

APPLICATION NUMBER: M11-8-032

APPLICANT: St. Landry - Evangeline Sexual Assault Center

PROJECT TITLE: Sexual Assault Program

PROJECT FUNDS :

FUND: \$ 14,873 100.00%
MATCH: \$ 0 0.00%
TOTAL: \$ 14,873 100.00%

PROJECT DURATION: 12 months
START DATE: 01/01/2012
END DATE: 12/31/2012

Continuation of M99-8-020

PROJECT SUMMARY:

The St. Landry-Evangeline Sexual Assault Center (SLESAC) provides help, healing and hope to survivors of sexual trauma and their family members residing in St. Landry and Evangeline Parishes. SLESAC offers short-term crisis counseling, 24-hour crisis line, medical advocacy, inservice training and community education. Funding to continue this project would sustain current staff. Pre-award costs are requested.

RECOMMENDATION: FUND DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 01/05/12 IS REVIEWED AND APPROVED BY LCLE STAFF.



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

**S.T.O.P. VIOLENCE AGAINST
WOMEN FORMULA GRANT
PROGRAM**

CFDA #16.588

FOR LCLE USE ONLY:

Project ID: M10-8-032

VAWA Purpose Area: 5, 6, 10, 11, 12

1. TITLE OF PROJECT: Sexual Assault Program
St. Landry-Evangeline Victims' Assistance Program

2. NEW PROJECT
 CONTINUATION PROJECT OF: M10-8-029

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: \$14,873
Cash Match: \$0
In-Kind Match: \$0
Total Project: \$14,873

5A. APPLICANT AGENCY INFORMATION

Agency Name: St. Landry-Evangeline Sexual Assault Center
Physical Address: 611 E. Prudhomme Street Suite 4
City: Opelousas Zip: 70570-0000
Mailing Address: 539 E. Prudhomme Street
City: Opelousas Zip: 70570-0000
Phone: (337) 585-4673 FAX: (337) 594-0707
Email: slesac@yahoo.com

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Laura Balthazar
Title: Director
Agency Name: St. Landry-Evangeline Sexual Assault Center
Address: 539 E. Prudhomme Street
City: Opelousas Zip: 70570-0000
Phone: (337) 585-4673 FAX: (337) 594-0707
Email: slesac@yahoo.com

Fed Employer Tax Id: 72-1458509 DUNS: 1245845-87 CCR CAGENCY: 5F2B7 CCR Expiration Date: 5/15/2012

6. IMPLEMENTING AGENCY

Name: Laura Balthazar
Title: Director
Agency: St. Landry-Evangeline Sexual Assault
Address: 539 E. Prudhomme Street
City: Opelousas Zip: 70570-0000
Phone: (337) 585-4673 FAX: (337) 594-0707
Email: slesac@yahoo.com

7. PROJECT DIRECTOR

Name: Laura Balthazar
Title: Director
Agency: St. Landry-Evangeline Sexual Assault
Address: 539 E. Prudhomme Street
City: Opelousas Zip: 70570-0000
Phone: (337) 585-4673 FAX: (337) 594-0707
Email: slesac@yahoo.com

8. FINANCIAL OFFICER

Name: Jenette Thomas
Title: Office Manager/Financial Officer
Agency: St. Landry-Evangeline Sexual Assault
Address: 539 E. Prudhomme Street
City: Opelousas Zip: 70570-0000
Phone: (337) 585-4673 FAX: (337) 594-0707
Email: slesac@yahoo.com

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

The St. Landry-Evangeline Sexual Assault Center (SLESAC) provides help, healing and hope to survivors of sexual trauma and their families residing in St. Landry and Evangeline Parishes. The program is a continuation of the original project to strengthen victim services by continuing to offer short term crisis counseling, 24 hour hot-line service, medical advocacy and in-service training and continuing education. The funding will sustain current therapist and office manager.

03:11 PM 12 DEC 2011

LA COMMISSION
ON LAW ENFORCEMENT

VAWA - 1

Revised JULY 2010

VAWA PURPOSE AREAS

Check the VAWA Purpose Area(s) that this project will address. You will be required to report performance on each chosen purpose area.

- 1. Training law enforcement officers, judges, other court personnel, and prosecutors to more effectively identify and respond to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence.
- 2. Developing, training, or expanding units of law enforcement officers, judges, other court personnel, and prosecutors specifically targeting violent crimes against women, including sexual assault and domestic violence.
- 3. Developing and implementing more effective police, court, and prosecution policies, protocols, orders, and services devoted to preventing, identifying, and responding to violent crimes against women, including the crimes against women, including sexual assault and domestic violence.
- 4. Developing, installing, or expanding data collection and communication systems, including computerized systems, linking police, prosecutions, and the courts or for the purpose of identifying and tracking arrests, protection orders, violations of protection orders, prosecutions, and convictions for violent crimes against women, including the crimes of sexual assault and domestic violence, including the reporting of such information to the National Instant Criminal Background Check System.
- 5. Developing, enlarging, or strengthening victim services programs, including sexual assault and domestic violence, and dating violence programs; developing or improving the delivery of victim services to underserved populations; providing specialized domestic violence court advocates in courts where a significant number of protection orders are granted; and increasing reporting and reducing attrition rates for cases involving violent crimes against women, including sexual assault and domestic violence.
- 6. Developing, enlarging, or strengthening programs addressing stalking.
- 7. Developing, enlarging, or strengthening programs addressing the needs and circumstances of Indian tribes dealing with violent crimes against women, including the crimes of sexual assault and domestic violence.
- 8. Supporting formal and informal statewide, multi-disciplinary efforts, to the extent not supported by state funds, to coordinate the response of state law enforcement agencies, prosecutors, courts, victim services agencies, and other state agencies and departments, to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence.
- 9. Training of sexual assault forensic medical personnel examiners in the collection and preservation of evidence, analysis, prevention, and providing expert testimony and treatment of trauma related to sexual assault.
- 10. Developing, enlarging, or strengthening programs to assist law enforcement, prosecutors, courts, and others to address the needs and circumstances of older and disabled women who are victims of domestic violence or sexual assault, including recognizing, investigating, and prosecuting instances of such violence of assault and targeting outreach and support, counseling, and other victim services to such older and disabled individuals.
- 11. Providing assistance to victims of domestic violence and sexual assault in immigration matters.
- 12. Maintaining core victim services and criminal justice initiatives while supporting complementary new initiatives and emergency services for victims and their families.
- 13. Provide for special victim assistants in law enforcement agencies to serve as liaisons between victims and law enforcement in order to improve the enforcement of protection orders. (Jessica Gonzales Victim Assistants)
- 14. Improving responses to police-perpetrated domestic violence. (Crystal Judson Domestic Violence Protocol Program)

VAWA - 2

Revised JULY 2010

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, enter the percentage of STOP funds directed to each area 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 in each budget section.

Person Completing Budget Section: Jenette Thomas Title: Office Manager/Financial Officer

Phone: (337) 585-4673 Fax: (337) 594-0707 E-Mail: slesac@yahoo.com

PROJECT BUDGET SUMMARY

BUDGET CATEGORY	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100 PERSONNEL	\$11,880	\$0	\$0	\$11,880
SECTION 200 FRINGE BENEFITS	\$1,167	\$0	N/A	\$1,167
SECTION 300 TRAVEL	\$0	\$0	\$0	\$0
SECTION 400 EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500 SUPPLIES	\$600	\$0	\$0	\$600
SECTION 600 CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 800 OTHER DIRECT COSTS	\$1,226	\$0	\$0	\$1,226
TOTAL:	\$14,873	\$0	\$0	\$14,873

Provide Source of Cash Match:

Provide Source of In-Kind Match:

USE OF STOP FUNDS IN PERCENTAGES

Type of Victimization Served:	Percentage of STOP Funds Used:
Sexual Assault	100%
Domestic Violence/Dating Violence	
Stalking	
Total (must equal 100 percent)	100%

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
Office Manager	Jenette Thomas	FT	\$2,400.00	25.00%	12.00	\$7,200.00	<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:						\$7,200.00	<input type="checkbox"/>	<input type="checkbox"/>

F = Fed Funds
C = Cash Match

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT 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
Therapist	LaPearl Keys	PT	\$20.00	18.00	25.00%	52.00	\$4,680.00	<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:							\$4,680.00	<input type="checkbox"/>	<input type="checkbox"/>

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.

DUTIES:	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
			\$0.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$0.00

SECTION 100. PERSONNEL SUMMARY

FEDERAL FUNDS	\$11,880
CASH MATCH	\$0
IN-KIND MATCH	\$0
PERSONNEL TOTAL	\$11,880

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:

LaPearl Keys -Therapist will remain an integral party to the victims healing and resolutions of their sexual victimization

Jenette Thomas-Office Manager's position is needed to organize and assist in the daily operating functions of the agency. Office Manager will ensure that direct services are being offered in a timely manner to crime victims through the 24 hour crisis hot line, medical escorts activities, and the scheduling of intake assessments and counseling sessions.

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

LaPearl Keys- Therapist's salary is based on the St. Landry Parish Government's scale and are comparable to counselors employed with other non-profit agencies in the community.

Jenette Thomas- Office Manager is a full time position which will be funded for a 12 month period. The Salary is comparable to office managers/administrative assistants employed by other rape crisis programs throughout the state. The remaining portions of both salaries are funded through other sources.

C) Project duties of each position requested:

The therapist will provide 6-8 hours of individual sessions per client, conduct intake interviews, facilitate groups, schedule appointments, make referrals, and prepare reports.

The office manager is responsible for scheduling appointments, maintenance of office and client files, monitoring the crisis hot line, answering the phone and other clerical duties. The office manager will also input client information into the data base and prepare all information for monthly billing.

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 is moved must be filled. If employee is the same from the previous grant, indicate if the employee was originally hired for that position.]

The therapist position (LaPearl Keys) is existing personnel.
Office Manager (Jenette Thomas) was originally hired for that position.

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. Jenette Thomas	.062		\$7,200	\$446	5.	.062			\$0
2. LaPearl Keys	.062		\$4,680	\$290	6.	.062			\$0
3.	.062			\$0	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Jenette Thomas	.0145		\$7,200	\$104	5.	.0145			\$0
2. LaPearl Keys	.0145		\$4,680	\$67	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTH LIFE INSURANCE	RATE	MONTHS	TH. DEDUCTED TO PROJECT	TOTAL	HEALTH LIFE INSURANCE	RATE	MONTHS	TH. DEDUCTED 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. Jenette Thomas	0.022		\$7,200	\$158	5.				\$0
2. LaPearl Keys	0.022		\$4,680	\$102	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	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):				\$1,167	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): \$1,167

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$1,167
CASH MATCH	\$0
TOTAL FRINGE BENEFITS	\$1,167

B. GOALS

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

Goal 1.

Slesac will continue current delivery of individual and group counseling to assist women recover from the trauma of sexual assault.

Goal 2

Slesac will provide immediate assistance and direct sexual assault crisis intervention to rape victims residing in St. Landry and Evangeline Parishes.

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.

1. To increase counseling services to 90 primary victims in St.Landry and Evangeline Parishes through group or individual counseling during the duration of the grant from January 1, 2011 through December 31, 2011.

2. To increase counseling services to 150 secondary victims who were indirectly affected by the victimization of the primary victim through individual or group counseling throughout the duration of the grant January 1, 2011 through December 31, 2011

Goal 2.

1. To maintain trained volunteer advocates for medical escorts to assist with 30 rape victims entering hospital emergency rooms in Evangeline and St.Landry Parishes throughout the duration of the grant by training more volunteers through January 1, 2011 through December 31, 2011.

2. To increase the number of phone advocate volunteers by 25 to maintain the 24-hour crisis hot-line crisis hot-line calls through the duration of the grant from January 1, 2011 through December 31, 2011.

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 & 2

The Slesac Center will retain a therapist to offer counseling sessions to 90 primary victims and 150 secondary victims in St.Landry and Evangeline Parishes for the duration of the grant period for 12 months beginning January 1, 2012 to December 31, 2012.

The Slesac Center will also retain an office manager/volunteer coordinator to assist with facilitating support groups, conducting intake interviews, and scheduling appointments for clients, and respond to victims at the emergency room.

Goal 2

Objective 1 & 2

The Slesac Center will train 25 volunteer advocates to assist in the emergency rooms, as needed throughout the duration of the grant period for 12 months beginning January 1, 2012 through December 31, 2012. The Volunteers will also be trained as phone advocates to increase the number of calls provided by the 24 hour crisis hot-line.

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: Laura Balthazar PHONE: (337) 585-4673 EMAIL: slesac@yahoo.com

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://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: Laura Balthazar PHONE: (337) 585-4673 EMAIL: slesac@yahoo.com

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 the objectives of our previous application we were able to devote 100% to Victim Services such as Crisis Counseling, follow-up contact, therapy, Crisis hot-line counseling, personal advocacy, criminal advocacy, telephone contacts, medical escorts and assisting victims with filing compensation claims for victims through the St. Landry and Evangeline Parish Crime Victims Reparation's investigators at the Sheriff's offices.

2. Did the project work as expected? Explain.

The funds from the grant enable the SLESAC Center to continue its work with victims services. If funding was to be decreased or stopped the center could not operate. The therapist and the office manager keeps abreast of the contacts made by the agency whether personal or by telephone. The victims further receives information on other programs in the area that may be of some assistance to them such as housing, food, medical and etc.

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 to be collected will consist of the number of clients counseled, type of assaults, race, sex and demographics. The information will be gathered from Victim Services Statistical Data Sheet, Client Count Control, Client Log, Monthly Statistics for quarterly reports and referral forms.

2. When will the data be collected?

The data is collected once a month by the therapist and office/volunteer coordinator.

3. Who will collect and analyze the data?

The data will be collected by the therapist and office manager/volunteer coordinator and will be analyze by the Executive Director and Board of Directors.

4. Who will be responsible for submitting the data for the VAWA Annual Report: State name and contact information.

Name: Jenette Thomas

Phone: (337) 585-4673

Email: slesac@yahoo.com

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

The therapist and office manager/volunteer coordinator will continue to conduct follow ups and assessments by phone and letters. The Executive Director will continue to monitor the project's strategy by continued community awareness and coalition with local law enforcement.

NEO
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COMMISSION

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 Quarterly Progress Reports will be given to the Louisiana Commission on Law Enforcement along with expenditure reports quarterly, and monthly. The Board of Directors also received quarterly reports from the Executive Director for Board Meetings, along with the District Attorney's office and Opelousas City Court per request.

J. CONTINUATION

Yes No Do you plan to continue this project at the conclusion of federal support?
Since continued STOP 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.

The Slesac Center has been contacting the district attorney offices in both parishes for funding along with United Way.

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.

The Slesac Center is located at 611 E. Prudhomme Street in Opelousas, La on the site of Opelousas General Health Systems. The office space is donated through the hospital, it consist of three offices, a waiting area, two bathrooms and storage space. The Center has access to meeting rooms upon availability from the hospital if needed. The hospital also furnishes all utilities, janitorial services, and computer networking system without any fees being assess to the office. The satellite office in Ville Platte is located at the Evangeline Parish Health Unit with access to a conference room for counseling with victims. We have also opened up a satellite office at the St.Landry Parish Health Unit in Eunice for those victims who has no transportation. Slesac can see clients with confidentiality at all sites.

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 to be performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). If volunteers are used as match, their duties must directly relate to the focus of this project and information stated in Section 100 Personnel.

Yes No Are volunteers screened in compliance with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate?

N. CONSULTATION

Law enforcement, prosecution, the courts, probation and parole agencies and victim services providers must consult with each other. Briefly describe the process used to consult, coordinate, and collaborate with each agency. Attach original current letters of support and/or written cooperative agreements indicating awareness and cooperation/role with this project.

The St.Landry-Evangeline Sexual Assault Center maintains a balanced approach in coordinating and collaborating with other agencies who rely on the center for assistance and services. The center's consumer environment does not only consist of its survivors and their families, but mental health and health care facilities, law enforcement, courts, social services agencies, civic groups and organizations, churches, businesses and schools as well. Such agencies repeatedly express the need to have an outlet to refer their clients who are having to address sexual assault issues. The Slesac Center has partnered with the housing authorities in St.Landry and Evangeline parish to provide teen pregnancy and sexual abuse/assault prevention services.

Slesac continues its alliance with the district attorney offices, sheriff's offices, police departments, and hospitals to combat sexual assaults at a local level. Slesac retain its membership with the United Way to strengthen its services and expand its network with the community such as Council on Aging, Catholic Diocese, Faith House, New Life Shelter, Community Action Senior Companions and Opelousas City Court.

The Center sponsors two prevention and awareness programs in the month of October, "Take Back the Night March & Vigil". In the month of April we do presentations to the Head-starts centers in Evangeline and St. Landry Parishes. All of these events are focused on taking a stand against violence against women.

Kathy Guidry

From: Kathy Guidry
Sent: Thursday, January 05, 2012 3:21 PM
To: 'Laura Balthazar'
Cc: 'Judy Benitez'
Subject: M11-8-032, St. Landry-Evangeline Sexual Assault Center, Sexual Assault Program

Ms. Laura Balthazar
St. Landry – Evangeline Sexual Assault Center
611 East Prudhomme St., Suite 4
Opelousas, LA 70570-6458

RE: M11-8-032; "Sexual Assault Program"

Dear Ms. Balthazar:

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

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

1. Pg. 1,
 - a. #1 Title of Project – The official project title is "Sexual Assault Program".
 - b. The complete zip code +4 is required. Please correct your copy.
 - i. 611 E. Prudhomme Street – 70570-6458
 - ii. 539 E. Prudhomme Street – 70570-6499
2. Pg. 6, Section 200 Fringe Benefits – If other benefits are paid for each employee, please check the box stating additional fringe paid.
3. Pg. 13, Section 800 Other Direct Costs – The previous subgrant, M10-8-029, states the CPA fee was \$900. The fee quoted in this application doubled (\$1800). Please justify this increase and show how 18% is the prorated share for these federal funds to the audit.
4. Pg. 15, B. Goals – A goal should be a concise statement of the overall accomplishment to the problem definition.
5. Pg. 16, C. Objectives – The objectives need to be measurable and within the required project period. These were repeated from the previous subgrant, M10-8-029.
6. Pg. 19, H. Prior Results #1 – Please refer to the objectives in M10-8-029 and provide the results for each objectives in absolute numbers not percentages.
7. Pg. 20, I. Evaluation and Dissemination of Reporting – Do you have an evaluation form that victims/clients complete? If so, please provide a copy. This form would be useful in determining if the project is meeting their needs and the goals and objectives.

8. Pg. 22, N. Consultation – At least three current letters of support are required.

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. 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 Wednesday, January 18, 2012. Please contact Judy Benitez if you have any questions pertaining to this letter.

Sincerely,

Katherine C. Guidry

Federal Programs Section Manager
LA Commission on Law Enforcement
602 N. 5th St., 1st Floor

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