

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C11-8-011

APPLICANT: Forensic Nurse Examiners of Louisiana, Inc.

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

PROJECT FUNDS :

FUND: \$ 135,000 80.00%

PROJECT DURATION: 12 months

MATCH: \$ 33,750 20.00%

START DATE: 01/01/2013

TOTAL: \$ 168,750 100.00%

END DATE: 12/31/2013

Continuation of C10-8-010

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 DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 07/25/2012 IS REVIEWED AND APPROVED BY LCLE STAFF.



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

**CRIME VICTIM ASSISTANCE
FORMULA GRANT PROGRAM**

CFDA #16.575

FOR LCLE USE ONLY:

Project ID: C11-8-011

CVA Purpose Area: 1,243

1. TITLE OF PROJECT

S.A.N.E. Program

2. NEW PROJECT

CONTINUATION PROJECT OF: **C10-8-010**

3. PROJECT DURATION

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

Desired Start Date: 1/1/2013

Desired End Date: 12/31/2013

4. PROJECT FUNDS

Federal Funds:

\$151,891 - 135,000

Cash Match

\$20,776

In-Kind Match:

\$12,343

Total Project:

\$185,010

Needs to be \$33,100

5A. APPLICANT AGENCY INFORMATION

Agency Name: Forensic Nurse Examiners of Louisiana

Physical Address: 2900 Hearne Avenue

City: Shreveport

Zip: 71103-3934

Mailing Address: 2900 Hearne Avenue

City: Shreveport

Zip: 71103-3934

Phone: (318) 226-6881

FAX: (318) 841-1332

Email: ojones@caddocoroner.com

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Olivia Jones

Title: Executive Director

Agency Name: Forensic Nurse Examiners of Louisiana

Address: 2900 Hearne Ave

City: Shreveport

Zip: 71103-3934

Phone: (318) 226-6881

FAX: (318) 841-1332

Email: ojones@caddocoroner.com

Fed Employer Tax Id: 35 - 2262163

DUNS: 79002 - 4397

CCR CAGE/NCAGE: 4MFD6

CCR Expiration Date: 10/9/2012

6. IMPLEMENTING AGENCY

Name: Forensic Nurse Examiners of LA

Title: S.A.N.E. Program

Agency: Forensic Nurse Examiners

Address: 2900 Hearne Ave

City: Shreveport

Zip: 71103-3934

Phone: (318) 226-6881

FAX: (318) 841-1332

Email: ojones@caddocoroner.com

7. PROJECT DIRECTOR

Name: Olivia Jones

Title: Executive Director

Agency: Forensic Nurse Examiners

Address: 2900 Hearne Ave

City: Shreveport

Zip: 71103-3934

Phone: (318) 226-6881

FAX: (318) 841-1332

Email: ojones@caddocoroner.com

8. FINANCIAL OFFICER

Name: ~~Fabi-Lacy~~ Kellie Ramos

Title: SANE Administrator

Agency: Forensic Nurse Examiners

Address: 2900 Hearne Ave

City: Shreveport

Zip: 71103-3934

Phone: (318) 226-6881

FAX: (318) 841-1332

Email: tlacy@caddocoroner.com

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 the 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: 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's and to help direct policies and procedures to assure adequate evidence collection. 3. Continue a teaching database of photographic evidence for SANE use to help identify pathology that may not otherwise be recognized particularly by less experienced SANE's.

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 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: Olivia Jones

Title: Executive Director

Phone: (318) 226-6881

Fax: (318) 841-1332

E-Mail: ojones@caddocoroner.com

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$13,682	\$20,776	\$0	\$34,458
SECTION 200. FRINGE BENEFITS	\$0	\$0	N/A	\$0
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$12,900	\$0	\$0	\$12,900
SECTION 500. SUPPLIES	\$3,294	\$0	\$1,394	\$4,688
SECTION 600. CONTRACTUAL	\$122,015	\$0	N/A	\$122,015
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$0	\$0	\$10,949	\$10,949
TOTAL:	\$151,891	\$20,776	\$12,343	\$185,010

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	Olivia Jones	FT	\$4,167.00	80.00%	12.00	\$40,003.20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SANE Administrator	Tabi Lacy	FT	\$2,917.00	25.00%	12.00	\$8,751.00	<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:						\$48,754.20	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
Statistical Administrator	To Be Named	PT	\$15.00	10.00	27.00%	52.00	\$2,106.00	<input checked="" 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:							\$2,106.00	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	\$13,682
CASH MATCH	\$20,776
IN-KIND MATCH	
PERSONNEL TOTAL	\$34,458

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. Olivia Jones 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 (salary range \$35K - \$43K

We also have identified a need for additional administrative support in compiling and analyzing statistical data from regions throughout the state. While the all regional coordinators are required to submit Quarterly Progress Reports to our Project Director, Olivia Jones, the task of assimilating all this data is labor-intensive. As Olivia is serving as both Executive Director and Region 1 Coordinator until a replacement is found, we believe that a part time person is justified in order to free her time to properly administer this grant and coordinate all eight regions.

There is no need for overtime for these positions.

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

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

The two full-time positions are existing. The position of Executive Director has been backfilled. Olivia Jones was serving as an independent contractor, Region 1 Coordinator. She will now be serving in both capacities until a new regional coordinator can be identified and hired to fill the vacancy.

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

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

Check: All Fringe Benefits Will Be Paid by Applicant Agency

Additional Fringe Benefits Will Be Paid by Applicant Agency

EMPLOYEES' NAMES:					EMPLOYEES' NAMES: (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1.	.062			\$0	5.	.062			\$0
2.	.062			\$0	6.	.062			\$0
3.	.062			\$0	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1.	.0145			\$0	5.	.0145			\$0
2.	.0145			\$0	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL
1.		CHECK TYPE:		\$0	5.		CHECK TYPE:		\$0
2.				\$0	6.				\$0
3.		<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0
4.		<input type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> SUTA		\$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
FRINGE BENEFITS TOTAL (A):				\$0	FRINGE BENEFITS TOTAL (B):				\$0

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

Fringe Benefits Total (A+B): \$0

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

SECTION 400. COMPUTER QUESTIONNAIRE

If a computer and/or computer software is requested, the following must be completed. Please do not exceed spaces provided.

1. How will the purchase of computer equipment and/or software enhance the program to be funded?

Part of this grant will be the development of a case log database for quality assurance and as a SANE teaching resource. The database will also allow for statistical analysis of data related to sexual assaults. Presently, Louisiana does not have a mechanism to obtain or distribute this data on a state or regional level. This database was developed from the ground up last year and will require training of the regional SANE directors on how to best utilize the database.

2. How will the computer(s) be integrated into and/or enhance your current system?

This will be a web-based program. The web-site will be behind a firewall, password protected, and encrypted. No identifying patient data will be available to anyone without the proper HIPAA release.

3. What is the cost of each of the following:

A. Installation?

Continued development of the database \$3,500

B. Staff training to use the computer equipment?

C. The on-going operational costs, such as maintenance agreements, supplies, etc.?

4. How will additional costs be supported?

The Regional Coordinators will be organizing efforts to raise funds to support the database in their respective regions.

SECTION 500. SUPPLIES (Continued)

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

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

BRIEFLY EXPLAIN:

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

These supplies chosen for direct patient care are evidence-based and utilized by local and national crime labs and other forensic nurses to enhance law enforcement in their investigation of these cases as well as endure prosecutorial success.

SECTION 500. SUPPLIES SUMMARY	
FEDERAL FUNDS	\$6,300
CASH MATCH	
IN-KIND MATCH	\$1,394
SUPPLIES TOTAL	\$7,694

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: Regional SANE Coordinator Title: Regional SANE Coordinator Agency: To be determined	8 Regional Coordinators Statewide Each Contractor will be paid \$15,000/yr and be expected to commit 10 hrs/wk	4,160.00	\$28.85	\$120,016.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF CONTRACTUAL COSTS				\$120,016.00	F = Federal Funds C = Cash Match	

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
NAME: Regional Coordinator	\$0.51	3,921.00	\$1,999.71							\$1,999.71	<input checked="" 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:										\$1,999.71	F = Federal Funds C = Cash Match	

BRIEFLY EXPLAIN:

A) Purpose of each consultant or other contractual service requested:

The Regional SANE Resource Coordinators will be responsible for providing real-time direct expert resource for a SANE at the time of evidence collection. This will include advice and instruction on policies and procedures that has been agreed to by the regional SART (Sexual Assault Response Team). Also, this coordinator will assist in quality assurance, ongoing training and mentorship as well as continue to provide direct care service themselves.

B) Why the service requested is necessary and cost effective:

At present, there is no statewide system to coordinate evidence collection and assure adherence to policies and procedures agreed to by the state and regional SART's. The direct service coordinator will help the quality of evidence collection and improve SANE retention. The cost to train one SANE is \$10,000, however, due to disparate resources there is significant lack of retention.

C) Method of procurement and basis for determining rate of pay:

Statewide search for identifying existing programs and gaps in services for existing SANE programs. There will not be competitive process of procurement due to the fact that there are so few existing qualified SANE's possessing the organizational expertise, management, knowledge base of SANE, responsiveness and coordination skills. The pay scale is based on local and regional comparable salaries

SECTION 600. CONTRACTUAL SUMMARY	
FEDERAL FUNDS	\$122,015.71
CASH MATCH	
CONTRACTUAL TOTAL	\$122,015

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	280sq ft x \$6 x 12+\$20, 160X 33%	1.00	\$6,653.00	\$6,653.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Copier/Internet/Fax	\$680/month x .25 + \$170	12.00	\$170.00	\$2,040.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone/Answering Service	\$750/month x .25 + \$188	12.00	\$188.00	\$2,256.00	<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"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$10,949.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:
 A) Need for each type listed; and
 The Caddo Parish Coroner's Office donates 3 offices to FNE in-kind. Office #2 will be dedicated as in-kind to carry out duties of this grant.
 Copier/Internet/Fax \$680/month x .25 = \$170 is prorated by the coroner's office in-kind to Forensic Nurse Examiners for daily working activities as well as on call answering service 24/7 for forensic evidence collection notification.
 Phone/Answering Service \$750/month x .25 = \$188 is prorated by the coroner's office in-kind to Forensic Nurse Examiners for daily working activities as well as on call answering service 24/7 for forensic evidence collection notification.

B) Its relationship to project.
 The office space (rent) will allow the duties of this grant to flow and have computer access for peer review and other related activities such as copying, internet access and phone/answering service and fax.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	\$10,949
OTHER DIRECT COSTS TOTAL	\$10,949

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 turnover.

In 2011 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 number of programs currently 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 victims, 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 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 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 the 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 fewer health care facilities. As of 2011, only one third of 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 than non-victims. Additionally, physician and outpatient visits increase 2.5 times due to increased psychological and physical complaints related to sexual assault.

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.

1. Hire 8 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 and maintaining 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 8 coordinators within the first quarter of 2013

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

Goal Two:

Objective 1: Successful utilization of the photo/case library by 2nd qtr 2013

Objective 2: Each region must contribute cases into the database quarterly

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 eight regional coordinators will be completed by the 1st quarter 2013. The four coordinator meetings will occur once every quarter in 2013.

The photo/library/database will be utilized by all regional coordinators in the 1st qtr of 2013.

The regional SANE coordinator will work collaboratively with the Executive Director of FNE and the SAFE nurses in their region. This includes coordinating the clinical portions of the SANE-A and SANE-P training. Additionally, the coordinator will provide peer review and attend multi-disciplinary committee meetings in their region and with each other quarterly for 2013.

Minimum Qualifications:

* A minimum of an A.D. in nursing as an RN at an accredited college is required. A baccalaureate degree in nursing is preferred. Applicants shall have a minimum of two years experience as a registered nurse. Additionally, applicants must have completed an approved SANE-adult/adolescent training course with 40 hours of didactic instruction and completion of clinical training.

Job Responsibilities:

- Case review (perk paperwork)
- Download cases
- Peer review each case/forensic photos
- Keep up with SAFE paperwork
- Keep up with forensic supplies
- Return DA phone calls
- Copy and send cases to the D.A. office per request
- SAFE Continuing education
- Weekday office phone calls
- Take SAFE troubleshooting calls
- Assisting with state PERK paperwork
- Assisting with statewide Peer Review and Database
- Tracking new SAFE clinicals

The Regional SANE Coordinator will have systems in place to perform their job responsibilities by the end of the 2nd quarter 2012.

D-2. TRAINING PROJECTS

Complete this page in lieu of Section D – Activities/Methods. This page is to be completed only if this application is for the training of individuals involved in the criminal justice system. DO NOT use this for in-house training.

1. Training Curriculum (topics to be included):

2. Type of personnel to be trained:

3. Number of personnel to be trained:

4. Geographical locations of trainees (who will be invited):

5. Dates and hours of training:

6. Location of training:

7. Explanation supporting the effectiveness of the training program including how the program will meet the identified need.

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.)

These were the objectives from the previous application:

Goal One:

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

Objective 2: Will have 4 SANE Coordinator meetings to assure consistency among the regions (Have already had 3 regional coordinator meetings for 2012).

Goal Two:

Objective 1: Successful development of the photo/case library database by 2nd qtr 2012 (In progress, bids have been obtained and beta testing with regional coordinators is presently taking place).

Objective 2: Each region must contribute cases into the database quarterly by 3rd qtr 2012 (Data has been compiled from the quarterly reports and as soon as the database is purchased input of data as well as de-identified forensic photo's will be entered into the new database).

2. Did the project work as expected? Explain.

This project is still in progress however, we are on track with our above goals.

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?

Yes, at the onset of this grant we did not have a regional coordinator for LCLE district 7 and would like to add this region this year. Additionally, the database will be up and running and entering and evaluating the data is will help take this grant to the next level for SANE quality assurance and peer review. All of this ultimately will provide the best possible care to victims of sexual assault in more parishes of Louisiana.

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?

Evaluation tool is enclosed.

2. When will the data be collected?

At every forensic exam

3. Who will collect and analyze the data?

Forensic examiners (regional coordinators) will collect the data who in turn will peer review the cases and the data for quality assurance. Additionally, statewide peer review will take place at least twice/year.

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

Name: Olivia Jones

Phone: (318) 226-6881

Email: ojones@caddocoroner.com

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

Olivia Jones as a part of 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.

Alternative sources such as non-federal funds, federal grant funding (other than CVA), private/public funding, donations, and other sources of funding for this project.

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
Hospital settings
Other nonprofits
only claiming in-kind for Caddo Coroner's 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 Victim Reparations Program and encourage all victims at a 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 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

Rutha Chatwood

From: Rutha Chatwood
Sent: Wednesday, August 01, 2012 11:58 AM
To: Olivia Jones (ojones@caddocoroner.com)
Cc: Kathy Guidry
Subject: C11-8-011; Forensic Nurse Examiners of Louisiana; "SANE Program"

Ms. Olivia Jones
Forensic Nurse Examiners
2900 Hearne Avenue
Shreveport, LA 71103-3936

RE: C11-8-011; Forensic Nurse Examiners of Louisiana; "SANE Program"

Dear Ms. Jones:

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

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

1. Page 1, Number 4, Project Funds –
 - a. Your Federal funds shown in the amount of \$151,891 are incorrect. The correct figure should be \$135,000. Please correct and adjust the budget accordingly.
 - b. Your total match in the amount of \$33,119 (\$20,776 Cash + \$12,343 In-Kind) is incorrect. The correct figure should total \$33,750. Please correct and adjust the budget accordingly.
 - c. The total for this project should be \$168,750 (federal funds plus matching funds).
2. Page 1, Numbers 5A, 5B, 6, 7, and 8 – The Zip Code should be a nine-digit code. Please correct.
3. Page 1, Number 8, Financial Officer – Tabitha Lacy is no longer with the agency. Please update this section with the name of the Financial Officer, his/her address, nine-digit Zip Code, telephone number, fax number, and email address.
4. Page 2, Project Budget Summary – Please correct all budgeted sections and summaries on the following pages so the correct figures will be reflected in the Project Budget Summary table on Page 2. The Sections' totals and each column totals must equal to \$135,000 federal funds plus \$33,750 match grand totaling \$168,750.
 - a. Pages 3 and 4 (Section 100. Personnel)
 - b. Page 5 (Section 200. Fringe Benefits)
 - c. Pages 7 and 8 (Section 400. Equipment)
 - d. Pages 9 and 10 (Section 500. Supplies)
 - e. Page 11 (Section 600. Contractual)
 - f. Page 13 (Section 800. Other Direct Costs)
5. Pages 3 and 4, Section 100. Personnel –

- a. The two full-time positions totaling \$48,754.20 and a part-time position totaling \$2,106 totals \$50,860.20. In the Personnel Summary table in the bottom right-hand corner of this page, the total for this category is \$34,458.00. **Please do not change these figures** – it is important that we know the employees’ actual salaries depicted in this section. What we need is that you provide to LCLE is an explanation for the difference in the actual salaries in the table versus the total salaries reported in the Personnel Summary box at the bottom right-hand corner of Page 3. On Page 4, provide an explanation of this difference in your answer to Section B, “*The basis for determining the salary of each position*”.
 - b. According to VOCA guidelines, salaries, fees, and reimbursable expenses associated with administrators, board members, executive directors, consultants, coordinators, and other individuals are not supported by VOCA funds unless these expenses are incurred while providing direct services to crime victims. Please provide documentation outlining your job duties as the Executive Director for this project so that the 80% of your salary charged to this project can be considered for approval.
 - c. Please change the SANE Administrator’s name from Tabitha Lacy to Kellie Ann Ramos in the full-time table.
 - d. In Section C on Page 4, please remove the statement, “*See attached job descriptions.*” Please provide a brief synopsis and project duties of each position requested on Page 3. (Additional information provided concerning job descriptions is provided in #6 below.)
 - e. The information provided for Question D on Page 4 provided no information regarding the SANE Administrator and the Statistical Administrator positions.
6. Job Descriptions –
- a. A Job Description for the position of “*Director of Fundraising and Administration*” was submitted with this application without a resume. This position is not budgeted in Section 100 Personnel, nor is it an allowable position because any activities related to fundraising is not an allowable VOCA activity. Please remove from the application.
 - b. A Job Description for the position of “*Project Director*” was submitted without a resume and the position is not budgeted in Section 100, Personnel. Please explain.
 - c. Please submit Job Descriptions for the positions listed as Executive Director, SANE Administrator, and Statistical Administrator to LCLE.
 - d. Please submit resumes for all budgeted positions – Olivia Jones, Kellie Ramos, and the Statistical Administrator once this position has been filled.
7. Page 7, Section 400. Equipment –
- a. Four (4) digital cameras, batteries, and cases (\$500 each) were requested in the previous subgrant (C10-8-010) for the purpose of forensic photography. Ten (10) digital cameras and batteries are being requested in this application to be used for forensic photography. Please explain why fourteen (14) digital cameras are needed for this project.
 - b. Relative to 7.a. above, in Section C at the bottom of Page 7 of the application, you stated that “*there are several programs in the state without a good digital camera to take forensic photographs during the collection of evidence. These programs will be identified and receive a camera for direct patient services.*” This is **unallowable**. VOCA funds cannot be used to purchase equipment to be used by other agencies or persons, even if used for victim-related services. The Forensic Nurse Examiners of Louisiana, Inc. will be solely responsible for the use of, management of, and disposition requirements for any and all equipment purchased with VOCA funds. Please make the necessary correction.
 - c. Please explain the need for the twenty (20) “*Alternate Light Source*”, the procurement method to purchase the light sources, the relationship to this project and explain who will be using the “*Alternate Light Sources*” at the bottom of Page 7 in Sections A, B, C.
 - d. Please explain the need for the twenty (20) “*Speculum Illuminators*”, the procurement method to purchase these illuminators, the relationship to this project and explain who will be using the “*Speculum Illuminators*” at the bottom of Page 7 in Sections A, B, C.

- e. In regard to the “*Database Hosting/Maintenance one year*” budgeted in the amount of \$3,500 on Page 7, please know that approval of this cost hinges on the approval of the purchase of the database requested in your prior project, Subgrant Number C10-8-010. The maintenance “agreement” must also be prorated for the project period of this application – January 1, 2013, through December 31, 2013 – if approved.
7. Page 30, Certification of Match – This form was not submitted. Please complete the form and submit to LCLE.
8. Please submit examples of evaluation forms used by the Forensic Nurse Examiners to LCLE.
9. Need to submit three (3) letters of support for the Forensic Nurse Examiners of Louisiana’s current project, Subgrant Number C11-8-011.

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

All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. This information is due to LCLE **by Friday, August 17, 2012**. Please contact me at (225) 342-1625 or rutha.chatwood@lcle.la.gov if you have any questions.

Sincerely,

Rutha Chatwood

Victim Services Program Manager
LA Commission on Law Enforcement

Mailing Address:

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

Physical Address:

602 North Fifth Street
Baton Rouge, LA 70802

Phone: 1-225-342-1625

Fax: 1-225-342-1846

Email: rutha.chatwood@lcle.la.gov

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