

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C10-8-010

APPLICANT: Forensic Nurse Examiners of Louisiana, Inc.

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

PROJECT FUNDS :

FUND: \$ 133,856 80.00%  
MATCH: \$ 33,464 20.00%  
TOTAL: \$ 167,320 100.00%

PROJECT DURATION: 12 months

START DATE: 01/01/2012

END DATE: 12/31/2012

Continuation of NEW

PROJECT SUMMARY:

The Sexual Assault Nurse Examiners (SANE) program proposes to: (1) provide Regional SANE Resource Personnel to be available at all times for SANEs within their region that could assist with technical questions or policy questions during evidence collection in real time; (2) establish a peer review process as a quality assurance measure; (3) establish a teaching database of photographic evidence that a SANE can use at a point of care that would help identify pathology that may not otherwise be recognized particularly by less experienced SANEs; and (4) to further enhance adequate distribution of resources, a statewide database of cases will be maintained for analysis of needs and deficiencies.

RECOMMENDATION: FUND X DENY    

SPECIAL CONDITIONS :

1. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.
2. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO ANY SUBSEQUENT LETTER RESULTING FROM STAFF REVIEW 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: C10-8-010 CVA Purpose Area: 1,2,3

1. TITLE OF PROJECT S.A.N.E Program		2. <input checked="" type="checkbox"/> NEW PROJECT <input type="checkbox"/> CONTINUATION PROJECT OF: C - -	
3. PROJECT DURATION Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 1/1/2012 Desired End Date: 12/31/2012		4. PROJECT FUNDS Federal Funds: \$133,856.00 Cash Match: \$21,121.00 In-Kind Match: 12,343 Total Project: \$167,320.00	
5A. APPLICANT AGENCY INFORMATION Agency Name: Forensic Nurse Examiners of Louisiana Physical Address: 2900 Hearne Ave City: Shreveport Zip: 71103-3936 Mailing Address: 2900 Hearne Ave City: Shreveport Zip: 71103-3936 Phone: (318) 226-6881 FAX: (318) 841-1332 Email: cphilipbar@caddocoroner.com		5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY 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) 226-6881 FAX: (318) 841-1332 Email: cphilipbar@caddocoroner.com	

Fed Employer Tax Id: 35 - 2262163 DUNS: 790024397 - CCR CAGE/NCAGE: 4MFD6 CCR Expiration Date: 11/10/2011

6. IMPLEMENTING AGENCY Name: Forensic Nurse Examiners of LA Title: S.A.N.E. Program Agency: Forensic Nurse Examiners of LA Address: 2900 Hearne Ave City: Shreveport Zip: 71103-3936 Phone: (318) 226-6881 FAX: (318) 841-1332 Email: cphilipbar@caddocoroner.com	7. PROJECT DIRECTOR Name: Chris Philipbar Title: Executive Director Agency: Forensic Nurse Examiners of LA Address: 2900 Hearne Ave City: Shreveport Zip: 71103-3936 Phone: (318) 226-6881 FAX: (318) 841-1332 Email: cphilipbar@caddocoroner.com	8. FINANCIAL OFFICER 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: tlacy@caddocoroner.com
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9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)

Sexual Assault Nurse Examiners (SANE) programs across the country struggle to consistently provide services. Louisiana is no exception. The majority of SANE programs within the state cease to exist due to inadequate infrastructure. These include inadequate financial support, inadequate training and a lack of critical mass of SANE to assure around the clock availability. These infrastructure deficiencies directly affect the consistency and quality of evidence collected. This grant proposes to develop a: 1. Regional SANE Resource Personnel, this resource person would be available at all times for SANE's within their region that could assist with technical questions or policy questions during evidence collection in real time. This would greatly reduce the isolation that many SANE's feel occurs particularly in parishes where a lower case load exists. 2. Establish a peer review process as a quality assurance measure. This peer review process would include case review by the regional resource personnel and at a statewide level to assure consistency in evidence collection across the state. This process is designed to expand the knowledge of the SANE and to help direct policies and procedures to assure adequate evidence collection. 3. Establish a teaching data base of photographic evidence that a SANE can use at a point of care that would help identify pathology that may not otherwise be recognized particularly by less experienced SANE's. 4. To further enhance adequate distribution of resources, a statewide database of cases will be maintained for analysis of needs and deficiencies.

LOUISIANA  
COMMISSION  
ON LAW  
ENFORCEMENT

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) 226-6881	Fax: (318) 841-1332	E-Mail: cphilipbar@caddocoroner.com

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$13,151.00	\$0.00	\$0.00	\$13,151.00
SECTION 200. FRINGE BENEFITS	\$0.00	\$0.00	N/A	\$0.00
SECTION 300. TRAVEL	\$2,000.00	\$0.00	\$0.00	\$2,000.00
SECTION 400. EQUIPMENT	\$5,391.00	\$0.00	\$0.00	\$5,391.00
SECTION 500. SUPPLIES	\$6,300.00	\$0.00	\$1,394.00	\$7,694.00
SECTION 600. CONTRACTUAL	\$105,014.00	\$0.00	N/A	\$105,014.00
SECTION 700. RENOVATION COSTS	\$0.00	\$0.00	\$0.00	\$0.00
SECTION 800. OTHER DIRECT COSTS	\$2,000.00	\$21,121.00	\$10,949.00	\$34,070.00
<b>TOTAL:</b>	<b>\$133,856.00</b>	<b>\$21,121.00</b>	<b>\$12,343.00</b>	<b>\$167,320.00</b>

Provide Source of Cash Match: Caddo Coroner's Office

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

**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
Executive Director	Chris Philipbar	FT	\$4,167.00	20.00%	12	\$10,000.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SANE Administrator	Tabi Lacy	FT	\$2,917.00	9.00%	12.00	\$3,150.36	<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"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$13,151.16		

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

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$13,151.00
CASH MATCH	\$0
IN-KIND MATCH	\$0
PERSONNEL TOTAL	\$13,151.00

**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.

Two administrative personnel are needed for this grant: Chris Philipbar will oversee hiring the independent contractors, overseeing the project itself. Additional duties will be added depending on independent contractor skill set and responsibility. Tabi Lacy will oversee all of the grant bookkeeping and accounts payable, in kind donations and tracking of grant activities.

There is no need for overtime for these two positions.

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

Salaries are based on similar positions within non-profit management roles compared by the Louisiana Association of Non-Profit Organizations and other state forensic nurse programs.

C) Project duties of each position requested:

See attached job descriptions.

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.]

These are existing positions and existing programs will not be continued allowing for development of new job duties. This grant will allow FNE to allow Tabi Lacy our SANE Administrator to go from part-time to full-time job duties.

**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			\$0.00	5.	.062			\$0.00
2.	.062			\$0.00	6.	.062			\$0.00
3.	.062			\$0.00	7.	.062			\$0.00
4.	.062			\$0.00	8.	.062			\$0.00
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1.	.0145			\$0.00	5.	.0145			\$0.00
2.	.0145			\$0.00	6.	.0145			\$0.00
3.	.0145			\$0.00	7.	.0145			\$0.00
4.	.0145			\$0.00	8.	.0145			\$0.00
HEALTHLIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTHLIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1.				\$0.00	5.				\$0.00
2.				\$0.00	6.				\$0.00
3.				\$0.00	7.				\$0.00
4.				\$0.00	8.				\$0.00
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1.				\$0.00	5.				\$0.00
2.				\$0.00	6.				\$0.00
3.				\$0.00	7.				\$0.00
4.				\$0.00	8.				\$0.00
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL
1.		CHECK		\$0.00	5.		CHECK		\$0.00
2.				\$0.00	6.				\$0.00
3.		<input type="checkbox"/> FLTA		\$0.00	7.		<input type="checkbox"/> FLTA		\$0.00
4.		<input type="checkbox"/> SUTA		\$0.00	8.		<input type="checkbox"/> SUTA		\$0.00
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				\$0.00	5.				\$0.00
2.				\$0.00	6.				\$0.00
3.				\$0.00	7.				\$0.00
4.				\$0.00	8.				\$0.00
OTHER	RATE		SALARY	TOTAL	OTHER	RATE		SALARY	TOTAL
1.				\$0.00	5.				\$0.00
2.				\$0.00	6.				\$0.00
3.				\$0.00	7.				\$0.00
4.				\$0.00	8.				\$0.00
FRINGE BENEFITS TOTAL (A):				\$0.00	FRINGE BENEFITS TOTAL (B):				\$0.00

PLEASE NOTE: IF MORE THAN EIGHT EMPLOYEES CHARGED TO THIS PROJECT, PLEASE COMPLETE AN ADDENDUM PAGE.

**Fringe Benefits Total (A+B): \$0.00**

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$0.00
CASH MATCH	N/A
TOTAL FRINGE BENEFITS	\$0.00

**SECTION 300. TRAVEL**

Itemize travel expenses of project personnel. Mileage is allowable 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: 8 Contractors to be determined						
TITLE:	\$0.51	3,921.00	\$1,999.71	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE:						
NAME:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE:						
PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:						
TITLE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE:						
SUBTOTAL FOR LOCAL TRAVEL:			\$1,999.71			

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE:						
NAME:						
TITLE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE:						
NAME:						
TITLE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE:						

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	\$2,000.00
CASH MATCH	\$0.00
IN-KIND MATCH	\$0.00
TRAVEL TOTAL	\$2,000.00







## 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 Nurse Examiners (SANE) are highly trained expert collectors of evidence from victims of sexual and domestic violence. Because of lack of local and state funds most parishes and regions do not have SANE coverage. Therefore, evidence collection falls to local healthcare providers that have no forensic evidence collection training. This has resulted in inconsistent and improper collection directly affecting law enforcement investigation and prosecutorial success. Although SANE programs have been started, there have been significant gaps in coverage across the state. Additionally, lack of retention of SANE's and lack of local resources to back up a practicing SANE has led to a majority of SANE programs being shut down and significant SANE turn over.

In 2010 the SANE programs that are in existence were polled and reported collecting evidence from approximately 1000 victims. With the ongoing problems related to inadequate resources and lack of regional coordination, the numbers of programs presently in existence will fail. According to the United States Department of Justice, evidence collected by a SANE as opposed to other healthcare providers has demonstrated better victim satisfaction, better chain of custody and higher prosecution rates. Furthermore, because Louisiana has such gaps in SANE coverage many victims are not getting quality evidence collection. If many more SANE programs fail, the cost to the victim, healthcare and law enforcement will be dramatically increased.

It is the hope of this grant to provide identified problems with developing and maintaining successful SANE programs. It is further the goal of this grant to have all victims in the state of Louisiana have evidence collected by a SANE. Only one third of all sexual assaults are reported to law enforcement. Studies by the Department of Justice and The President's DNA Initiative have shown that regions with a SANE and Sexual Assault Response Team (SART) have significantly higher reporting rates.

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 local and parish funding SANE programs have been traditionally administered through hospitals and not as a part of law enforcement. Due to cost containment measures the hospital-based programs have been severely diminished. This is particularly true in less populated areas with less healthcare facilities. As of 2011 only one-third of all parishes in Louisiana have SANE coverage. This results in a large number of victims not receiving state of the art evidence collection. This translates into overall less victim reporting, lower prosecution rates, lack of victim referral to counseling and public health and generates greater cost to the community at large. According to experts victims of sexual assault that do not receive holistic medical and mental health care are more likely to experience alcohol and drug dependence eight times more often and physician visits increase 2.5 times.

### 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.

1. Hire 7 Regional SANE Coordinators that will provide direct resource to SANE's within their region. The goal of these coordinators is to improve SANE care while also recruiting and retaining SANE's within their region.

2. Assist in developing a photo/case library that will provide an online resource for SANE's while actively collecting data.

### 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 One:

Objective 1: Success in hiring 7 coordinators within the first quarter of 2012

Objective 2: Will have 4 SANE Coordinator meetings to assure consistency among the regions

Goal Two:

Objective 1: Successful development of the photo/case library database by 2<sup>nd</sup> qtr 2012

Objective 2: Each region must contribute cases into the database quarterly by 3<sup>rd</sup> qtr 2012

#### 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.

The hiring of the 7 Regional Coordinators will be complete by 1<sup>st</sup> Quarter 2012. The four Coordinator meetings will occur once every quarter in 2012.

The photo/library/database will begin development in the 1<sup>st</sup> Quarter of 2012 and operational by the 3<sup>rd</sup> Quarter of 2012.

#### 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: N/A 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: Statewide Program 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.)

None this is a new grant.

2. Did the project work as expected? Explain.

N/A

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?

N/A

**I. EVALUATION AND DISSEMINATION OF RESULTS**

**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?

Evaluation Tool is enclosed .

2. When will the data be collected?

At every forensic exam

3. Who will collect and analyze the data?

Forensic Exam

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

Name: Chris Philipbar

Phone: ( ) -

Email:

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

Chris Philipbar as part of the administrative duties

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.

LE in each community where there is a SANE

In community SART meetings across the state

Any others that LCLE deems necessary

Board of Directors of Forensic Nurse Examiners of Louisiana, Inc

**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.

**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.

Coroner office space  
Some hospital setting  
some nonprofits  
only claiming in kind for caddo coroners office

**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?

Due to the sensitive nature of our work we do not utilize volunteers

**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.

All SANE programs and regional coordinators within this project will be knowledgeable about the Crime Victims Reparations Program and encourage all victims at point of contact to utilize this resource.

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.

MOU's and or SART protocols will be encouraged in all regions included in this grant.

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.

SANE's are unbiased collectors of evidence and while SANE encourage victim reporting it is out of the scope of a SANE to actively do so. However, the presence of SANE's in a region in and of itself has been shown to increase reporting nationally and in regions in Louisiana with strong SANE presence.

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.

We will comply with LRS 15:587.1