

APPLICATION NUMBER: M11-8-034

APPLICANT: Sexual Trauma Awareness & Response Center

PROJECT TITLE: Sexual Assault Program

PROJECT FUNDS :

FUND: \$ 16,968 100.00%

PROJECT DURATION: 12 months

MATCH: \$ 0 0.00%

START DATE: 03/01/2012

TOTAL: \$ 16,968 100.00%

END DATE: 02/28/2013

Continuation of NEW

PROJECT SUMMARY:

To provide support and advocacy services to survivors of sexual assault and their loved ones free of charge in the Baton Rouge area. STAR will work closely with local law enforcement agencies, hospitals, and the 19th Judicial District Attorney's Office to provide a coordinated community response to survivors of sexual assault and abuse. A full-time Crisis Services Coordinator will be hired to provide direct services to sexual assault survivors through legal and medical advocacy, and in person crisis intervention counseling and will help ensure that survivors of sexual assault are given appropriate services and referrals.

RECOMMENDATION: FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 02/01/12 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: m11-8-034

VAWA Purpose Area: 5, 12

1. TITLE OF PROJECT Sexual Assault Program		2. <input checked="" type="checkbox"/> NEW PROJECT <input type="checkbox"/> CONTINUATION PROJECT OF: M - -	
3. PROJECT DURATION Total Length: <u>12</u> Months (<i>Not to exceed 12 Months</i>) Desired Start Date: <u>3/1/2012</u> Desired End Date: <u>2/28/2013</u>		4. PROJECT FUNDS Federal Funds: <u>\$16,968</u> Cash Match In-Kind Match: <u>\$0</u> Total Project: <u>\$16,968</u>	
5A. APPLICANT AGENCY INFORMATION Agency Name: Sexual Trauma Awareness & Response Physical Address: 233 Saint Ferdinand Street City: Baton Rouge Zip: 70802-5818 Mailing Address: 233 Saint Ferdinand Street City: Baton Rouge Zip: 70802-5818 Phone: (225) 389-3456 FAX: (225) 389-5685 Email: jwood@ebrda.org		5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Jane B. Wood Title: Executive Director Agency Name: Sexual Trauma Awareness & Response Address: 233 Saint Ferdinand Street City: Baton Rouge Zip: 70802-5818 Phone: (225) 389-3456 FAX: (225) 389-5685 Email: jwood@ebrda.org	
Fed Employer Tax Id: <u>45 - 3088168</u> DUNS: <u>078374347 -</u> CCR CAGE/NCAGE: CCR Expiration Date:			
6. IMPLEMENTING AGENCY Name: Jane B. Wood Title: Executive Director Agency: Sexual Trauma Awareness & Respons Address: 233 St. Ferdinand Street City: Baton Rouge Zip: 70802-5818 Phone: (225) 389-3456 FAX: (225) 389-5685 Email: jwood@ebrda.org	7. PROJECT DIRECTOR Name: Racheal Hebert Title: Program Director Agency: Sexual Trauma Awareness & Resp Address: 233 St. Ferdinand Street City: Baton Rouge Zip: 70802-5818 Phone: (225) 389-3456 FAX: (225) 389-5685 Email: racheal.hebert@brstar.org	8. FINANCIAL OFFICER Name: Racheal Hebert Title: Program Director Agency: Sexual Trauma Awareness & Response Address: 233 St. Ferdinand Street City: Baton Rouge Zip: 70802-5818 Phone: (225) 389-3456 FAX: (225) 389-5685 Email: racheal.hebert@brstar.org	

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

The Sexual Trauma Awareness & Response Center (STAR) requests funds for a Sexual Assault Program. STAR is a 501(c)(3) non-profit agency that provides support and advocacy services to survivors of sexual assault and their loved ones free of charge in the Baton Rouge area. STAR works closely with local law enforcement agencies, hospitals, and the 19th Judicial District Attorney's Office to provide a coordinated community response to survivors of sexual assault and abuse. In an effort to improve crisis intervention services and increase the number of clients served, STAR requests funds in the amount of \$16,968 to hire a full-time Crisis Services Coordinator to provide direct services to sexual assault survivors through legal and medical advocacy, and in person crisis intervention counseling. The Crisis Services Coordinator will help ensure that survivors of sexual assault are given appropriate services and referrals.

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:

- | | | |
|--|--|------------------------------|
| Are all budgeted items allowable per Program Guidelines? | YES: <input checked="" type="checkbox"/> | NO: <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: Racheal Hebert Title: Program Director
 Phone: (225) 389-3456 Fax: (225) 389-5685 E-Mail: racheal.hebert@brstar.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORY	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100 PERSONNEL	\$16,968	\$0	\$0	\$16,968
SECTION 200 FRINGE BENEFITS	\$0	\$0	N/A	\$0
SECTION 300 TRAVEL	\$0	\$0	\$0	\$0
SECTION 400 EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500 SUPPLIES	\$0	\$0	\$0	\$0
SECTION 600 CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 800 OTHER DIRECT COSTS	\$0	\$0	\$0	\$0
TOTAL:	\$16,968	\$0	\$0	\$16,968

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	0%
Stalking	0%
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
Crisis Services Coordinator	TBD	FT	\$2,828.00	5000.00%	12.00	\$1,696,800.	<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:						\$1,696,800.	F = Fed Funds	C = Cash Match

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH	
								F	C
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$0.00	F = Fed Funds	C = Cash Match

VOLUNTEERS:

DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions.	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
			\$0.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$0.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$16,968
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	\$16,968

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: STAR has not called for resumes for this position.

A) Need for each position shown above; justify need for overtime:

STAR has experienced an increase in clients in need of crisis intervention and support services over the past two years. The addition of a Crisis Services Coordinator will allow our agency to provide services to more survivors of sexual assault and their loved ones to help lessen the impact of sexual violence on their lives.

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

The Crisis Services Coordinator's salary is based on standards developed by the Louisiana Foundation Against Sexual Assault in 2009.

C) Project duties of each position requested:

The duties of the Crisis Services Coordinator will include: (1) providing direct services to survivors of sexual assault and their families on the crisis hotline, in person crisis intervention counseling, and accompaniment at hospitals, police departments, prosecutor's office, and court; (2) conducting initial intake assessment for all clients receiving counseling services; and (3) conducting follow-up with all clients.

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 Crisis Services Coordinator will be a new employee.

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:					EMPLOYEE'S NAME: (Continued)						
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL		
1.	.062			\$0	5.	.062			\$0		
2.	.062			\$0	6.	.062			\$0		
3.	.062			\$0	7.	.062			\$0		
4.	.062			\$0	8.	.062			\$0		
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL		
1.	.0145			\$0	5.	.0145			\$0		
2.	.0145			\$0	6.	.0145			\$0		
3.	.0145			\$0	7.	.0145			\$0		
4.	.0145			\$0	8.	.0145			\$0		
HEALTH/LIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL		
1.				\$0	5.				\$0		
2.				\$0	6.				\$0		
3.				\$0	7.				\$0		
4.				\$0	8.				\$0		
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL		
1.				\$0	5.				\$0		
2.				\$0	6.				\$0		
3.				\$0	7.				\$0		
4.				\$0	8.				\$0		
UNEMPLOYMENT TAX	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):					\$0	FRINGE BENEFITS TOTAL (B):					\$0

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

FRINGE BENEFITS TOTAL (A+B): \$0

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

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 or state data, if local data is not available, 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.

Reporting rates of rape in Baton Rouge approximate around 125-150 per year from 2009, 2010, and 2011 data provided by Baton Rouge City Police and the East Baton Rouge Sheriff's Office. Between July 1, 2009 and June 30, 2010, STAR served 352 primary victims through direct counseling and advocacy. In addition, STAR received 356 crisis line calls from community members in need. Between July 1, 2010 and June 30, 2011, STAR served 413 primary victims through direct counseling and advocacy. In addition, STAR received 474 crisis line calls from community members in need. This data supports state and national data that estimates that over 50% of sexual assaults are not reported to law enforcement. Currently, STAR has only one full-time staff member dedicated to providing crisis intervention advocacy and counseling, while the need for crisis intervention support services is increasing steadily each year.

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

The number of people in need of crisis intervention services exceeds the capacity of one staff member. Due to this growing need for services, the current social worker employed by STAR is unable to provide immediate assistance to sexual assault survivors, many of which need immediate attention. Because of this gap in services, survivors are unable to receive services as far out as two to three weeks upon requesting an appointment with the social worker.

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: Increase service availability to sexual assault survivors in need of crisis intervention counseling and advocacy.

Goal 2: Improve survivor's experience with the criminal justice system.

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: Increase service availability to sexual assault survivors in need of crisis intervention counseling and advocacy.

Objective 1.1: Hire one full-time Crisis Services Coordinator.

Objective 1.2: Increase amount of clients who receive crisis services from 474 to 550.

Goal 2: Improve survivor's experience with the criminal justice system.

Objective 2.1: Increase the number of victims who are accompanied to the police department, prosecutor's office, and/or court from 50 to 75.

Objective 2.2: Increase the number of victims who are accompanied to the hospital from 50 to 75.

D. ACTIVITIES / METHODS

List the specific activities and/or services to be provided that will accomplish the objectives. Must include a timetable for achieving the various components of your project. Timetable must cover entire grant period. This must relate back to the Goals and Objectives. If this is a training project, omit this page and complete D-2 Training Programs.

The following activities will occur between March 1, 2012 to February 28, 2013.

1. Call for resumes and hire a Crisis Services Coordinator by 3/15/12.
2. Reach out to community partners, such as law enforcement, hospitals, and non-profit agencies, to make them aware of service availability.
3. Conduct initial assessment with clients to tailor services to their individual needs.
4. Meet with local Victim Assistance Coordinators to establish a protocol for inter-agency collaboration.
5. Meet with local CVR and LAVNS representatives to establish a protocol for inter-agency collaboration.

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: Jane B. Wood PHONE: (225) 389-3456 EMAIL: jwood@ebrda.org

- 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>

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?

Data will be collected from all clients using the attached client data survey.

2. When will the data be collected?

The initial data will be collected upon the client's first visit to STAR for crisis intervention services. Once a client terminates services with the agency, the client will be asked to complete a client satisfaction survey (attached).

3. Who will collect and analyze the data?

The Crisis Services Coordinator will collect and input the data. The data will be analyzed and submitted to LCLE by the Program Director.

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

Name: Racheal Hebert

Phone: (225) 389-3456

Email: racheal.hebert@brstar.org

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

After analyzing the data collected, the STAR Program Director, along with the STAR Board of Directors, will review the results and update or revise the strategy as needed to ensure that best practices are used in serving survivors of sexual assault.

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 Quarterly Progress Reports and expenditure reports as specified at award time. In addition, the STAR Board of Directors will receive Quarterly and Annual Progress Reports describing the project's success in achieving the goals and objectives stated above.

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.

Upon conclusion of this grant, STAR will continue to fund this project through donations from private foundations, criminal justice system support, and other state and federal grant opportunities.

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.

STAR will provide the physical space to house the Crisis Services Coordinator at 233 St. Ferdinand Street, Baton Rouge, LA 70802. The Crisis Services Coordinator will also receive all necessary furniture, equipment, and supplies to complete the project, to be provided by STAR.

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.

STAR is supported by the 19th Judicial District Attorney's Office and the East Baton Rouge Sheriff's Office. Letters of support are attached.

Kathy Guidry

From: Kathy Guidry
Sent: Wednesday, February 01, 2012 5:04 PM
To: 'Racheal Hebert'
Cc: 'Judy Benitez'
Subject: M11-8-034, Sexual Trauma Awareness & Response (STAR) Center, Sexual Assault Program
Attachments: vendor_location_form.pdf; W-9 Request for Taxpayer Identification Number & Certification.pc

Ms. Racheal Hebert
Sexual Trauma Awareness & Response Center
233 St. Ferdinand St.
Baton Rouge, LA 70802-5818

RE: M11-8-034, Sexual Assault Program

Dear Ms. Hebert:

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 is for a new project and is more than \$10,000, you will be required to attend both meetings.

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. Since this is a new project, the following items are required before an award can be issued if this project is approved.
 - i. DUNS number and CCR registration along with expiration date proof of verification.
 - ii. Surety bond covering the amount of the grant.
 - iii. Attached IRS Form W-9 Request for Taxpayer Identification Number and Certification.
 - iv. Attached LCLE Request for Vendor Information
 - v. Also, throughout the project period, the agency must
 1. Maintain its corporate status with the Louisiana Secretary of State's Commercial Division in good standing and active;
 2. Maintain active status with CCR registration.
 3. Meet all program standards adopted by LaFASA.
 - b. #7 Project Director and #8 Financial Officer – The project director and financial officer cannot be the same individual. The applicant authorized official, implementing agency's official or another individual can be listed as the financial officer. The financial officer must also be an employee of the applicant agency.
2. Pg. 4, Section 100 Personnel – Please remove the check under the "Cash Match" box on your copy. It has been removed from the application.
3. Pg. 32, Certification of State Coalition Directors – Needs to be signed by LaFASA's director in blue ink.

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 Friday, February 10, 2012. Please contact Judy Benitez or me 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

Mailing Address:

PO Box 3133

Baton Rouge, LA 70821-3133

P: (225) 342-1829

C: (225) 241-5978

F: (225) 342-1846

Email: kathy.guidry@lcle.la.gov