

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C10-8-007

APPLICANT: Baton Rouge Children's Advocacy Center

PROJECT TITLE: Child Advocacy Program

PROJECT FUNDS :

FUND: \$ 20,000 80.00%

PROJECT DURATION: 12 months

MATCH: \$ 5,000 20.00%

START DATE: 04/01/2012

TOTAL: \$ 25,000 100.00%

END DATE: 03/31/2013

Continuation of C01-8-020

PROJECT SUMMARY:

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 environment.

RECOMMENDATION : FUND X DENY    

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 07/24/2012 IS REVIEWED AND APPROVED BY LCLE STAFF.



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

**CRIME VICTIM ASSISTANCE  
FORMULA GRANT PROGRAM**

CFDA #16.575

**FOR LCLE USE ONLY:** Project ID: C10-8-007 CVA Purpose Area: 1#3

**1. TITLE OF PROJECT** Child Advocacy Program  
Baton Rouge Child Advocacy Center

**2.**  NEW PROJECT  
 CONTINUATION PROJECT OF: C09-8-008

**3. PROJECT DURATION**  
Total Length: **12** Months (*Not to exceed 12 Months*)  
Desired Start Date: 4/1/2012  
Desired End Date: 3/31/2013

**4. PROJECT FUNDS**

Federal Funds:	\$20,000
Cash Match:	\$5,000
In-Kind Match:	
<b>Total Project:</b>	<b>\$25,000</b>

**5A. APPLICANT AGENCY INFORMATION**

Agency Name: Baton Rouge Child Advocacy Center  
Physical Address: 626 East Boulevard  
City: Baton Rouge Zip: 70802-6058  
Mailing Address: 626 East Boulevard  
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 Child Advocacy Center  
Address: 626 East Boulevard  
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: 79101 - 3555 CCR CAGE/NCAGE: 5K2Z5 CCR Expiration Date: 3/10/2012

**6. IMPLEMENTING AGENCY**

Name: Sharon Pol  
Title: Executive Director  
Agency: Baton Rouge Child Advocacy Center  
Address: 626 East Boulevard  
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 Child Advocacy Center  
Address: 626 East Boulevard  
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: 70809-2256  
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 dating back to April 1, 2012.

2012 JUN 18 AM 11:46  
LA COMMISSION  
LAW ENFORCEMENT



**SECTION 100. PERSONNEL**

Enter Position Titles and Names of the employees for each position funded through this grant. For further information and direction, please refer to the application instructions.

**FULL-TIME EMPLOYEES:**

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Family Advocate	LaTonia Dunbar	FT	\$3,230.40	43.20%	12.00	\$16,746.39	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family Advocate	LaTonia Dunbar	FT	\$807.60	43.20%	12.00	\$4,186.59	<input type="checkbox"/>	<input checked="" 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:						\$20,932.98	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:**

<b>DUTIES:</b> 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	\$12,560
CASH MATCH	\$4,186
IN-KIND MATCH	
<b>PERSONNEL TOTAL</b>	<b>\$16,746</b>

**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:

Family Advocate provides the primary service of the BRCAC including support services to child victims and non-offending caretakers during the time of crisis. The Family Advocate is a part of the Multidisciplinary team and helps to identify needs of families and makes referrals to appropriate programs or services.

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

Comparison of similar positions in Baton Rouge in terms of qualifications. Comparison with other CAC's in Louisiana in regard to duties.

C) Project duties of each position requested:

Project duties are consistent with the job duties of the Family Advocate focused on support for non-offending caretakers, information and referral and follow-up treatment services for child victims.

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.]

Personnel from the previous grant will continue to serve as Family Advocate .

Please note, there has been a change in salary (approved by the board January, 2012) that was not budgeted into the prior project. This project will note that change in the budget.

**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. LaTonia Dunbar	.062		\$16,746	\$1,038	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. LaTonia Dunbar	.0145		\$16,746	\$242	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. 640.18	224.18	12.00	100.00%	\$2,690	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):				\$3,970	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): \$3,970**

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$3,156
CASH MATCH	\$814
<b>TOTAL FRINGE BENEFITS</b>	<b>\$3,970</b>

**SECTION 300. TRAVEL**

Itemize travel expenses of project personnel. Mileage is unallowable in agency owned vehicles. Charges are not to exceed established agency travel rates, but in no case can this exceed current Louisiana Travel Guideline rates. *Only 50% of out-of-state travel reimbursement and requires prior approval from LCLE.*

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH		
				F	C	IK
NAME: Latonia Dunbar TITLE: Family Advocate PURPOSE: Business related to Advocacy	\$0.50	528.00	\$264.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$264.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE) NAME/POSITION TITLE/PURPOSE OF TRAVEL	TRAVEL DESTINATION	TRAVEL DATES:		PAID WITH		
		FROM	TO	F	C	IK
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH		
											F	C	IK
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										\$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	\$264
CASH MATCH	
IN-KIND MATCH	
<b>TRAVEL TOTAL</b>	<b>\$264</b>



**SECTION 500. SUPPLIES (Continued)**

**SECTION B:** Use this section only for Publications, workbooks, curriculum guides, videotapes, etc. Under type choose: **P** – Publications; **W** – Workbooks; **CG** – Curriculum Guides; **V** – Videotapes; **O** – Other. Itemize each item separately. Include tax and shipping costs in Unit Price, when applicable.

TYPE	TITLE OF PUBLICATIONS/FILMS	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SUBTOTAL OF SECTION B SUPPLIES:</b>				<b>\$0.00</b>	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

**BRIEFLY EXPLAIN:**

A) The use of each request and its relationship to the project. Also explain the choice of materials, e.g. based on previous experiences or research showing its effectiveness, etc.:

SECTION 500. SUPPLIES SUMMARY	
<b>FEDERAL FUNDS</b>	\$4,020
<b>CASH MATCH</b>	
<b>IN-KIND MATCH</b>	
<b>SUPPLIES TOTAL</b>	<b>\$4,020</b>

## 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, 2011, 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.

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 to provide services for child victims, however, the law does 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 of their non-offending caregivers (NOC).

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 families and victims on ways in which to remain safe from further victimization.

## 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 200 child victims and follow-up services for victims and their NOC.

Objective 2: To identify needs child victims and their NOC and makes referrals to appropriate programs or services.

Goal 2

Objective 1: To provide individual counseling to 5 or more NOC's that is separate and apart from the individual (fact to face) counseling that is provided at the time of a child's forensic interview.

Objective 2: Provide educational literature to the NOC 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 3 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 (face to face) counseling, to 5 or more NOC's on an individual basis for a duration of approximately 1 hour for up to 8-12 weeks. BRCAC will provide parents with literature regarding education and prevention related to child abuse during the time of their child's forensic interview and on an ongoing basis during the agency's follow-up process as needed.

### 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.



## H. MAJOR RESULTS (For Continuation Projects Only)

1. Based on the objectives of the previous application, what were the measurable outcomes? (Refer to the previous project's performance stated in the quarterly progress reports and other additional information.)

Between January 2011 and December 2011, BRCAC conducted Forensic Interviews for approximately 164 victims of child sexual and physical abuse in a child-friendly environment. BRCAC provided a total of approximately 1,800 services during this time frame. Overall, by providing education, support and referral information to child victims and NOC's following the initial forensic interview, BRCAC was able to educate an increased number of families on how to protect their children from further victimization.

2. Did the project work as expected? Explain.

The project did work as expected. BRCAC successfully offered services that lessened the trauma experienced by child victims and their NOC's by providing them with an environment that was conducive to servicing children. Our efforts also lessened the trauma to child victims and their families by working as a liaison with investigators and child protection workers who actively used the CAC to conduct their forensic interviews.

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

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

A second objective has been added to goals 2 and 3. These objectives include providing educational literature to NOC's for their children as a means of educating them on how to prevent further victimization. The second objective includes accompanying families to court as need as a means of providing increased family advocacy and support.

Changes were made to Goal 2, objective 1. During the duration of the previous project, there were no NOC's who expressed an interest in support group services. Please note, there were parents who expressed an interest for individualized counseling. It is now the goal of BRCAC to provide a NOC, individual counseling (face to face), separate and apart from the face to face counseling that is offered at the time of a child's forensic interview. BRCAC will work to meet this need for this project for 6 or more NOC's.

Goal 3, objective 2 has also been modified. During the most recent project, only 2 NOC's expressed an interest in court accompaniment. As a result, the expected outcome for this year's project has been reduced to 4 families instead of the previous 5 that were indicated.

**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?

Non-offending caregiver

2. When will the data be collected?

Following the forensic interview

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 will set the strategy for the next year.

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 quarterly

### 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 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 East Boulevard, approximately 3100 square feet of useable program space.

Forensic interview are conducted in a child-friendly setting. The interview room consists of a table and chairs that are scaled in size for small children.

Monitoring equipment is also used during the forensic interview process, alsong 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 the 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?

## 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.

Victims are given specific information regarding victim compensation. They are also given information on how to contact representative in their parish along with pamphlet information from the Crime Victims Reparations Program.

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.

BRCAC cooperates with the EBR Sheriff's Office and the BR City Police and in accordance with our Memorandum of Understanding 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 are referred directly from law enforcement and/or child protection.

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.

## Rutha Chatwood

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**From:** Rutha Chatwood  
**Sent:** Tuesday, July 24, 2012 2:10 PM  
**To:** LaTonia Dunbar (Latonia@batonrougecac.org)  
**Subject:** C10-8-007; Child Advocacy Program

Ms. LaTonia Dunbar  
Family Advocate  
Baton Rouge Child Advocacy Center  
626 East Boulevard  
Baton Rouge, LA 70802-6058

RE: C10-8-007; Baton Rouge Child Advocacy Center; "Child Advocacy Program"

Dear Ms. Dunbar:

This office has received the above referenced application. The application will be presented at the Victim Services Advisory Board and the Commission meetings scheduled for September 12 and 13, 2012, respectively.

Based on my review of the application, the following issues must be addressed and resolved. Additional issues may arise between the review process and the Advisory Board and Commission meetings. If so, you will be given every opportunity and assistance to address and/or resolve any additional issues to avoid delaying the application to be presented.

1. Page 1, Number 1, Title of Project – The title of this project is "Child Advocacy Program". Please make this change.
2. Page 1, Numbers 5A, 5B, 6, and 7 – The nine-digit zip code needs to be complete (70802-6058). Please make this change.
3. Page 9, Section 500, Supplies –
  - a. New federal requirements prohibit the inclusion of food and beverages in all grants, subgrants, cooperative agreements, and/or contracts. Approval of such costs will not be given by LCLE for any such charges effective October 21, 2011. Please remove the snacks and drinks for clients and re-budget these funds. (\$1,020)
  - b. At the bottom of the page, please provide an explanation of the need for and use of each supply type requested in this budget, as well as the relationship of these supplies to this project.
4. Need to submit Evaluation Forms for the Baton Rouge Child Advocacy Center.
5. Subgrant Award Report –
  - a. Section 1: Please provide the nine-digit zip code for the agency's address.
  - b. Section 4: Only 4a is to be left blank. Please complete 4b, 4c, and 4d.
  - c. Section 7: OVC requires that all CVA subgrantees must utilize volunteers in the program. Please describe the duties and functions to be performed by volunteers. Indicate the number of volunteer hours, which can be estimated, per duty-function for this application.
  - d. Section 8: This section must total the federal amount of your award, which is \$20,000.
  - e. Section 10: VOCA Funds: Only report the amount of this award, \$20,000 in Section 10b. The remaining VOCA and/or all other federal funding received by your agency to be used toward victim services are to

be reported in 10a [FEDERAL (Excluding VOCA)]. All cash funds received to be used toward victim services should be reported in Sections 10c, 10d, and 10e.

Please email or mail ONLY the changes as directed on the appropriate application pages and return only those pages for which changes or additional information was requested to LCLE. Please do not fax replies, as they are not always legible.

All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. This information is due to LCLE **by Friday, August 10, 2012**. Please contact me at (225) 342-1625 or send an email to me at [rutha.chatwood@lcle.la.gov](mailto:rutha.chatwood@lcle.la.gov) if you have any questions.

Sincerely,

*Rutha Chatwood*

Victim Services Program Manager  
LA Commission on Law Enforcement

Mailing Address:

P. O. Box 3133  
Baton Rouge, LA 70821-3133

Physical Address:

602 North Fifth Street  
Baton Rouge, LA 70802

Phone: 1-225-342-1625

Fax: 1-225-342-1846

Email: [rutha.chatwood@lcle.la.gov](mailto:rutha.chatwood@lcle.la.gov)

Hours: Tuesday - Friday, 7:00 a.m. – 5:30 p.m.