

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C11-8-008

APPLICANT: Baton Rouge Children's Advocacy Center

PROJECT TITLE: Child Advocacy Program

PROJECT FUNDS :

FUND: \$ 20,000 80.00%

MATCH: \$ 5,000 20.00%

TOTAL: \$ 25,000 100.00%

PROJECT DURATION: 12 months

START DATE: 04/01/2013

END DATE: 03/31/2014

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 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: **C11-8-008**

CVA Purpose Area: **1, 3**

1. TITLE OF PROJECT

Child Advocacy Center

2. NEW PROJECT

CONTINUATION PROJECT OF: **C10-8-007**

3. PROJECT DURATION

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

Desired Start Date: **4/1/2013**

Desired End Date: **3/31/2014**

4. PROJECT FUNDS

Federal Funds: **\$20,000**

Cash Match: **\$5,000**

In-Kind Match:

Total Project: **\$25,000**

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: **6/19/2013**

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-**

Phone: **(225) 408-4791**

FAX: **(225) 922-4611**

Email: **lmyers@pnpcpa.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, 2013.

2013 FEB 20 PM 4:33
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: Dana Guilbeau Title: Accountant
 Phone: (225) 231-8616 Fax: (225) 231-8656 E-Mail: danaguilbeau@dnbcps.com

PROJECT BUDGET SUMMARY

| BUDGET CATEGORIES | FEDERAL FUNDS | CASH MATCH | IN-KIND MATCH | SECTION TOTAL |
|--|-----------------|----------------|---------------|-----------------|
| SECTION 100. PERSONNEL | \$16,269 | \$4,067 | \$0 | \$20,336 |
| SECTION 200. FRINGE BENEFITS | \$3,731 | \$933 | N/A | \$4,664 |
| 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: | \$20,000 | \$5,000 | \$0 | \$25,000 |

Provide Source of Cash Match: Donated Funds

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 | \$3,230.40 | 41.97% | 12.00 | \$16,269.58 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | 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: | | | | | | \$16,269.58 | 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 | \$16,269 |
| CASH MATCH | \$4,067 |
| IN-KIND MATCH | |
| PERSONNEL TOTAL | \$20,336 |

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 for 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 .

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. LaTonia Dunbar | 662.50 | 12.00 | 46.94% | \$3,731 | 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): | | | | \$3,731 | 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): \$3,731

| SECTION 200. FRINGE BENEFITS SUMMARY | |
|--------------------------------------|----------------|
| FEDERAL FUNDS | \$3,731 |
| CASH MATCH | \$933 |
| TOTAL FRINGE BENEFITS | \$4,664 |

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, 2013, 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.

BR 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, BRIEFY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

Goal 1: 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.

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 280 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 when applicable.

Goal 2

Objective 1: To provide 280 families with educational materials regarding abuse and prevention information.

Goal 3

Objective 1: To schedule and facilitate 12 Multidiciplianary 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: Direct face to face education and dissemination of materials to 280 families during the agency's initial contact with victims and families

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 5 families to court at the family's request.

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 2012 and December 2012, BRCAC conducted Forensic Interviews for approximately 260 victims of child sexual and physical abuse in a child-friendly environment. BRCAC provided a total of approximately 2,700 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?

Measurable numbers for goals have been increased.

Goal 2 is no longer to provide counseling for NOC's, as funding for this service has changed. BRCAC will no longer measure the number of families we provided educational information to at the time of the forensic interview.

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, 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 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.