

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C11-1-003

APPLICANT: Forensic Nurse Examiners of Louisiana, Inc.

PROJECT TITLE: S.A.N.E. Program

PROJECT FUNDS :

FUND: \$ 49,680 80.00%

PROJECT DURATION: 12 months

MATCH: \$ 12,420 20.00%

START DATE: 02/01/2012

TOTAL: \$ 62,100 100.00%

END DATE: 01/31/2013

Continuation of C07-1-020

PROJECT SUMMARY:

Forensic Nurse Examiners of Louisiana, Inc. is a group of medical professionals who mission is to provide compassionate and competent forensic nursing care to victims of sexual assault by collecting evidence in sexual assault cases as well as train additional Sexual Assault Forensic Examiners to perform the specialized and critical work of collecting physical, DNA, and visual evidence after a sexual assault or violent crime has been committed.

RECOMMENDATION: FUND  DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 12/29/11 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: C11-1-003

CVA Purpose Area: 1,2,3

<b>1. TITLE OF PROJECT</b> Forensic Nurse Examiners of Louisiana, Inc. <u>Sexual Assault Program</u>		<b>2. PROJECT TYPE</b> <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-1-008	
<b>3. PROJECT DURATION</b> Total Length: <u>12</u> Months (Not to exceed 12 Months) Desired Start Date: 2/1/2012 Desired End Date: 1/31/2013		<b>4. PROJECT FUNDS</b> Federal Funds: <u>\$49,680.00</u> <u>42,640</u> Cash Match In-Kind Match: <u>\$12,420.00</u> <u>10,660</u> Total Project: <u>\$62,100.00</u>	
<b>5A. APPLICANT AGENCY INFORMATION</b> Agency Name: Forensic Nurse Examiners of Louisiana Physical Address: 2900 Hearne Avenue City: Shreveport Zip: 71103-3936 Mailing Address: PO Box 44466 City: Shreveport Zip: 71134-4466 Phone: (318) 226-6881 FAX: (318) 841-1332 Email: cardio439@gmail.com		<b>5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY</b> Authorized Official: Chris Philipbar Title: Executive Director Agency Name: Forensic Nurse Examiners of Louisiana Address: 2900 Hearne Ave City: Shreveport Zip: 71103-3936 Phone: (318) 294-6530 FAX: (318) 841-1332 Email: cardio439@gmail.com	

Fed Employer Tax Id: 35 - 2262163 DUNS: 790024397 - CCR CAGE/NCAGE: 4MFD6 CCR Expiration Date: 10/9/2012

<b>6. IMPLEMENTING AGENCY</b> Name: Chris Philipbar Title: Executive Director Agency: Forensic Nurse Examiners of LA Address: 2900 Hearne Avenue City: Shreveport Zip: 71103-3936 Phone: (318) 226-6881 FAX: (318) 841-1332 Email: cardio439@gmail.com	<b>7. PROJECT DIRECTOR</b> Name: Chris Philipbar Title: Executive Director Agency: Forensic Nurse Examiners of LA Address: 2900 Hearne Ave City: Shreveport Zip: 71103-3936 Phone: (318) 294-6530 FAX: (318) 841-1332 Email: cardio439@gmail.com	<b>8. FINANCIAL OFFICER</b> Name: Tabi Lacy Title: SANE Administrator Agency: Forensic Nurse Examiners of LA Address: 2900 Hearne Ave City: Shreveport Zip: 71103-3936 Phone: (318) 226-6881 FAX: (318) 841-1332 Email: tabi0526@gmail.com
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**9. BRIEF PROJECT DESCRIPTION:** (Please do not exceed space provided below.)  
Forensic Nurse Examiners of Louisiana, Inc. (FNE) is a group of medical professionals whose mission is to provide compassionate and competent forensic nursing care to victims of sexual assault, encompassing mind, body and spirit. FNE was formed in October 2005 as a non-profit entity to provide Sexual Assault Nurse/Forensic Examiners (SANE or SAFE), to the community. Additionally FNE trains Registered Nurses to become SAFE's so they may perform the specialized and critical work of collecting evidence from victims of rape. FNE is a community hospital-based program which requires our nurses to meet the victim of sexual assault in the Emergency Department in which the victim presents for care in all of the parishes we serve. FNE applies a "victim centered" approach to each examination performed. FNE serves the parishes of Bienville, Bossier, Caddo, Claiborne, Desoto, Natchitoches, Ouachita, Union, Lincoln and Webster. SAFE's work as part of a multidisciplinary team including local law enforcement, advocacy programs, the District Attorneys Office, the Crime Lab, and other healthcare services, working collaboratively to provide comprehensive medical/forensic care. The primary role of the SAFE in this collaboration is to collect physical evidence, DNA evidence and visual evidence (digital photography) enabling local law enforcement to successfully investigate and prosecute sexual assault crimes. SAFE's assist the victims of sexual assault and their families, giving them dignity and responding to their medical and emotional needs during a time of intense crisis.

**VOCA PURPOSE AREAS**

Please Check Type of Victimization Served (Check all that apply):

<input checked="" type="checkbox"/>	Sexual Assault
<input checked="" 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: Chris Philipbar Title: Executive Director  
Phone: (318) 294-6530 Fax: (318) 841-1332 E-Mail: cardio439@gmail.com

**PROJECT BUDGET SUMMARY**

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$0.00	\$0.00	\$0.00	\$0.00
SECTION 200. FRINGE BENEFITS	\$0.00	\$0.00	N/A	\$0.00
SECTION 300. TRAVEL	\$0.00	\$0.00	\$0.00	\$0.00
SECTION 400. EQUIPMENT	\$5,350.00	\$0.00	\$0.00	\$5,350.00
SECTION 500. SUPPLIES	\$1,300.00	\$0.00	\$0.00	\$1,300.00
SECTION 600. CONTRACTUAL	\$43,030.00	\$0.00	N/A	\$43,030.00
SECTION 700. RENOVATION COSTS	\$0.00	\$0.00	\$0.00	\$0.00
SECTION 800. OTHER DIRECT COSTS	\$0.00	\$0.00	\$12,420.00	\$12,420.00
<b>TOTAL:</b>	<b>\$49,680.00</b>	<b>\$0.00</b>	<b>\$12,420.00</b>	<b>\$62,100.00</b>

Provide Source of Cash Match:

Provide Source of In-Kind Match: Caddo Parish Coroner's Office





**SECTION 600. CONTRACTUAL**

Compensation for individual consultant services is to be reasonable and consistent with that paid for similar services in the marketplace. Travel, lodging, and meals, if applicable, should be figured in addition to compensation. All expenses must be included in the contract. Must use approved LCLE contract.

INDIVIDUAL CONSULTANT	TYPE OF SERVICE OR TASK	HOURS DEVOTED	RATE PER HOUR	TOTAL COST	PAID WITH	
					F	C
Name: Individual SAFE's NWLA Title: Agency:	On call pay for SAFE's at \$4.00/hr x 24hrs/day x 365 days/year	8,760.00	\$4.00	\$35,040.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Individual SAFE's NELA Title: Agency:	On call pay for SAFE's at \$.80/hr x 24hrs/day x 365 days/year	8,760.00	\$0.80	\$7,008.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name: Workman's Comp Title: Agency:	Workman's Comp insurance for individual SAFE's	2,455.00	\$0.40	\$982.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL OF CONTRACTUAL COSTS				\$43,030.00	F = Federal Funds C = Cash Match	

  

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH	
							F	C
NAME:						\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
NAME:		\$0.00				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
NAME:		\$0.00				\$0.00	<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	

*↑  
Beeper  
Agency -  
in Contract  
top pay  
enable*

**BRIEFLY EXPLAIN:**

- A) Purpose of each consultant or other contractual service requested:  
Each independent contractor provides forensic exams for sexual assault victims. This compensation provides on call pay to ensure 24/7 coverage for a 9 parish service area. Most nurses who provide on-call coverage receive some type of call pay compensation. The average for SAFE's across the country is \$2.50-\$8.00/hr. The compensation provided in this grant is commensurate to the call pay for nursing in our community.
- B) Why the service requested is necessary and cost effective:  
Call Pay is the standard of payment for Registered Nurses in and out of the hospital setting that are required to carry a beeper and provide nursing services after traditional hours or on a 24/7 basis. This is also the standard basis of payment for the majority of SANE programs across the nation. This is not a minimum wage type payment but only compensating for "on-call time".
- C) Method of procurement and basis for determining rate of pay:  
On-Call Pay for SANE's for this grant is calculated at (\$4.00/hr NWLA) and (\$.80/hr NELA) x 24 hrs/day x 365 days. After a SANE has completed all educational and clinical requirements, each SANE is individually evaluated on his/her clinical/social skills with a Sexual Assault patient before being offered an independent contractor agreement with FNE of LA, Inc.

SECTION 600. CONTRACTUAL SUMMARY	
FEDERAL FUNDS	\$43,030.00
CASH MATCH	
CONTRACTUAL TOTAL	\$43,030.00

**SECTION 800. OTHER DIRECT COSTS**

Itemize each type: e.g., audit, rent (show square footage and cost per square foot), phone charges, utilities, printing, duplicating, registration fees for conferences/workshops, etc. Prorate telephone and utility bills. Show method of determining cost. Please refer to application instructions for direction.

TYPE OF OTHER DIRECT COST	METHOD OF DETERMINING COST	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
Rent in Caddo Coroner's Office	185.5 sq ft x \$5.58/sq ft	12.00	\$1,035.00	\$12,420.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$12,420.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

**BRIEFLY EXPLAIN:**

- A) Need for each type listed; and  
Office space is necessary to perform business functions of the agency.
- B) Its relationship to project.  
These services enable the agency to fulfill its grant and administrative obligations.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	\$12,420.00
OTHER DIRECT COSTS TOTAL	\$12,420.00

## 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.

Sexual assault is epidemic in our society. The most recent statistics from the Rape, Abuse and Incest National Network (RAINN) states that, "1 in 6 women and 1 in 33 men will experience sexual assault in their lifetime. 44% are victims under age 18, 80% are under age 30. Every 2 minutes, someone in the US is sexually assaulted. 60% of sexual assaults are not reported to the police. 15 of 16 rapists will never spend a day in jail." (Retrieved October 23, 2011 from www.RAINN.org database, at <http://www.rainn.org/statistics>). In 2010 FNE collected evidence from 244 victims of sexual assault in Northwest Louisiana. This figure represents an average of 4.7 cases in our community per week.

Many victims of sexual assault and domestic violence do not report or seek medical attention due to fear, intimidation, and/or the misperception that they will be blamed for the crime. So when a victim seeks help, it is of the utmost importance that they are treated with compassion and understanding. Further, the first presentation of a victim to a medical facility is usually the only opportunity to collect quality forensic evidence to aid in the prosecution and conviction of the perpetrator. There is a finite amount of time to retrieve DNA evidence, Adolescent/Adult patients 120 hours and Pediatric patients 72 hours. FNE meets the need of both the victim and law enforcement at this critical point after a sexual assault or other violent crime has been committed.

During 2010, the Caddo Parish Sheriff's Office and Shreveport Police Department processed 2,216 calls for assistance related to sexual assault and domestic violence in which an incident report was filed, with 717 arrests, or 32% of such incidents, resulting in an arrest. Of those offenses, 330 were sexual assault and 1,886 were domestic violence crimes. A total of 808 sexual assault and domestic violence cases were referred to prosecution during 2010. A total of 1,090 sexual assault and domestic violence victims were referred to victim services by law enforcement during 2010. However, we believe that these statistics understate the number of crimes and victims, because the Rape Abuse and Incest National Network (RAINN) reports that 60% of sexual assaults go unreported. <http://www.rainn.org/statistics>.

By the very nature of the nurse-patient relationship, the victim often feels comfortable and safe disclosing personal and private information that they would not normally discuss with others. Therefore, it is of the utmost importance that the nurse be specially trained to collect forensic evidence. Whether it is physical, photographic or DNA evidence, law enforcement relies on this evidence to assure justice is served. National statistics show that when a community has a Sexual Assault Nurse Examiner program, there is better collection of evidence, higher prosecution rates, and therefore safer communities. (A. Giardino, M.D. Ph.D., E. Datner, M.D., J. Asher, M.D., Victimization Across the Life Span, p.483 (G.W. Medical Publishing, Inc., 2003). These funds are necessary to continue to provide services to victims and training for Sexual Assault Forensic Examiners (SAFE).

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

Because of the rigorous training requirements for new SAFE's, FNE works to enroll 15-20 new trainees each year, of whom eight will most likely complete the training and become certified as SAFE's, or about 40%. There is understandably a high burnout rate for SAFE's, about 30% a year (national average) who leave the program, there is a critical and ongoing need for specially trained, certified nurse specifically trained in forensic evidence collection from victims of sexual and other types of physical assaults--and FNE fills that need in this community.

Without the services provided by FNE, personnel not fully trained in proper evidence collection would perform the forensic examination and collect the forensic evidence. Most healthcare providers are not forensically trained and do not fully understand the need for quality forensic evidence or appreciate the gravity of poor-quality or improperly collected evidence. Not do most healthcare providers understand the psychological needs of the victims of sexual assault, not are they knowledgeable about how to coordinate with other victim's services. FNE addresses all for those needs for our community with no duplication of services.

FNE is a founding member of our Sexual Assault Response Team (SART) and hosts 12 meetings per year that are attended by members of the SART which include healthcare workers, local law enforcement, the North Louisiana Crime Lab, the DA's office and Coroner's office as well as Victim Advocates, Sexual Assault Forensic Examiner and Hospital Personnel. The SART had a total of 272 attendees throughout the year. Among other activities, the SART reviews cases and studies the proper protocol for handling sexual assault cases.

### 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: Train and properly equip five new Sexual Assault Nurse/Forensic Examiners for adult and pediatric cases.
- Goal 2: Respond competently and promptly when a SANE/SAFE's services are requested.
- Goal 3: Educate healthcare workers to care properly for victims of sexual assault and other violent crimes.
- Goal 4: Maximize effectiveness of the Sexual Assault Response Team.

### 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: Completely train and properly equip five new SANE/SAFE's for adult and pediatric cases
  - Objective 1: Conduct one Adult SAFE training and one Pediatric training SAFE Class in 2012.
  - Objective 2: Provide additional training to SANE/SAFE's already certified.
- Goal 2: Respond competently and promptly when a SAFE's services are requested.
  - Objective 1: Respond to the hospital where a victim has presented within one hour of receiving the call for services.
  - Objective 2: Make referrals and verbal medical care plans with ER physician for all patients/victims served.
- Goal 3: Educate healthcare workers to care properly for victims of sexual assault and other violent crimes.
  - Objective 1: Conduct inservices for all emergency departments swerved by Forensic Nurse Examiners of LA, Inc. to ensure that healthcare workers understand the protocol for caring for victims of sexual assault.
  - Objective 2: Conduct physician/resident training to help educate future physicians about the proper collection of forensic evidence.
- Goal 4: Maximize effectiveness of the Sexual Assault Response Team (SART).
  - Objective 1: Help establish new SART's in nearby parishes.
  - Objective 2: Send at least two SAFE's and 3 other members of the SART to the LAFASA Sexual Assault Conference held in Baton Rouge every December.

#### 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: SANE Training:** FNE trains nurses in the proper collection of forensic evidence and further trains them to assist in the emotional and medical needs of the victim. All training is based on nationally-recognized guidelines and standards as set forth by US Department of Justice and the International Association of Forensic Nurses. Our nurses testify in criminal court cases and have been certified as experts in their field. Our nurses are also trained to understand the psychological needs of the victims of sexual assault.

In the past 12 months, FNE successfully trained and equipped 5 new SAFE's and currently have 15 on the call schedule. Two additional SAFE's are in training and nearing the completion of their clinical component and will begin taking call in 2012.

**Goal 2: 100% SAFE response;** since its inception in 2005, FNE has responded to 100% of the calls it has received for the services of a SAFE, 244 calls for 2010. We anticipate in 2011 and 2012 that there will be over 250 calls in the 10 parish area we serve. Sexual Assault Nurse/Forensic Examiners work as part of a multidisciplinary team including local law enforcement, advocacy programs, the District Attorney's Office, the Crime Lab of North Louisiana, the Coroner's Office, emergency health care personnel and other healthcare services, working collaboratively to provide comprehensive medical/forensic care.

**Goal 3: Healthcare Provider Forensic Education:** FNE has conducted in-services to ER personnel to ensure that all staff know how to utilize the protocol for assisting victims of sexual assault. Additionally, in 2012, ER Staff at all hospitals in the 10 parish area will be updated on any changes to the protocol, as well as proper procedure to follow the preservation of evidence and care for the victim until a SAFE arrives. In 2012 FNE will conduct Resident/Physician training at LSU Health.

**Goal 4: SART:** FNE is a founding member of the Northwest Louisiana Sexual Assault Response Team (SART), and was instrumental in drafting its protocol to ensure a victim-centered approach to sexual assault crimes. Currently, the SART consists of representatives from FNE, the Caddo Parish District Attorney's Office, the Caddo Parish Sheriff's Office, the Caddo Parish Coroner, the Shreveport Police Department, the Victim Advocacy Center (Providence House), and the Crime Lab of North Louisiana as well as the same corresponding agencies in Bossier and Webster Parishes and a few other surrounding parishes. FNE will continue to conduct SART and community education from February 2012-January 2013. Additionally FNE will be responsible for ensuring SART meetings for Northwest Louisiana occur to discuss cross jurisdictional issues, protocols and peer review. Minutes for these meetings will be kept and on file.

#### E. DEMOGRAPHICS

1. This project serves the following Congressional District(s)

- 1  2  3  4  5  6  7  All (Statewide Project)

2. Type of Organizations:

Applicant Agency:  Law Enforcement  Prosecution  Court  Non-Profit Organization  Tribal Government

Check the one answer that best describes the organization receiving VOCA Formula Grant Program funds.

- |   |   |
|---|---|
| <input type="checkbox"/> Community-Based Organization                                       | <input type="checkbox"/> Prosecution  |
| <input type="checkbox"/> Court  | <input checked="" type="checkbox"/> Sexual Assault Program                      |
| <input type="checkbox"/> Domestic Violence Program  | <input type="checkbox"/> Sexual Assault State Coalition                         |
| <input type="checkbox"/> Domestic Violence State Coalition                                  | <input type="checkbox"/> Tribal Coalition                                       |
| <input type="checkbox"/> Dual Program (Sexual Assault and Domestic Violence)                | <input type="checkbox"/> Tribal Government                                      |
| <input type="checkbox"/> Dual State Coalition (Sexual Assault and Domestic Violence)        | <input type="checkbox"/> Tribal Sexual Assault and/or Domestic Violence Program |
| <input type="checkbox"/> Government Agency (Department of Human Services, Bureau of Health) | <input type="checkbox"/> Unit of Local Government                               |
| <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> University/School                                      |
| <input type="checkbox"/> Probation, Parole, or Other Correctional Agency                    | <input type="checkbox"/> Other (Specify):                                       |

Yes  No Is this a faith-based organization?

Yes  No Is this a culturally specific community-based organization?

#### F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

1. Name of the individual responsible for assisting victims in regard to accessing and using the LAVNS system:

NAME: Individual SAFE's PHONE: ( ) - EMAIL:

Yes  No 2. Does this individual also serve as agency's point of contact for LAVNS? If not, please provide name and contact information:

NAME: PHONE: ( ) - EMAIL:

Yes  No 3. Has this individual attended trainings provided by LCLE to learn how victims are served by LAVNS? If no, agency will request LAVNS training from LCLE within 30 days of award. NOTE: More information regarding the LAVNS program, including training information, can be found at: <http://lcle.la.gov/programs/lavns.asp>.

Yes  No 4. Does the agency have posters displayed for promoting LAVNS and brochures readily available to victims? If no, please go to the LCLE website to request free LAVNS materials at: [www.lcle.la.gov/lavns](http://www.lcle.la.gov/lavns).

#### G. CRIME VICTIMS REPARATIONS (CVR)

Yes  No 1. Is same individual responsible for assisting victims in regard to services available through the CVR program? If not, please provide name and contact information:

NAME: PHONE: ( ) - EMAIL:

Yes  No 2. Does the agency know who the Crime Victims Reparations (CVR) Claims Investigator is at the Parish Sheriff's Office?

Yes  No 3. Does the agency have posters displayed for promoting CVR and brochures readily available to victims? If no, please fax a written request (contact person, agency name, mailing address) for free CVR posters and brochures to 225-925-6159. NOTE: More information regarding the CVR program, including applications and other forms, can be found at: <http://lcle.la.gov/programs/cvr.asp>

#### H. PRIOR 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.)

44 individuals attended the classroom portion of the training during 2011 which included 3 Adult and 1 Pediatric training. Not all participants will provide services in our service area as there were participants from other programs throughout the state as well as from other states. FNE provided the only training for SAFE in the state of Louisiana in 2011. FNE also provided on-going training through peer review to 12 full certified practicing SAFE's. FNE responded promptly and competently to 244 calls during 2010 during the grant period. So far to date through October 2011 FNE has collected 249 cases.

FNE conducted community training and education programs for 623 individuals, which included emergency departments of the service area, advocacy groups from Providence House, Gingerbread House and Barksdale Air Force Base; law enforcement for CPSO, SPD and the DV Task Force, Shriners Hospital, Byrd and Woodlawn HS, BPCC, Blue Cliff College, LSUS and others. In addition, FNE coordinated monthly Sexual Assault Response Team (SART) meetings that were attended by the members of the SART which included healthcare workers, local law enforcement from Caddo, Bossier, Webster and surrounding parishes, The North Louisiana Crime Lab, The DA's office, Coroner's office and victim advocates. The SART had a total of 243 attendees throughout the year. Among other activities, the SART reviews cases and studies the proper protocol for handling sexual assault cases.

2. Did the project work as expected? Explain.

FNE defines the overall success of its program during the grant year on the basis of the compassionate and competent care given to victims and the superior quality of its forensic examinations, and we believe we were successful in meeting that goal during this grant year.

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

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

#### I. EVALUATION AND DISSEMINATION OF REPORTING

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

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

Each Sexual Assault Forensic Examiner completes a form related to each case they complete.

2. When will the data be collected?

Forms from each Sexual Assault Forensic Examiner are collected and compiled by the Executive Director and SAFE Clinical Coordinator.

3. Who will collect and analyze the data?

Chris Philipbar, Executive Director

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

Name: Chris Philipbar

Phone: (318) 294-6530

Email: cardio439@gmail.com

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

Forensic Nurse Examiners of Louisiana staff will meet with the Board of Directors upon evaluation to determine if goals were met and if the goals need to continue as stated or require revision.

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.

Reports will be disseminated to Louisiana Commission on Law Enforcement, United Way, Frost Foundation, Beard Foundation and FNE's Board of Directors as applicable.

**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.

Forensic Nurse Examiners of Louisiana, Inc. receives funding from the Caddo Parish Coroner's office, United Way, Beaird Foundation, Frost Foundation and an OVW SART grant. We continue to solicit funds from alternate sources as well as conduct fundraisers.

**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.

FNE is provided office space in the Caddo Parish Coroner's Office. This is provided in-kind along with office supplies, phone, fax and internet. Evidence collection occurs at local hospitals and there is no charge to our program or the victims to use these facilities for the collection of evidence.

**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?

At this time Forensic Nurse Examiners does not utilize volunteers in its program. If volunteers are ever used they will be subject to the same screening mechanisms as personnel.

**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.

SAFE's in collaboration with sexual assault advocates, discuss resources and make referrals for sexual assault victims. One resource that is discussed is the Louisiana Crime Victims Reparations Program to reimburse victims for expenses incurred related to the sexual assault crime. Additionally SAFE's have started carrying the CVR brochure to give to the victim in the emergency department at point of contact.

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.

Forensic Nurse Examiners of Louisiana works with the Northwest Louisiana Sexual Assault Response Team (SART) to provide a collaborative effort in sexual assault cases. This includes law enforcement, the judicial system, Crime Victims Reparation, sexual assault advocacy centers, the Crime Lab and local hospitals. Monthly meetings are held which include peer review to assist in this collaborative effort.

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.

Sexual Assault Forensic Examiners are responsible for collecting evidence while remaining non-biased and non-judgemental. There are two ways this can happen. First is when law enforcement is involved in the case and requests collection of evidence. There is no need to encourage reporting in this scenario as law enforcement is already involved. In cases where law enforcement is not involved age 17 or older victims can request collection of evidence through blind reporting. This gives victims who are undecided about reporting the opportunity to have evidence collected, which is extremely important due to the time sensitivity of the evidence, while considering their options on reporting. The victim has 30 days from the time of collection to report the sexual assault to the police. We believe this is extremely valuable in allowing the victim to recover from the initial trauma and make informed decisions about reporting to law enforcement. The blind report option encourages reporting in the victims emotional time frame.

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.

Background checks are performed on all Sexual Assault Nurse/Forensic Examiners.

**Kathy Guidry**

**From:** Kathy Guidry  
**Sent:** Thursday, December 29, 2011 4:20 PM  
**To:** 'Ken Walker'; 'Sybilann'; 'Jeremy Edwards'  
**Subject:** C11-1-003, Forensic Nurse Examiners of Louisiana, Sexual Assault Program

Ms. Chris Philipbar  
Forensic Nurse Examiners of Louisiana  
c/o Northwest LEPD, Inc.  
615 Main Street  
Pineville, LA 71360-6935

RE: C11-1-003 "Sexual Assault Program"

Dear Ms. Philipbar:

This office has received the above application. This application will be presented at the Victim Services Advisory Board and the Commission meetings, which are scheduled for February 29 and March 1, 2012, respectively. The information regarding the location of the meetings is yet to be determined. Since this application request is to continue this project and is over \$20,000, you will be required to attend both meetings.

Based on the preliminary review of the referenced application, the following issues must be addressed and resolved. Additional issues may arise between the agency review process and the Advisory Board/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. Pg. 1,
  - a. #1 Title of Project – The correct title for this project is "Sexual Assault Program".
  - b. #4 Project Funds – The correct Federal amount allocated to this project is \$42,640 with a minimum match of \$10,660 for a total project \$53,300. Please correct all budget sections.
  - c. #5A – The correct zip code +4 for the post office box is 71134-4466. Please correct your copy.
2. Pg. 2,
  - a. VOCA Purpose Areas – The Subgrant Award Report shows all Federal funds are dedicated for "sexual assault"; however, sexual assault, domestic violence and child abuse are marked on page 2 and in Section 11 of the Subgrant Award Report. These three areas must coincide (page 2 and Subgrant Award Report Sections 8 and 11).
  - b. Project Budget Summary – This needs to reflect the actual amounts provided in question 1b above.
3. Pg. 8, Section 400 Computer Questionnaire #4 – Please expand on how the Coroner's office will provide in-kind match on any additional costs.
4. Pg. 11, Section 600 Contractual – This office cannot accept the contract that was included with this application as it contains the incorrect subgrant number. Our contract has been revised. Please visit our website, [www.lcle.la.gov](http://www.lcle.la.gov) to download the new revision.
5. Pg. 13, Section 800 Other Direct Costs – This project was also awarded CVA funding at the state level (C10-8-010) with a project period January 1, 2012 to December 31, 2012, which is using the Caddo Coroner's Office donated space as in-kind match. This project has a project period for February 1, 2012 to January 31, 2013 and is also requesting to use the Caddo Coroner's Office donated space as in-kind match. Funds, regardless if it's federal, cash, or in-kind match, cannot overlap for the same item. A comparison of the donated space is:

Project	Space Donated	Rate	In-Kind Amount
C10-8-010	280 sq.ft	\$6 x 208 sq ft x 12 mos x 33%	\$6,653
C11-1-003	185.5 sq.ft	\$5.58 x 185.5 sq ft x 12 mos	\$12,420*

\*Required match for this project is \$10,660

Please provide the total square footage of the space donated to this project and the average rate for the area. The amount of in-kind match stated in C10-8-010 will remain the same since it has been awarded and accepted. However, the in-kind match for this project will need to be adjusted accordingly based on the information provided. Also, C10-8-010 also has as in-kind match the pro-rated share (25%) of the copier/Internet/fax and phone/answering service.

6. Pg. 15, C. Objectives – All objectives need to be measurable along with a baseline. The baseline can be what was conducted in the previous subgrant.
7. Pg. 16, D. Activities/Methods – Please list only the activities that will be conducted for each objective. Do not put results from the previous project as this is reported later in the application. Activities need a timeframe.
8. Pg. 20, I. Evaluation and Dissemination of Reporting #6 – Need to state that quarterly progress reports and expenditure reports will be submitted quarterly/monthly as applicable to LCLE.
9. Pg. 22, N. Required Components – A current Interagency Agreement and Cooperating Organization Approval is needed. The one provide is dated 2008.
10. Subgrant Award Report
  - a. #5 – The minimum required match is \$10,660.
  - b. #8 – The federal amount needs to be corrected to \$42,640. Also, all funds were entered under sexual assault. However, Section 11 indicates and page 2 indicates that funds will be used for domestic abuse, child abuse. These sections must coincide. Please correct.
  - c. #7 – Letter of waiver attached.

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 the District Office. 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 **Monday, January 16, 2012**. Please contact the District Office if you have any questions pertaining to this letter.

Sincerely,

*Katherine C. Guidry*  
Federal Programs Section Manager  
LA Commission on Law Enforcement  
602 N. 5th St., 1st Floor  
Mailing Address:  
PO Box 3133  
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