

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C12-5-013

APPLICANT: Gabriel House

PROJECT TITLE: Child Abuse Counseling Program

PROJECT FUNDS :

FUND: \$ 12,915 80.00%

MATCH: \$ 3,229 20.00%

TOTAL: \$ 16,144 100.00%

PROJECT DURATION: 12 months

START DATE: 09/01/2012

END DATE: 08/31/2013

Continuation of C98-5-005

PROJECT SUMMARY:

Gabriel House is a non-profit organization providing counseling, educational and support services for abused and neglected children. Our staff provides individual and group counseling based on the individual programming needs of each victims in the program. We assess each participant in the program to see what their individual needs are and what the best and appropriate services we can provide to restore each child back to a normal life. According to the news media and community meetings, we find that child abuse and neglect is on the increase. Recently, we have seen an increase in the number of incidents involving our children. We collaborate with Child Protection Services, local non-profit agencies, churches, and parents to provide our children with the best quality services they need as victims of abuse and neglect.

RECOMMENDATION: FUND DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.



LOUISIANA COMMISSION
ON LAW ENFORCEMENT
AND THE ADMINISTRATION
OF CRIMINAL JUSTICE

CRIME VICTIM ASSISTANCE
FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY:

Project ID: C12-5-013

CVA Purpose Area: 2, 3

1. TITLE OF PROJECT

Child Abuse Counseling Program

2. NEW PROJECT

CONTINUATION PROJECT OF: C11-5-013

3. PROJECT DURATION

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

Desired Start Date: 9/1/2012

Desired End Date: 8/31/2013

4. PROJECT FUNDS

Federal Funds: \$12,915

Cash Match

In-Kind Match: \$3,229

Total Project: **\$16,144**

5A. APPLICANT AGENCY INFORMATION

Agency Name: Gabriel House

Physical Address: 6141 St. Gabriel Ct.

City: Baton Rouge, LA

Zip: 70811-

Mailing Address: 6141 St. Gabriel Ct.

City: Baton Rouge, LA

Zip: 70811-

Phone: (225) 357-1650

FAX: (225) 358-8625

Email: gabriel777@cox.net

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Martha Newborn-Johnson

Title: Project Director

Agency Name: Gabriel House

Address: 6141 St. Gabriel Ct.

City: Baton Rouge, LA

Zip: 70811-

Phone: (225) 357-1650

FAX: (225) 358-8625

Email: gabriel777@cox.net

Fed Employer Tax Id: 72 - 1404305

DUNS: 05867 - 1038

CCR CAGE/NCAGE: 5F4P7

CCR Expiration Date: 2/28/2013

6. IMPLEMENTING AGENCY

Name: Martha Newborn-Johnson

Title: Project Director

Agency: Gabriel House

Address: 6141 St. Gabriel Ct.

City: Baton Rouge, LA Zip: 70811-

Phone: (225) 357-1650 FAX: (225) 358-8625

Email: gabriel777@cox.net

7. PROJECT DIRECTOR

Name: Martha Newborn-Johnson

Title: Project Director

Agency: Gabriel House

Address: 6141 St. Gabriel Ct.

City: Baton Rouge, LA Zip: 70811-

Phone: (225) 357-1650 FAX: (225) 358-8625

Email: gabriel777@cox.net

8. FINANCIAL OFFICER

Name: Audrey Quincy

Title: Financial Officer

Agency: Gabriel House

Address: 6141 St. Gabriel Ct.

City: Baton Rouge, LA Zip: 70811-

Phone: (225) 357-1650 FAX: (225) 358-8625

Email: gabriel777@cox.net

9. BRIEF PROJECT DESCRIPTION: (*Please do not exceed space provided below.*)

Gabriel House is a non-profit organization providing counseling, educational and support services for abused and neglected children. Our staff provides individual and group counseling based on the individual programming needs of each victim in the program. We assess each participant in the program to determine what their needs are and the best and appropriate services we can provide to restore each child back to a normal life. According to the news media and community meetings, we find that child abuse and neglect is on the increase. Recently, we have seen an increase in the number of incidents involving our children. We collaborate with Child Protection Services, local non-profit agencies, churches and parents to provide our children with the best quality services they need as victims of abuse and neglect.

LA COMMISSION
LAW ENFORCEMENT
12 DEC 17 AM 10:11

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):	
<input 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: Martha Newborn-Johnson Title: Project Director
 Phone: (225) 357-1650 Fax: (225) 358-8625 E-Mail: gabriel777@cox.net

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$7,114	\$0	\$2,050	\$9,164
SECTION 200. FRINGE BENEFITS	\$992	\$0	N/A	\$992
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$549	\$0	\$240	\$789
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$4,260	\$0	\$939	\$5,199
TOTAL:	\$12,915	\$0	\$3,229	\$16,144

Provide Source of Cash Match:

Provide Source of In-Kind Match: Gabriel House in-kind match - 205 vol. hours @ \$10.00 per hr equals \$2,050.00
 3 Printer cartridges @ 40.00 equals \$120.00; 6 boxes manila folders - 15.00 ea equals 90.00; 2 videos @ \$15.00 ea equals 30.00
 Utilities in-kind match 12 mo @ 78.25 equals 939.00 TOTAL \$3,229

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
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$0.00	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
Counselor	Miles Potier	PT	\$18.00	20.00	15.00%	52.00	\$2,808.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project Director	Martha Johnson	PT	\$23.00	18.00	20.00%	52.00	\$4,305.60	<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:						\$7,113.60	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
Schedule visits with families of victims, provide transportation for victims as needed, maintain close contact with victims throughout the year. Assist victims with making phone calls, assist with personal care items and clothing as needed. Make referrals for appropriate support services.	110.00	\$10.00	\$1,100.00
Schedule individual and group counseling services, answer telephone, assist victims with completion of informational forms, filing, assist victims in accessing appropriate support services, provide follow-up services.	95.00	\$10.00	\$950.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$2,050.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$7,114
CASH MATCH	
IN-KIND MATCH	\$2,050
PERSONNEL TOTAL	\$9,164

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:

Project Director - is needed to oversee project, develop and implement new programs, provide assistance to staff, counsel with victims of abuse and neglect to make assessments and determinations for appropriate services.

Counselor - is needed to provide individual and group counseling sessions with victims of abuse and neglect. Needed to determine appropriate level of individualized care for each participant in the program.

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

Salaries are based on the pay scale by the State of Louisiana for Project Directors and Counselors.

C) Project duties of each position requested:

Project Director will be responsible for the day to day operation of the program provide assistance to personnel, provide counseling with the victims of abuse, record hours worked and determine if goals of the project are being met. Prepare educational materials and brochures, establish training materials, set up workshop sessions, provide administrative assistance to all staff.

Counselor provides individual and group counseling for victims of abuse. Tally reports, provides feed-back to staff. Monitors and observes victims of abuse.

D) Indicate if personnel will be new or existing personnel. If existing, indicate if position has been backfilled. If this is a continuation application, indicate the personnel's original status. [Existing personnel is an employee that currently works for the agency, but will now be working on grant activities. If so, the position from which the employee was moved must be filled. If employee is same from the previous grant, indicate if the employee was originally hired for that position.]

Personnel - Existing personnel from previous continuation applications
Personnel have held same title/position as originally hired

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. Miles Potier	.062		\$2,808	\$174	5.	.062			\$0
2. Martha N. Johnson	.062		\$4,305	\$266	6.	.062			\$0
3.	.062			\$0	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE					MEDICARE				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1. Miles Potier	.0145		\$2,808	\$40	5.	.0145			\$0
2. Martha N. Johnson	.0145		\$4,305	\$62	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTH LIFE INSURANCE <small>Provide monthly insurance rates</small>					HEALTH LIFE INSURANCE <small>Provide monthly insurance rates</small>				
RATE	MONTHS	TIME DEVOTED TO PROJECT	SALARY	TOTAL	RATE	MONTHS	TIME DEVOTED TO PROJECT	SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION					WORKMAN'S COMPENSATION				
RATE			SALARY	TOTAL	RATE			SALARY	TOTAL
1. Miles Potier	0.054		\$2,808	\$151	5.				\$0
2. Martha Johnson	0.053		\$4,305	\$228	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX <small>Based on first \$7,000 or Less</small>					UNEMPLOYMENT TAX <small>Based on first \$7,000 or Less</small>				
RATE	TYPE		SALARY	TOTAL	RATE	TYPE		SALARY	TOTAL
1. Miles Potier	0.010	CHECK TYPE:	\$2,808	\$28	5.				\$0
2. Martha Johnson	0.010	CHECK TYPE:	\$4,305	\$43	6.				\$0
3.		<input checked="" 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					PUBLIC/PRIVATE RETIREMENT				
RATE			SALARY	TOTAL	RATE			SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
OTHER:					OTHER:				
RATE			SALARY	TOTAL	RATE			SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
FRINGE BENEFITS TOTAL (A):				\$992	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): \$992

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$992
CASH MATCH	
TOTAL FRINGE BENEFITS	\$992

CVA-5

Revised JULY 2010

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
O	Videos on The Signs of Child Abuse	2.00	\$15.00	\$30.00	<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"/>
				\$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:				\$30.00	<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.:

Videos for victims of crime to watch and get a good prospective on child abuse and recognize the signs of abuse.

SECTION 500. SUPPLIES SUMMARY	
FEDERAL FUNDS	\$549
CASH MATCH	
IN-KIND MATCH	\$240
SUPPLIES TOTAL	\$789

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
Rental Expense	1200 sq. ft @ .20 per sq. ft	12.00	\$240.00	\$2,880.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Expense	Monthly telephone and mobile	12.00	\$115.00	\$1,380.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility Expense	Monthly Estimated Expense	12.00	\$78.25	\$939.00	<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 checked="" 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:				\$5,199.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

BRIEFLY EXPLAIN:

A) Need for each type listed; and
 Office space is needed for staff use to coordinate all services for victims of crimes
 Utilities are needed to provide electricity in the office where victims of abuse can come for counseling and other services
 Telephone is needed for office staff, volunteers, and clients' use. Staff and volunteers are able to schedule counseling and group sessions for victims of crimes.
 Victims of crimes are able to contact staff via telephone.

B) Its relationship to project.
 Office space will allow space to set up workshops, group and individual counseling sessions and storage of all records.
 Electricity is vital in order to maintain a safe environment.
 Telephone is accessible because direct services requires that the program coordinator be accessible at all times.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$4,260
CASH MATCH	
IN-KIND MATCH	\$939
OTHER DIRECT COSTS TOTAL	\$5,199

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.

Problem: During the past fiscal year, 7-1-2010 to 6-30-2011, the Louisiana Department of Social Services, Office of Community Services, statistics shows that during this period there were 2,365 children investigated as possible victims of child abuse/neglect, physical abuse, sexual abuse, and emotional abuse resulting in 387 validated investigations by the Louisiana Department of Social Services, Office of Community Services. Statistics conducted by the Louisiana Child Protection Services shows that for the same period (7-1-2010 to 6-30-2011) there were 681 alternative responses to child abuse cases (emotional, neglect, physical and sexual abuse) cases reported. For the calendar year 2010, there were 8 reported alleged Child deaths in East Baton Rouge as reported by the Department of Children and Family Services.

Need: The Department of Health and Human Services/Department of Social Services has determined that there is a need for additional counseling and support services to strengthen our family structure in East Baton Rouge Parish and surrounding parishes with the services to include crisis intervention, individual and group counseling, group therapy, conflict resolution, violence prevention skills and family life training skills. In addition, there is a great need for education and support services in the areas of child abuse and molestation of children.

There is a great need to provide additional parenting skills training and educational classes for the parents to prevent the likelihood of child abuse and neglect. Our parents continue to be of a younger generation and are single parents trying to raise children when they have no clear understanding of what parenting is all about.

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

The gap in community resources is the lack of awareness and access of the resources available for children. We find that there are many community resources available in the community but the people are not aware of the resources available to them and how to access them. As we look for support services and referral services, we find that our clients are not aware of the services available to them in the community. Many of the victims who need the services and resources, hear about the services from their neighbors, friends, churches and family members.

The need created by this gap in services/programs is a lack of awareness and how to access the services available in the community. There are many services available in the community for victims of child abuse and neglect, however, in many cases, you have to find out about the services via the internet. Unfortunately, so many of our victims of abuse in the community cannot afford to purchase a computer, therefore, this very valuable tool is not readily available to them to search for agencies in the area offering the services they need.

B. GOALS

GOALS: The primary mission of all projects is to have a positive impact on the victims, not just to accumulate statistics on how many are served. Based on the problem identified, BRIEFY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

Goal 1: To assist 20 direct victims of child abuse in recovering from the trauma associated with the crime of child abuse and neglect.

Goal 2: Educate and assist victims of child abuse with support services available in the community, i.e. emergency financial assistance and a safe haven.

C. OBJECTIVES

OBJECTIVES: Provide at least TWO (2) measurable objectives for EACH goal. Objectives need to be measurable, observable aspects of the program. Identify who, what will change and by how much. Use absolute numbers, not percentages and be sure to include a baseline number.

Goal 1:

Objective 1: To provide individualized and group counseling for 20 children who have suffered from the trauma associated from child abuse and provide counseling with family members to aid in the recovery process for the victims.

Of the 20 participants receiving counseling, we expect 15 to recover from the trauma of child abuse.

Objective 2: Provide 20 victims of abuse information and referral services available to them as victims of crimes such as psychological, child protection, medical services, and other services as needed during the assessment process.

Of the 20 participants we expect to refer 75% of them to referral services provided by other agencies in the community.

Goal 2:

Objective 1: Provide educational material and videos for 20 victims on the the signs and dangers associated with child abuse.

Of the 20 participants receiving educational material and viewing the videos, we expect 100% of the participants to receive the materials and watch the videos to educate them on the signs and symptoms of child abuse and neglect.

Objective 2: Project Director and trained volunteers will provide 20 victims of child abuse and neglect with a list of support services available in the community for medical, emergency aid and financial assistance and provide victims with assistance in obtaining the help they need from appropriate and available support services.

Of the 20 participants in the program 100% of the participants will receive a list of support services and assistance as needed that is available to them in the community.

All goals and objectives will be achieved during the project period of September 1, 2012 thru August 31, 2013.

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:

Objective 1: Counselor and Project Director will provide group and individual counseling for 20 victims of abuse and provide outreach services for victims' families, educating them on the dangers associated with abuse and neglect. Counseling sessions are 1 1/2 hours group sessions, 2 times weekly and 10 hours of individual sessions per victim. Project Director is available for victims on a 24 hour basis via telephone.

Objective 2: Staff and volunteers will make every effort to collaborate with other agencies in the community and parish to be informed of any additional services available to benefit crime victims with an emphasis on children. The collaborative services will be completed on a daily and/or as needed basis to ensure our clients have the best support services available in the community.

Goal 2:

Objective 1: Volunteers will distribute brochures to other agencies, churches and in the community to announce services available to victims of child abuse and neglect.

Object 2: Volunteers will be trained to provide referrals for medical and professional services. Project Director will provide brochures and flyers on the services available to assist victims of crimes.

All goals and objectives will be achieved during the project period of September 1, 2012 through August 31, 2013.

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 checked="" type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Court | <input 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: _____ 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.

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: Martha Newborn-Johnson PHONE: (225) 357-1650 EMAIL: gabriel777@cox.net

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.)

Based on our objectives for the program of providing individual and group counseling for 25 victims of child abuse and neglect, we met our goal and objective by providing services for 25 victims of crime.

We provided referral services for 25 victims of crimes, therefore, meeting our goal of providing services to 25 victims of child abuse.

We met our objective to collaborate with other local agencies and churches in the community by attend meetings held at various agencies and churches to make sure each victim receive the best support services available in the community.

2. Did the project work as expected? Explain.

Yes.

We made every effort to make sure that we stated measurable goals and objectives for our scope of services that we provide to all participants in the program.

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?

The data will be collected from each individual receiving services as a victim of child abuse and/or neglect.

2. When will the data be collected?

The data will be collected as a part of the initial intake process and during the follow-up process.

3. Who will collect and analyze the data?

Project Director and Counselor

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

Name: Martha Newborn-Johnson

Phone: (225) 357-1650

Email: gabriel777@cox.net

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

The Project Director and Counselor will monitor the evaluation process to make sure the data is used to make any revisions to the program to meet the needs of each participant in the program.

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.

The Louisiana Commission on Law Enforcement will receive the Quarterly Progress Reports and expenditure reports on a quarterly basis.

Board of Directors will receive a copy of the Quarterly Progress and expenditure reports

EVALUATION FORM

Name _____ Age _____

Street Address _____

City _____ State _____ Zip Code _____

Parents/Guardian _____ Telephone Number _____

CHARACTERISTICS OF EACH VICTIM

Racial/Ethnic—African American _____ Caucasian _____ Hispanic _____ Other _____

Gender -- Female _____ Male _____ Unknown _____

TYPE OF VICTIM

Primary Victim _____ Secondary Victim _____ Type Unknown _____

VICTIM'S RELATIONSHIP TO PERPETRATOR

Victim related to offender _____ Victim acquainted with offender _____ Victim unknown to offender _____
Type of relationship unknown _____ Other _____

CHECK TYPE OF VICTIMIZATION

Child Physical Abuse _____ Child Sexual Abuse _____ Domestic Violence _____ Neglect _____
Other _____

SPECIAL NEEDS OF VICTIMS (Please check all that apply for each victim)

Emotionally Challenged _____ Mentally Challenged _____ Physically Challenged _____
Medically Challenged _____ Other _____

TYPE OF SERVICES PROVIDED TO VICTIMS

Individual Counseling _____ Group Counseling _____ Group Treatment/Support _____ Follow-Up _____
Emergency Financial Assistance _____ Crisis Hotline Counseling _____ Shelter/Safe Haven _____
Information/Referral (In Person) _____ Personal Advocacy _____ Safety Measure _____ Emergency Service _____
Telephone Contact Information _____ Referral _____ Transportation _____ Nutritional Services _____
Referral to Crime Victims Reparations Program _____ Other _____

Report Incident to Law Enforcement Agency _____

Comments: _____

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.

Yes, we plan to continue this much needed project for our children in the community.

Potential Sources of Funding:

Entergy Corp.
Pennington Family Foundation
Fund Raising Projects
Donations

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.

We have an office complex with 3 offices and space for individual and group counseling. As we schedule the classes and it appears that more space is needed, we relocate the classes to a local church that we partner with to utilize additional space.

Also provide phones, copier, paper

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?

Volunteers schedule visits with families of victims, provide limited transportation for victims as needed, maintain close contact and follow-up with victims throughout the year. Assist victims with making telephone calls, assist with personal care items and clothing as needed, make referrals for appropriate support services.

105 hours @ \$10.00 per hours = \$1050.00

Schedule individual and group counseling sessions, answer telephone, assist victims with completion of informational forms, filing, assist victims in accessing appropriate support services, and provide follow-up services.

95 Hours @ \$10.00 per hr. = \$950.00

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.

During the individual and/or group counseling sessions, all victims of crimes will be educated on the basic requirements of the program, the qualifications, crimes covered, eligible expenses and the award limits. The victims will be given the name and contact information of the CVR representative for this parish. Assistance in the completion of the necessary forms will be offered to all victims of crime in the program.

2. Describe how applicant has/will coordinate activities with other criminal justice system/private service providers in the community. If you have obtained cooperative agreements, a copy may be attached to the application in addition to the brief description.

Applicants will attend various meetings held in the community by other local agencies and providers of services available for children. Applicant agency will look up on the internet the local agencies offering assistance to children suffering from child abuse and neglect. Referrals will be given to crime victims for services we do not provide in house.

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.

During the individual and group counseling sessions participants in the program will be made aware of the fact that it is their right to report any crime they are involved to the local law enforcement agency. Staff will encourage the crime victim to report any and all crimes in which they are a victim. The telephone numbers will be provided if needed by the victim of crime,

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.

Gabriel House will comply with the Louisians Child Protection Act (LRS 15:587.1) as appropriate.