

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C11-4-011

APPLICANT: St. Landry - Evangeline Sexual Assault Center

PROJECT TITLE: Victim Assistance Program

PROJECT FUNDS :

FUND: \$ 47,722 80.00%

MATCH: \$ 11,931 20.00%

TOTAL: \$ 59,653 100.00%

PROJECT DURATION: 12 months

START DATE: 11/01/2011

END DATE: 10/31/2012

Continuation of C00-4-007

PROJECT SUMMARY:

The St. Landry-Evangeline Sexual Assault Center (SLECAS) 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, in-services training and community education.

RECOMMENDATION: FUND X DENY

SPECIAL CONDITIONS :

1. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.
2. NO DRAWDOWN OF FUNDS (AWARD) 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: C11-4-011 CVA Purpose Area: 1, 4

1. TITLE OF PROJECT Victim Assistance Program		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-4-012	
3. PROJECT DURATION Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 11/1/2011 Desired End Date: 10/31/2012		4. PROJECT FUNDS Federal Funds: \$47,722 Cash Match: \$0 In-Kind Match: \$11,931 Total Project: \$59,653	
5A. APPLICANT AGENCY INFORMATION Agency Name: St. Landry- Evangeline Sexual Assault Cen Physical Address: 611 E. Prudhomme Street City: Opelousas, La. Zip: 70570-0000 Mailing Address: 539 E. Prudhomme Street City: Opelousas, La. 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: Executive Director Agency Name: St. Landry - Evangeline Sexual Assault Cen Address: 539 E. Prudhomme Street City: Opelousas, La. 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 CAGE/NCAGE: 5F2B7 CCR Expiration Date: 5/15/2012	

6. IMPLEMENTING AGENCY Name: Laura Balthazar Title: Executive Director Agency: St. Landry - Evangeline Sexual Address: 539 E. Prudhomme Street City: Opelousas, La. Zip: 70570-0000 Phone: (337) 585-4673 FAX: (337) 594-0707 Email: slesac@yahoo.com	7. PROJECT DIRECTOR Name: Laura Balthazar Title: Executive Director Agency: St. Landry-Evangeline Sexual Address: 539 E. Prudhomme Street City: Opelousas, La. 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 Address: 539 E. Prudhomme Street City: Opelousas, La. Zip: 70570-0000 Phone: (337) 585-4673 FAX: (337) 594-0707 Email: slesac@yahoo.com
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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 family members residing in St. Landry and Evangeline Parishes. SLESAC offers short term crisis counseling, 24 hour Crisis Hot-line, medical advocacy, in-service training and community prevention education. Funding to continue this project would sustain current staff (Director & Office Manager)

LA COMMISSION
LAW ENFORCEMENT
2011 SEP 26 PM 2:46

CVA - 1

Revised JULY 2010

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):	
<input checked="" type="checkbox"/>	Sexual Assault
<input type="checkbox"/>	Domestic Abuse
<input type="checkbox"/>	Child Abuse
<input checked="" type="checkbox"/>	Previously Underserved
State Type of Previously Underserved: Rural Communities	

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: Jenette Thomas Title: Financial Officer
Phone: (337) 585-4673 Fax: (337) 594-0707 E-Mail: slesac@yahoo.com

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$38,165	\$0	\$11,931	\$50,096
SECTION 200. FRINGE BENEFITS	\$3,719	\$0	N/A	\$3,719
SECTION 300. TRAVEL	\$1,782	\$0	\$0	\$1,782
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$776	\$0	\$0	\$776
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$3,280	\$0	\$0	\$3,280
TOTAL:	\$47,722	\$0	\$11,931	\$59,653

Provide Source of Cash Match: 0

Provide Source of In-Kind Match: Volunteers will be used as in-kind match.

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Revised JULY 2010

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	Laura Balthazar	FT	\$2,462.00	51.00%	12.00	\$15,067.44	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Office Manager	Jenette Thomas	FT	\$2,400.00	62.50%	12.00	\$18,000.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Therapist	LaPearl Keys	FT	\$2,800.00	15.17%	12.00	\$5,097.12	<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:						\$38,164.56	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
		PT					\$0.00	<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"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$0.00	F = Fed Funds C = Cash Match	

VOLUNTEERS:

DUTIES: List ONLY volunteers used as in-kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions.

DUTIES	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
Answer 24 hour crisis hotline	993.10	\$10.00	\$9,931.00
Medical Escorts provided in hospital emergency rooms	200.00	\$10.00	\$2,000.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$11,931.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$38,165
CASH MATCH	\$0
IN-KIND MATCH	\$11,931
PERSONNEL TOTAL	\$50,096

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:

The Executive Director (Laura Balthazar)- This position is needed to provide administrative support, supervision and oversight of the daily operations of the agency and this grant project. This position will also assist in conducting initial assessments, providing individual, couple, or family counseling, providing expert court testimony, making referrals and recommendations to service providers or other advocacy to survivors throughout the judicial process and oversee/supervise all medical advocacy.

Office Manager (Jenette Thomas)- This position is needed to organize and assist in the daily operating functions of the agency, and to ensure direct services are offered in a timely manner to crime victims through the 24 hour crisis line, medical escort activities, and the scheduling of intake assessments and counseling sessions. Office Manager will also assist therapist in completing initial assessments of intake clients and assist in making referrals under the supervision of the therapist. Office manager also in is charge of doing financial reimbursements for this grant project. Therapist (LaPearl Keys)-This position is needed to provide direct services to crime victims in individual and/or group counseling sessions; and to ensure that referrals are offered to crime victims.

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

The Executive Director (Laura Balthazar)- Only 41% of this grant's budget will be allocated for her to fulfill the required administrative functions specified in section A. The remaining 10% reflect her time supervising the direct service providers. The director's salary is based on a part-time position consistent with the directors/administrators of rape crisis programs in the state as monitored by LAFASA. Office Manager (Jenette Thomas)- 100% of this position will be funded through this grant for a 12 month period. The salary is comparable to office managers/administrative assistants/secretaries employed by other rape crisis centers. Therapist (LaPearl Keys) - only 14% will be funded through this grant for 12 months. The salary is comparable to therapist/counselor's employed by other rape crisis centers.

C) Project duties of each position requested:

Executive Director (Laura Balthazar)- In addition to administrative duties and oversight of this grant project, the director will respond to medical escorts when needed, make referrals/recommendations, answer crisis line in an on-call capacity, and supervise the co-ordination of the center's volunteers.

Office Manager (Jenette Thomas)- This position is responsible for scheduling appointments, maintenance of office and client files, monitoring the crisis line, assisting Director in grant preparation, payroll, monthly billing, clerical duties and answering office phone.

Therapist (LaPearl Keys) - The therapist will be responsible for delivering direct services (intake assessments, individual counseling, etc) The therapist will also respond to referrals, schedule appointments, and supervise the coordination of the center's direct services.

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 Executive Director (Laura Balthazar) is an existing position hired in 02/2008 to replace former Director.

The Office Manager (Jenette Thomas) is the original hire for this position.

Therapist (LaPearl Keys) was hired on October 29, 2007 to replace the former therapist.

All duties will remain the same for these personnel and that is to handle all administrative duties and oversee projects as it pertains to this grant.

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

EMPLOYEE'S NAME(S)					EMPLOYEE'S NAME(S) (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1. Laura Baltazar	.062		\$15,067	\$934	5.				\$0
2. Jenete Thomas	.062		\$18,000	\$1,116	6.				\$0
3. LaPearl Keys	.062		\$5,097	\$316	7.				\$0
4.	.062			\$0	8.				\$0
MEDICARE					MEDICARE				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1. Laura Baltazar	.0145		\$15,067	\$218	5.				\$0
2. Jenete Thomas	.0145		\$18,000	\$261	6.				\$0
3. LaPearl Keys	.0145		\$5,097	\$73	7.				\$0
4.	.0145			\$0	8.				\$0
HEALTH/LIFE INSURANCE					HEALTH/LIFE INSURANCE				
Provide monthly insurance cost	RATE	MONTHS	THE DEDUCTED TO PROJECT	TOTAL	Provide monthly insurance cost	RATE	MONTHS	THE DEDUCTED TO PROJECT	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. Laura Baltazar	0.021		\$15,067	\$316	5.				\$0
2. Jenete Thomas	0.021		\$18,000	\$378	6.				\$0
3. LaPearl Keys	0.021		\$5,097	\$107	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX					UNEMPLOYMENT TAX				
Based on the \$1000 or Less	RATE	TYPE	SALARY	TOTAL	Based on the \$1000 or Less	RATE	TYPE	SALARY	TOTAL
1.		CHECK TYPE		\$0	5.		CHECK TYPE		\$0
2.				\$0	6.				\$0
3.		<input type="checkbox"/> FLTA		\$0	7.		<input type="checkbox"/> FLTA		\$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):				\$3,719	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): \$3,719

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$3,719
CASH MATCH	
TOTAL FRINGE BENEFITS	\$3,719

SECTION 300. TRAVEL

Itemize travel expenses of project personnel. Mileage is allowable in agency owned vehicles. Charges are not to exceed established agency travel rates, but in no case can this exceed current Louisiana Travel Guideline rates. Only 50% of out-of-state travel reimbursement and requires prior approval from LCLE.

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH		
				F	C	IK
NAME: Laura Baltazar TITLE: Executive Director PURPOSE: Provide supervision in both parishes, networking and train	\$0.51	1,500.00	\$765.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: LaPearl Keys TITLE: Therapist PURPOSE: To assist crime victims in both parishes	\$0.51	1,994.00	\$1,016.94	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$1,781.94	F = Federal Funds C = Cash Match IK = In-Kind Match		

NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE) NAME/POSITION TITLE/PURPOSE OF TRAVEL	TRAVEL DESTINATION	TRAVEL DATES:		PAID WITH		
		FROM	TO	F	C	IK
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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		
NAME:											F	C	IK
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										\$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	\$1,782
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$1,782

B. GOALS

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

1. Slesac will continue to offer direct therapeutic services to rape victims in St. Landry & Evangeline Parishes.
2. Slesac will continue to provide immediate assistance in emergency rooms to rape victims and the 24-hour rape crisis hot-line.

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.

- 1 (a). Provide individual counseling services to 125 victims in St. Landry and Evangeline Parishes.
- 1 (b). Assist 50 survivors of past rape, incest, or abuse in the resolution of issues relating to their assault experiences.
- 2 (a). Provide 24 hour crisis intervention services through the hot-line
- 2 (b). Provide escort services to 20 new rape victims entering hospital emergency rooms in SLESAC's service areas.

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 (1a). Retain a therapist to provide 6-8 weekly scheduled one hour individual therapy sessions and facilitate support groups for victims of rape by addressing resolution and integration of victimization into the victim's overall functioning during the grant period of November of 2011 through October 2012.
- (1b) Avail therapist in an on-call basis to initiate referrals to agency and facilitate continuum of care process through grant period of November 1, 2011 through October 31, 2012.
 - (1c) The therapist will document and maintain records of services provided to victims through grant period of November 1, 2011 through October 31, 2012.
- Goal 2-OBJECTIVE (2a) Provide trained volunteer advocates to assist in the Emergency Room as needed for immediate response through grant period of November 1, 2011 through October 31, 2012.
- (2b) Retain an office manager to co-ordinate volunteer services, provide follow-up to victims needing referral to center, to maintain case records on victims receiving services, and to monitor the 24 crisis hot-line through grant period of November 1, 2011 through October 31, 2012.

E. DEMOGRAPHICS

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

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

2. Type of Organization:

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 Baltazar 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: PHONE: () - EMAIL:

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

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

H. PRIOR RESULTS (For Continuation Projects Only)

1. Based on the objectives of the previous application, what were the measurable outcomes? (Refer to the previous project's performance stated in the quarterly progress reports and other additional information.)

The Slesac Center's program activities included two (2) main events to promote sexual abuse awareness and domestic abuse, these projects were called "Take Back the Night" which were held in St. Landry Parish and Evangeline Parish with approximately 545 individuals in attendance. The programs were also assisted by volunteers who accompanied the participants in the march and vigil, they also handed out pamphlets and literature which dealt with the theme of the march. The Slesac Center's therapist also saw 63 adults individual counseling and 166 child individual counseling. The Crisis hot-line calls consisted of 238 individuals and there were 31 Crisis hot-line counseling sessions. The Slesac Center also did 34 training sessions for adults "Child Sexual Abuse-How to See It/How to Stop It" totaling 1602 individuals. The Slesac Center has devoted 100% to victim services on the previous project.

2. Did the project work as expected? Explain.

The Victim Assistance Program worked as expected and more. The Slesac Center was able to collaborate with other agencies, and did not deny anyone the services we provide free of charge. Our clientele has increased due to these collaborations.

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 REPLYING

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 the therapist and the office manager who will compiled the quarterly reports for the project.

2. When will the data be collected?

The data will be collected every quarter.

3. Who will collect and analyze the data?

The data will be analyzed by the executive director.

4. Who will be responsible for submitting the data for the Quarterly Progress Reports: 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?

Following the evaluation, the Executive Director and the Executive Board Members if needed will update or revise the project's strategy.

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 project's results, which include monthly and quarterly reports will be given to the Louisiana Commission on Law Enforcement, the Board of Directors, and to Local Law Enforcement upon request.

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.

We will try to get local funding, and continue to apply for grants.

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 the Opelousas General Health Systems buildings which is located on Prudhomme Street. The facility is in walking area from the Emergency Room and other medical providers including physicians specializing in Pediatric Care and Obstetrics. Our office consist of a waiting area, storage room, 2 bathrooms, and three offices, we have a staff of three (3) and right now we have the support of the hospital in that we do not pay for rent nor utilities and their computer maintenance department. In Evangeline Parish we have the use of the Conference Room at the Health Unit there as needed by our outreach services.

L. AUDIT REQUIREMENTS

All applications must check one:

This organization/agency spends \$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 spends 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?

Our volunteers are used as medical advocates responding to the Emergency Room as a result of sexual trauma. The volunteers also assist with the Crisis hot-line and other events and presentations by the center.

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.

The Executive Director is a prior Crime Victim's Reparation Co-ordinator for the sheriffs' office and knows the protocol. The therapist including the Executive Director ask the victim if any services are needed and if such, assist the victim.

2. Describe how applicant has/will coordinate activities with other criminal justice systems/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.

The Executive Director is very active with partnering with other agencies such as Faith House, Catholic Services, United Way, LAFASA, Social Services, Boys & Girls, Community Youth Services, Council on Aging, School Board, New Life Shelter for Homeless Women and Children, and other faith-based agencies in both St. Landry and Evangeline Parishes. The Director meets monthly with the Agencies through a Social Service Network and coordinate with others on activities.

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.

The Slesac Center during the assessment will ask the client if law enforcement was called out at the time of the incident. If not the center will encourage them to do so but will not refuse services to them if they prefer not to.

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.

The Slesac Center will comply with all Louisiana Child Protection Act regulations in reference to screening prospective employees and reporting all child abuse cases to the proper authorities.