



LOUISIANA COMMISSION
ON LAW ENFORCEMENT
AND THE ADMINISTRATION
OF CRIMINAL JUSTICE

CRIME VICTIM ASSISTANCE
FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY:

Project ID: C12-9-

CVA Purpose Area: 1

1. TITLE OF PROJECT

Rape Counseling/Crisis Line

2. NEW PROJECT

CONTINUATION PROJECT OF: C11-9-004

3. PROJECT DURATION

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

Desired Start Date: 2/1/2013

Desired End Date: 1/31/2014

4. PROJECT FUNDS

Federal Funds: \$122,400

Cash Match: \$0

In-Kind Match: \$30,600

Total Project: \$153,000

5A. APPLICANT AGENCY INFORMATION

Agency Name: N.O. Family Justice Alliance

Physical Address: 701 Loyola Avenue, Suite 201

City: New Orleans

Zip: 70113-1972

Mailing Address: P. O. Box 50159

City: New Orleans

Zip: 70150-0159

Phone: (504) 355-0851

FAX: (504) 592-4009

Email: mclandry@nofjc.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Mary Claire Landry

Title: Executive Director

Agency Name: New Orleans Family Justice Alliance

Address: 701 Loyola Avenue, Suite 201

City: New Orleans

Zip: 70113-1972

Phone: (504) 355-0851

FAX: (504) 592-4009

Email: mclandry@nofjc.org

Fed Employer Tax Id: 26 - 2541029

DUNS: 62372525 -

CCR CAGE/NCAGE: 6PSK9

CCR Expiration Date: 3/29/2013

6. IMPLEMENTING AGENCY

Name: Mary Claire Landry

Title: Executive Director

Agency: NO Family Justice Alliance

Address: 701 Loyola Avenue, Suite 201

City: New Orleans

Zip: 70113-1972

Phone: (504) 355-0851 FAX: (504) 592-4009

Email: mclandry@nofjc.org

7. PROJECT DIRECTOR

Name: Pamela Albers

Title: Sexual Assault Services

Agency: N. O. Family Justice Alliance

Address: 701 Loyola Avenue, Suite 201

City: New Orleans

Zip: 70113-1972

Phone: (504) 310-6925 FAX: (504) 592-4009

Email: palbers@nofjc.org

8. FINANCIAL OFFICER

Name: Mary Claire Landry

Title: Executive Director

Agency: N. O. Family Justice Alliance

Address: 701 Loyola Avenue, Suite 201

City: New Orleans

Zip: 70113-1972

Phone: (504) 355-0851 FAX: (504) 592-4009

Email: mclandry@nofjc.org

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

This project will provide 24 hour crisis line and crisis counseling services to sexual assault victims in Orleans Parish. These services provide a vital link to victims who are confused and uncertain as to where to turn for services and assistance. As the primary provider of social and support services in Orleans Parish, and the lead community based organization managing the New Orleans Family Justice Center, the NOFJC Sexual Assault Program is in the best position to respond promptly, effectively and appropriately. We have been on the forefront of establishing and maintaining collaborative efforts to connect victims to services. With the NOPD Sex Crime Unit having a presence in the Family Justice Center, as well as the Crescent House staff on-site, in collaboration with the SANE Unit at University, we are ready to respond to victims' needs and provide comprehensive services. The NOFJC is also in the process of developing a Sexual Assault Response Protocol and a Sexual Assault Response Team (SART).

2012 DEC -5 PM 2:08

LA COMMISSION
LAW ENFORCEMENT

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 type="checkbox"/>	Previously Underserved
State Type of Previously Underserved: African American, Undocumented Victims, LGBQ victims	

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: Mary Claire Landry

Title: Executive Director

Phone: (504) 355-0851

Fax: (504) 592-4009

E-Mail: mclandry@nofjc.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$98,780	\$0	\$30,600	\$129,380
SECTION 200. FRINGE BENEFITS	\$20,718	\$0	N/A	\$20,718
SECTION 300. TRAVEL	\$74	\$0	\$0	\$74
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$600	\$0	\$0	\$600
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$2,228	\$0	\$0	\$2,228
TOTAL:	\$122,400	\$0	\$30,600	\$153,000

Provide Source of Cash Match:

Provide Source of In-Kind Match: Volunteers, student interns

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	Mary Claire Landry	FT	\$6,344.00	10.00%	12.00	\$7,612.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program Director	Pamela Albers	FT	\$3,902.80	65.00%	12.00	\$30,441.84	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual Assault Counselor	Leah Foster	FT	\$3,435.47	100.00%	12.00	\$41,225.64	<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"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$79,280.28	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
Crisis Line Counselor	Renada Fruga	PT	\$12.50	40.00	75.00%	52.00	\$19,500.00	<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:							\$19,500.00	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
Crisis Line counselors, volunteers to monitor children during counseling or support groups, community educators, medical advocates	3,060.00	\$10.00	\$30,600.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$30,600.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$98,780
CASH MATCH	\$0
IN-KIND MATCH	\$30,600
PERSONNEL TOTAL	\$129,380

SECTION 400. 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:

There should be no need for overtime for the above-listed positions.

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

Salaires are determined based upon comparable amounts paid for similarly-qualified candidates.

C) Project duties of each position requested:

Executive Director -- oversees the operation of all the programs operating out of the New Orleans Family Justice Center. 10% of the Director's time will be spend supervising the personnel and overseeing the work funded though this project.

Project Director -- Conducts one-on-one counseling and support groups under this project. Oversees training for services provided under this grant to both employees of the NOFJC and throughout the community. Monitors the attainment of goals and objectives and completes reports for the grant. Directly supervises the project and staff funded through the project.

Sexual Assault Counselor -- Conducts one-on-one counseling and support groups under this project.

Crisis Line Counselor -- Answers crisis line calls after office hours.

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, Project Director, Sexual Assault Counselor, and Crisis Line Counselor positions are existing personnel who will be retained for the purposes of this project.

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.	Mary Claire Landry	.062		\$7,612	\$471	5.		.062			\$0
2.	Pamela Albers	.062		\$30,442	\$1,887	6.		.062			\$0
3.	Leah Foster	.062		\$41,226	\$2,556	7.		.062			\$0
4.	Renada Fruga	.062		\$19,500	\$1,209	8.		.062			\$0
MEDICARE		RATE		SALARY	TOTAL	MEDICARE		RATE		SALARY	TOTAL
1.	Mary Claire Landry	.0145		\$7,612	\$110	5.		.0145			\$0
2.	Pamela Albers	.0145		\$30,442	\$441	6.		.0145			\$0
3.	Leah Foster	.0145		\$41,226	\$597	7.		.0145			\$0
4.	Renada Fruga	.0145		\$19,500	\$282	8.		.0145			\$0
HEALTH/LIFE INSURANCE Provide monthly insurance rates		RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE Provide monthly insurance rates		RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1.	Mary Claire Landry	365.00	12.00	10.00%	\$438	5.					\$0
2.	Pamela Albers	365.00	12.00	65.00%	\$2,847	6.					\$0
3.	Leah Foster	365.00	12.00	100.00%	\$4,380	7.					\$0
4.	Renada Fruga	365.00	12.00	75.00%	\$3,285	8.					\$0
WORKMAN'S COMPENSATION		RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION		RATE		SALARY	TOTAL
1.	Mary Claire Landry	0.010		\$7,612	\$76	5.		0.020			\$0
2.	Pamela Albers	0.010		\$30,442	\$304	6.		0.020			\$0
3.	Leah Foster	0.010		\$41,226	\$412	7.		0.020			\$0
4.	Renada Fruga	0.010		\$19,500	\$195	8.					\$0
UNEMPLOYMENT TAX Based on first \$7,000 or Less		RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first \$7,000 or Less		RATE	TYPE	SALARY	TOTAL
1.	Mary Claire Landry	0.014	CHECK	\$700	\$9	5.		0.011	CHECK		\$0
2.	Pamela Albers	0.014	TYPE:	\$2,600	\$36	6.		0.011	TYPE:		\$0
3.	Leah Foster	0.014	<input type="checkbox"/> FUTA	\$7,000	\$98	7.		0.011	<input type="checkbox"/> FUTA	\$0	\$0
4.	Renada Fruga	0.014	<input checked="" type="checkbox"/> SUTA	\$7,000	\$98	8.			<input checked="" 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: ST, LT, Life Insurance		RATE		SALARY	TOTAL	OTHER:		RATE		SALARY	TOTAL
1.	Mary Claire Landry	0.01		\$7,612	\$76	5.					\$0
2.	Pamela Albers	0.01		\$30,442	\$304	6.					\$0
3.	Leah Foster	0.01		\$41,226	\$412	7.					\$0
4.	Renada Fruga	0.01		\$19,500	\$195	8.					\$0
FRINGE BENEFITS TOTAL (A):					\$20,718	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): \$20,718

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$20,718
CASH MATCH	\$0
TOTAL FRINGE BENEFITS	\$20,718

SECTION 300. TRAVEL

Itemize travel expenses of project personnel. Mileage is unallowable 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: Pamela Albers TITLE: Program Director PURPOSE: Trainings, medical advocacy at hospital and outreach	\$0.51	145.00	\$73.95	<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"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$73.95	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		
											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	\$74
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$74

SECTION 500. SUPPLIES (Continued)

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

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

BRIEFLY EXPLAIN:

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

SECTION 500. SUPPLIES SUMMARY	
FEDERAL FUNDS	\$600
CASH MATCH	
IN-KIND MATCH	
SUPPLIES TOTAL	\$600

SECTION 800. OTHER DIRECT COSTS

Itemize each type: e.g., audit, rent (show square footage and cost per square foot), phone charges, utilities, printing, duplicating, registration fees for conferences/workshops, etc. Prorate telephone and utility bills. Show method of determining cost. Please refer to application instructions for direction.

TYPE OF OTHER DIRECT COST	METHOD OF DETERMINING COST	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
Telephone Services	\$ 35 per month per phone x 2 phone	12.00	\$70.00	\$840.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payroll Services	1 % of salary cost per year	0.01	\$98,780.00	\$987.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copier Maintenance	\$100 per quarter x 4 quarters	4.00	\$100.00	\$400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$2,227.80			

F = Federal Funds
C = Cash Match
IK = In-Kind Match

BRIEFLY EXPLAIN:

A) Need for each type listed; and

The telephone budget is used to cover the monthly charge for telephones for the telephones that are used by the Program Director and the therapist. The payroll service is contracted on a monthly basis to provide bi-weekly payroll services, filing of federal and state taxes, and management of benefits provided to the the employees. This service is provided at an annual cost of 1% annually of the total payroll. Copier maintenace is for the maintenance of the copier and this program is being charge for a percentage of the cost each month for the maintenance contract based on the number of copies for the program.

B) Its relationship to project.

These direct costs are directly related to program/project operations.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$2,228
CASH MATCH	\$0
IN-KIND MATCH	\$0
OTHER DIRECT COSTS TOTAL	\$2,228

PROGRAM NARRATIVE

A. PROBLEM DEFINITION

1. Identify the nature and magnitude of the specific problem existing in your particular community that needs to be addressed through this proposed project. **Document the need, not the symptoms or solutions.** Be sure to include current **valid local data** to support the justification. Give the source and date of your information. State the needs of your agency and the needs of the victims in your area as related to this problem and justify the need for the proposed project.

The following information was cited from the document: Rape in Louisiana: A Report to the State by Dean G. Kilpatrick and Kenneth J. Ruggerio, 2003:

According to the National Women's Study (NWS) and the National Violence Against Women Survey (NVAWS), data from these studies indicate that approximately 13.4% of adult women in the United States have been victims of forcible rape sometime in their lifetime. These studies also found that risk of ever being raped was related to a woman's age, her race/ethnicity, and the region of the nation she lives in. Both studies found that the majority of rapes these adult women experienced occurred when under the age of 18.

Based on this national information, a prevalence of rape in Louisiana was developed. We estimated that approximately 13.1% of adult women in Louisiana have been victims of one or more completed forcible rapes during their lifetime. According to the 2008 census, there are about 3 million women 18 years of age or older living in Louisiana. This means that the estimated number of adult women in LA who have ever been raped is about 390,000. This estimate of the magnitude of Louisiana's rape problem is conservative because it does not include women who have never been forcibly raped but how have experienced attempted rapes, drug or alcohol facilitated rapes, alcohol or drug facilitated rapes, incapacitation rapes, or statutory rapes (i.e. rapes in which no force or threat was used but the perpetrator had sex with an underage child or young adolescent). Nor does this estimate include any types of rape that have been experienced by female residents of LA who are currently under the age of 18. Nor does the estimate include male rape victims of any age.

*15.42% of adult women in the U.S. are of Hispanic ethnicity, whereas 3.6% of adults in Louisiana are of Hispanic ethnicity
* 72.1% of adult women in the U.S. are of European descent (non-Hispanic), 62.5% of adults in Louisiana are of European descent
3.8% of adult women in the U.S. are of African descent (non-Hispanic), 31.9% of adults in Louisiana are of African descent.
Converting the 13.1% of Louisiana percentage, of the 113, 355 women over 18 years of age living in Orleans Parish, over 14, 761 women have been raped. (U.S. Census 2009).

Of female Americans who are raped, 54% experience their first rape before the age of 18. (Tjaden, Patricia and Nancy Thoennes. Prevalence, Incidence and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey. National Institute of Justice, U.S. Department of Justice, November, 1998).

Women with a childhood history of sexual abuse are 4.7 times more likely to be subsequently raped. Merrill, LL. et al. childhood Abuse and Sexual Revictimization in a Female Navy recruit sample. Naval Health Research Center, 1997).

Currently with this grant we have two full time and one contract counselor available to see sexual assault victims.

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

After Hurricane Katrina, the YWCA ceased operations in Orleans parish and Crescent House became the service provider for the parish. Crescent House is the only primary sexual assault response and recovery program operating in Orleans parish; and, we are recognized by LAFASA (Louisiana Foundation Against Sexual Assault) as the primary service provider in Orleans parish.

In addition, the mental health resources in the city were decimated after the storm and have not returned to their previous level as of this date. After Hurricane Katrina, approximately 75% of mental health practitioners left the city. Whether due to losing their property, practice or clients, or that the mental health providers are not hiring because of budgetary constraints, many of those practitioners still have not returned to the city.

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.

Our primary mission is to alleviate the shock, trauma, grief, and anger experienced by sexual assault survivors. By providing counseling and medical advocacy, we will work diligently to provide the emotional and psychological support necessary for victims of sexual assault to begin their healing process.

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: To assist 100 primary victims of sexual assault/sexual abuse in recovering from the effects of sexual trauma.

Objective 1: To provide 50 individual therapy sessions to primary victims per quarter.

Objective 2: To provide 125 units of group support to primary victims for the year.

Goal 2: To operate a 24 hour crisis line in Orleans Parish that handles both sexual assault and domestic violence crisis intervention and counseling services.

Objective 1: To track the number of calls placed to the hotline number, tracking both sexual assault calls and domestic violence calls.

Objective 2: Provide 20 hours of initial training to counselors, students and volunteers prior to handling calls.

Goal 3: To provide a safe supportive atmosphere in which the survivors are able to express themselves:

Objective 1: Reduced symptom severity that is exhibited due to the traumatic stress of the sexual assault

Objective 2: Self reports of art therapy positively impacting a survivor's recovery and ability to cope.

Goal 4: To provide on-call patient advocate response to University Hospital SANE unit.

Objective 1: Train 1-5 patient advocates over the course of the funding period.

Objective 2: Provide on-site response, support, and referral information to patients in ER/SANE unit.

Objective 3: Provide 20 hours of sexual assault advocacy training to patient advocates.

Objective 4: Provide follow-up support services to sexual assault survivors as requested by survivor.

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.

Master degreed therapists will provide specialized therapy and support to primary victims in individual and group settings. Child victims will receive age-appropriate play therapy. Treatment goals will focus on ameliorating the negative effects of trauma, such as reducing nightmares, establishing safety, and addressing feelings of depression and anxiety. This method is already in place.

Trained crisis line manager and counselors will provide crisis intervention, lethality assessments and safety planning to victims of domestic violence and sexual assault and will be cross trained to handle any type of call that comes in. The crisis line is operational 24 hours a day, seven days per week, and is already in place.

Safe and therapeutic counseling office space will be made available both at Crescent House and the New Orleans Family Justice Center for the individual and group counseling sessions. The therapists will utilize therapeutic art projects modeled after the "Window Between Worlds" where our primary therapist, Pam Albers, has been trained.

Trained patient advocates (advocates must possess at least a Bachelor's Degree) will provide on-site emergency response to the ER/SANE unit of University Hospital. Advocates will be on a rotation schedule and available during their shift to provide on-site emergency response. Advocates will receive 20 hours of specialized sexual assault training that includes an orientation and tour of the SANE unit at the hospital.

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.)

Goal 1: Serve 100 victims of sexual assault/abuse. Grant period statistics through 3 quarters reflect that we assisted 174 survivors of sexual assault/abuse

Objective 1: Provide 50 individual counseling sessions to primary victims per quarter. Through 3 quarters we provided 263 individual counseling sessions which averages 87 sessions per quarter.

Objective 2: Provide 125 units of group support per quarter. We had 6 units of group support this year. Providing group counseling sessions has been a challenge since the majority of people we serve request individual sessions. This quarter we have begun providing group support groups again.

Goal 2: To operate a 24 hour crisis line in Orleans Parish that handles sexual assault crisis intervention and provides counseling services.

Objective 1: The crisis line was successfully operated for 24 hours throughout the year and all calls were tracked. Each call is recorded on a log sheet and designated by type including sexual assault. According to the National Sexual Assault Hotline, during this annual year 187 calls were routed to our crisis line in addition to our local crisis line number.

Objective 2: We provided 40 hours of training to new staff persons, students and interns who would be answering the crisis line prior to handling crisis line calls. We provided ongoing training and access to further training from other agencies to our staff, students and volunteers answering the crisis line. Training documentation is kept on record at the New Orleans Family Justice Center.

Goal 3: A safe supportive environment is provided at the New Orleans Family Justice Center. Clients self report through evaluations and consumer surveys - surveys are reviewed on a quarterly basis as part of our accreditation process- surveys are positive.

2. Did the project work as expected? Explain.

Our project has steadily become established and we are now recognized as a sexual assault service provider in our community; and, our referrals continue to increase. Since 2010 our program received accreditation as a sexual assault center by the Louisiana Foundation Against Sexual Assault. In 2012 we are providing leadership in the development of a SART team in Orleans Parish and have hosted a 2 day planning meeting to set goals and objectives for the Rape Crisis Network. Our program is also working very closely with the NOPD, the Civil Rights Division of DOJ, Office of Violence Against Women and the Office of Crime Victims to better address the needs of sexual assault victims in our community and to begin work on an integrated sexual assault response protocol, similar to the one we have developed for domestic violence response.

Our crisis line service is consistent and our staff is highly trained to provide the utmost in service and referral information.

3. Have the original goals and objectives been revised? Yes No

If Yes, explain what changes will be made in the continuation of this project and why?

I. EVALUATION AND DISSEMINATION OF REPORTING

A COPY OF YOUR EVALUATION FORMS USED FOR THIS PROJECT MUST BE INCLUDED.

1. From who will the data be collected – what is the source?

The data will be collected from clients seeking sexual assault services who agree to fill out a client satisfaction survey. Clients are told that the survey is not mandatory and that their participation or lack of has no impact on seeking other services.

2. When will the data be collected?

Data is collected monthly

3. Who will collect and analyze the data?

Case managers, counselors and group facilitators pass out the surveys and ask the participants to place them in the survey box. Surveys are analyzed by the program director each month.

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

Name: Pamela Albers, LCSW

Phone: (504) 310-6925

Email: palbers@ccano.org

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

Survey information is reviewed quarterly and so is service delivery. Following the quarterly reports an overview of that quarter is done with an eye for change as needed.

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.

Recipients to receive project results on a monthly, quarterly and yearly basis are:

LACLE (quarterly)
LAFASA
Program Director
Case managers
Counselors
Group facilitators
Board of Directors (quarterly)

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 are consistently working with local stakeholders to maintain funding for programs. Currently, municipal funding for programs is very limited, and, though we keep the need for services in the public eye, other needs are often addressed through the use of local funding. This project is funded with the City of New Orleans as the oversight agency. We continue to work with the United Way and other area funders to increase amounts dedicated for program services. It is anticipated that foundation funding will be more available to the New Orleans Family Justice Center as well as fundraising activities now that this program will no longer operate under Catholic Charities.

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.

Services are provided at the New Orleans Family Justice Center. The Center is located on the second floor at 701 Loyola Avenue in New Orleans. This is the new location for the New Orleans Family Justice Center and has 16,000 square feet available for services. The staff of the Sexual Assault Program have their own private offices in which to see clients and also use the conference and meeting space that is available for support groups, activities, and educational programs. Each program provides supplies for those in the center from their own program resources. Copy machine is available for all those in the center.

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 | N/A - new organization |
| 2. Dates covered by last audit: | N/A |
| 3. Date of next audit: | 6/30/2013 |
| 4. Dates to be covered by next audit: | 01/01/12-12/31/1206 |
| 5. Date next audit will be forwarded to LCLE: | 06/30/13 |

This organization/agency expends less than \$500,000 in federal funds from all sources during the fiscal year of the organization/agency.

M. VOLUNTEERS

Yes No Are you using volunteers as match?
If yes, describe the duties and functions performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). Volunteers' duties must directly relate to the focus of this project and information stated in Section 100 Personnel.

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

Volunteers are screened and trained and are in compliance with the La. Child Protection Act. Volunteers are used as crisis line counselors, monitors for child and survivor activities, community educators, patient advocates, etc.

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 Program Director will maintain an effective relationship with the Louisiana Crime Victims Reparations Program to ensure that victims are aware of the services and can apply without problems for assistance. The New Orleans Family Justice Center provides an information packet to the sexual assault survivor on the first contact. The Crime Victims Reparations flyer is part of the packet. The flyer and the application process are explained to the applicant and we encourage them to call us with questions about the application or the process. We also provide contact information for the Crime Victims Reparations representative and encourage the applicant to contact the representative with questions or concerns.

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

The Program Director has many years of experience as a social worker and mental health professional. She has established working relationships with other community organizations and criminal justice agencies in the community. Our agency collaborates with the SANE nurses at University Hospital, as well as with other staff at local hospitals that treat sexual assault victims. Our staff have provided extensive training to the emergency room staff to also triage sexual assault cases. We are an integral part of the Rape Crisis Network and the Mayor's Domestic Violence Advisory Committee and work very closely with all the collaborators of that committee.

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.

Our agency has a close working relationship with both the Sexual Assault Detectives as well as the Domestic Violence Detectives who work out of the New Orleans Family Justice Center. We work diligently with the survivors to see law enforcement as a support and a resource and model how their involvement can help them. By collaborating with them in services, survivors see the positive benefits of our collaboration. Survivors are encouraged to do what is best for them. We assist the survivor in evaluating her situation and making the personal decision to report or not to report.

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.

Our agency is in full compliance with the Louisiana Child Protection Act in screening prospective employees.