0	\$18,771
SECTION 200. FRINGE BENEFITS	\$0	\$0	N/A	\$0
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:	\$14,997	\$3,774	\$0	\$18,771

Provide Source of Cash Match: Unrestricted operating funds from fundraising activities.

Provide Source of In-Kind Match:

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
Family Advocate	LaTonia Dunbar	FT	\$3,500.00	44.69%	12.00	\$18,769.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT		44.69%		18,770.64 \$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"/>
		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:						18,770.64 \$18,769.80		

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
			\$0.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$0.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$14,997
CASH MATCH	\$3,774
IN-KIND MATCH	
PERSONNEL TOTAL	\$18,771

SECTION 100. PERSONNEL (Continued) – BRIEFLY EXPLAIN

Yes No Are job descriptions for each position attached? If not, explain:

Yes No Are resumes for each position attached? If not, explain:

A) Need for each position shown above; justify need for overtime:

The Family Advocate (FA) is responsible for providing services to crime victims and their families. The Family Advocate collaborates with the Multidisciplinary Team, partners with organizations and agencies in an effort to provide services .

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

Salary range is based on salaries for similar positions in the region.

C) Project duties of each position requested:

- Serves as an advocate and liaison with the community
- Provide education, support and referral information to the Non-Offending Caregiver (NOC) at the time of the victim's forensic interview
- Identifies and initiates contact with the victim and/ or NOC following the forensic interview and throughout the legal process to provide ongoing support
- Develops and maintains collaborations with community agencies by providing up-to-date resources and referrals
- Develops and maintains educational/prevention curriculum for professionals, children and parents in the community
- Assists with providing services to, or identified crime victims to needed services
- Attends and participates in MDT staff meetings
- Maintains regular contact with the Executive Director, MDT and contract therapist regarding case status
- Provides safety planning to victims
- Maintenance of client files and data base

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.]

LaTonia Dunbar, Family Advocate is an existing position

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

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

Check: All Fringe Benefits Will Be Paid by Applicant Agency

Additional Fringe Benefits Will Be Paid by Applicant Agency

EMPLOYEES' NAMES:					EMPLOYEES' NAMES: (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1.	.062			\$0	5.	.062			\$0
2.	.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.	.0145			\$0	5.	.0145			\$0
2.	.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.				\$0	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):				\$0	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): \$0

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

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.

In cases of child sexual abuse, there are typically no witnesses and most often no medical evidence. This means the child victim bears the burden of providing the facts necessary in a child protection case or in a criminal prosecution. According to Darkness to Light, 2012, 1 in 4 girls and 1 in 6 boys will become a victim of sexual abuse prior to age 18. Of those who are abused, only 1 of 10 will disclose the abuse. Children who do not disclose and/or do not receive the treatment needed to heal from the abuse, may become adults who experience many psychological and sociological problems. These children often become adults who turn to drugs and alcohol to cover the hurt and pain from their past.

These facts demonstrate the need for a specialized approach to the investigation and therapeutic treatment of child sexual abuse victims that is more appropriately geared to the needs and development of the child. A fragmented system can cause abused children to be re-victimized with multiple interviews, insensitive treatment, and inadequate intervention. To prevent this fragmentation, children should have the benefit of a team of professionals collaborating in a child friendly environment.

Please note that during July 1, 2011 and June 30, 2012, BRCAC provided forensic interviews to approximately 231 child victims of crime. By August 2012, BRCAC conducted interviews for approximately 275 child victims of crime.

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

The Children's Advocacy Center is mandated by state law, however, the law did not provide funding to pay for this mandate. There are no other organizations filling this need in Baton Rouge.

B. GOALS

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

Goal 1: Decrease level of crisis following a child's disclosure of abuse through the delivery of support services to child victims and their non-offending caretaker/family members

Goal 2: Prevent further victimization of sexually abused children through the support and education by providing individual therapy or life skills training.

Goal 3: To improve follow-up with child victims through the investigatory and prosecution stages of the case through the coordination of all professionals involved with the family.

By accomplishing the above goals, the mission is to reduce further trauma following the initial crisis of abuse and to educate

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: To provide forensic interviews for 250 child victims and follow-up services for victims and their NOC.

Objective 2: To identify needs child victims and their NOC and make referrals to appropriate programs for services to 250 victims and families as the need arises.

Goal 2

Objective 1: To provide individual therapy or life skills training for 45 child victims of abuse.

Objective 2: Provide educational literature to the 250 NOC's to review with their child in an effort to teach them how to keep their bodies safe from further victimization.

Goal 3

Objective 1: To schedule and facilitate 12 Multidisciplinary Team meetings for the purpose of coordinating case activities and review case outcomes.

Objective 2: To accompany 4 victims to court.

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

Objectives 1 and 2: Law enforcement and Child protection workers will conduct forensic interviews. Family Advocate will provide resource/ educational materials, follow-up contact with families following the initial interview, and refer families to any needed service providers within the community as needs arise.

Goal 2

Objectives 1 and 2: Individual therapy or life skills training to 45 BRCAC will provide parents with literature regarding education and prevention related to child abuse during the time of their child's forensic interview.

Goal 3

Objectives 1 and 2: MDT will meet on a monthly basis to discuss case outcomes and how to better serve victims and their families. Family Advocate will accompany 4 families to court as needed.

These activities will occur for the duration of the grant; the program will begin go into effect July 1, 2012 through June 30, 2013

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?

Crime victims and their non-offending caregiver.

2. When will the data be collected?

At the time of the forensic interviews

3. Who will collect and analyze the data?

LaTonia Dunbar

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

Name: LaTonia Dunbar

Phone: (225) 343-1984

Email: latonia@batonrougecac.org

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

The Board of Directors oversees the Executive Director and sets goals for the director and the program at the annual meeting.

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.

Board of Directors and Louisiana Commission on Law Enforcement will receive reports progress reports and expenditure reports quarterly/monthly as specified at award time.

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.

Have several successful fund raising activities and other governmental and foundation grants.

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.

Building at 626 E. Blvd. is approximately 3,756 square feet of useable program space.

Forensic Interviews are conducted in a child-friendly setting. There are two interview rooms. One interview room consists of a table and chairs that are scaled in size for small children, the second room consists of a table and chairs that are scaled for larger children.

Monitoring equipment is also used during the forensic interview process, along with ear pieces. In a separate room, additional staff from law enforcement and child protection are able to monitor the interview and communicate as needed with the forensic interviewer with use of an earpiece.

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?

Intern student from Southern Unversity, LSU and Tulane, who serve as volutneers are screened appropriately.

Individuals who serve as volunteers for BRCAC fund raising events are not screened in compliance with the La. Protection Act, as they do not come in contact with clients or any confidential information.

A waiver request letter for volutneers has been attached.

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.

Non-offending caregivers are given a packet of information pertaining to child sexual and physical abuse prevention. In this packet is the brochure for Crime Victim's Reparations Program and LAVNS. It is explained to each caregiver, how to access any needed services.

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.

We cooperate with area Sheriff's Offices and City Police and in accordance with our memorandum of understanding , along with several other social service agencies (see attached).

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.

Clients come to BRCAC directly from law enforcement and child protective service agencies as a source of referrals.

4. State that the applicant will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate. The Louisiana Child Protection Act refers to screening prospective employees, **NOT** reporting instances of child abuse.

The organization will comply with Louisiana Child Protection Act.