LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

6

APPLICATION NUMBER: C10-3-005

APPLICANT: Community Receiving Home, Inc.

PROJECT TITLE: Child Sexual Abuse Counseling Program

PROJECT FUNDS :

FUND:	$ 19,929	80.00%	PROJECT DURATION:	12 months
MATCH:	$ 4,982	20.00%	START DATE:	10/01/2010
TOTAL:	$ 24,911	100.00%	END DATE:	09/30/2011

Continuation of C98-3-003

PROJECT SUMMARY:

This project will function from within a community-based, non-profit, residential shelter setting and will serve both male and female populations that range in age from 11 to 17. It is the purpose of the project to identify and provide interventions to victims of child abuse, sexual abuse and child victims of domestic violence.

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:** C10-3-005 **CVA Purpose Area:** 3, 4

1. TITLE OF PROJECT
Child Abuse Counseling Program

2. ☐ **NEW PROJECT**
☒ **CONTINUATION PROJECT OF: C09-3-004**

3. PROJECT DURATION
Total Length: **12** Months (*Not to exceed 12 Months*)
Desired Start Date: 10/1/2010
Desired End Date: 9/30/2011

4. PROJECT FUNDS

Federal Funds:	$19,929
Cash Match	$4,982
In-Kind Match:	
Total Project:	**$24,911**

5A. APPLICANT AGENCY INFORMATION
Agency Name: Community Receiving Home, Inc.
Physical Address: 6177 Bayou Rapides Road
City: Alexandria Zip: 71303-
Mailing Address: PO Box 7997
City: Alexandria Zip: 71306-
Phone: (318) 473-0530 FAX: (318) 473-8866
Email: rhy@renaissancehome.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: Angela Chustz
Title: Executive Director
Agency Name: Community Receiving Home, Inc.
Address: PO Box 7997
City: Alexandria Zip: 71306-
Phone: (318) 473-0530 FAX: (318) 473-8866
Email: angela@renaissancehome.org

Fed Employer Tax Id: 72 - 0740957 DUNS: 082498825 - CCR CAGE/NCAGE: 57VX4 CCR Expiration Date: 2/15/2011

6. IMPLEMENTING AGENCY
Name: Angela Chustz
Title: Executive Director
Agency: Community Receiving Home, Inc.
Address: PO Box 7997
City: Alexandria Zip: 71306-
Phone: (318) 473-0530 FAX: (318) 473-0530
Email: angela@renaissancehome.org

7. PROJECT DIRECTOR
Name: Angela Chustz
Title: Executive Director
Agency: Community Receiving Home, Inc.
Address: PO Box 7997
City: Alexandria Zip: 71306-
Phone: (318) 473-0530 FAX: (318) 473-8866
Email: angela@renaissancehome.org

8. FINANCIAL OFFICER
Name: Kay Lowery
Title: Fiscal Director
Agency: Community Receiving Home, Inc.
Address: PO Box 7997
City: Alexandria Zip: 71306-
Phone: (318) 473-0530 FAX: (318) 473-0530
Email: rhy@renaissancehome.org

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

This proposed project will function from within a community-based, non-profit, residential/shelter setting and will serve both male and female populations that range in age from 11-17. It is the purpose of the project to identify and provide interventions to victims of child abuse, sexual abuse and child victims of domestic violence.

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):

☐	Sexual Assault
☐	Domestic Abuse
☒	Child Abuse
☒	Previously Underserved

State Type of Previously Underserved: Children of Domestic Violence

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?	☒	☐
Were instructions followed to determine allowable personnel/contractual costs?	☒	☐
Are all line item computations correct?	☒	☐
Do line items add to category totals?	☒	☐
Have category totals been rounded to nearest dollar?	☒	☐

Each category amount listed in the table below must equal category totals shown on Pages 3 through 11.

Person Completing Budget Section: Kay Lowery Title: Fiscal Director
Phone: (318) 473-0530 Fax: (318) 473-8866 E-Mail: rhy@renaissancehome.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$19,929	$4,982	$0	**$24,911**
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 700. RENOVATION COSTS	$0	$0	$0	**$0**
SECTION 800. OTHER DIRECT COSTS	$0	$0	$0	**$0**
TOTAL:	**$19,929**	**$4,982**	**$0**	**$24,911**

Provide Source of *Cash* Match: Rapides Parish Ad Valorem Tax

Provide Source of *In-Kind* Match:

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	PAID WITH C
Crime Victims Therapist	Heidi Bordelon	FT	$3,306.00	62.79%	12.00	$24,910.04	☒	☒
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						$24,910.04	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	PAID WITH C
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
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	$19,929
CASH MATCH	$4,982
IN-KIND MATCH	-0-
PERSONNEL TOTAL	**$24,911**

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 Crime Victims Social Worker will implement all programming, i.e. identify clients in need of services, conduct individual and group sessions and do pre- and post-testing of clients. They will also collect the necessary statistical data for reporting.

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

The salary is determined by the pay plan adopted by the governing board of the agency. The basis of this plan is like salaries within the community.

C) Project duties of each position requested:

1) Conduct all counseling sessions, both individual and group.
2) Assess incoming clients to determine need for services offered within the program.
3) Conduct life skills education and provide both pre- and post-testing.
4) Compile statistical data.

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.]

Existing, but was originally hired for this position.

SECTION 200. FRINGE BENEFITS (Employer's Share Only)

Enter the Individual Name(s) of the employees receiving fringe benefits for each position funded through this grant. There are two sets of each benefit below to allow budgeting for eight employees. For further information and direction, please refer to the application instructions.

Check: ☒ **All Fringe Benefits Will Be Paid by Applicant Agency** ☐ **Additional Fringe Benefits Will Be Paid by Applicant Agency**

EMPLOYEES' NAMES:					EMPLOYEES' NAMES: (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1.	.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 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.				$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 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.		CHECK TYPE:		$0	5.		CHECK TYPE:		$0
2.				$0	6.				$0
3.		☐ FUTA		$0	7.		☐ FUTA		$0
4.		☐ SUTA		$0	8.		☐ 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** 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.

National child abuse statistics from Child Help report that children are suffering from a hidden epidemic of child abuse and neglect. Over 3 million reports of child abuse are made every year in the U.S. In 2007, approximately 5.8 million children were involved in an estimated 3.2 million child abuse reports and allegations.

The Louisiana Office of Community Services for 2008 reports valid abuse and neglect cases for this region:

Parish	Valid	Invalid	Inconclusive	Total by Parish
Avoyelles	82	92	5	179
Catahoula	55	73	1	129
Concordia	32	61	0	93
Grant	46	98	4	148
Rapides	308	523	55	886
Vernon	203	413	20	636
Winn	25	66	2	93

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

The gap in community resources relates to the lack of adequate providers that are able to provide sexual abuse counseling services to the youth of Renaissance who are victims of physical and/or sexual abuse.

Fifty (50%) percent of the youth admitted into Renaissance have either been physically or sexually abused or witnessed domestic violence. With the number of children at Renaissance who are victims of abuse, it was apparent to us to seek funding to meet this need for this population.

B. GOALS

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

GOAL 1: Provide effective coping strategies to manage anger, trauma and other clinical symptoms resulting from abuse.

GOAL 2: Prevention: Increase the client understanding of teenage dating violence/abuse and domestic violence.

C. OBJECTIVES

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

GOAL 1:

OBJECTIVE 1: Assess 75 group home and emergency shelter clients for physical abuse, sexual abuse and children exposed to domestic violence.

OBJECTIVE 2: Provide individual and group counseling to 45 of 75 clients.

GOAL 2:

OBJECTIVE 1: Pre and Post survey of 75 group home and emergency shelter care clients.

OBJECTIVE 2: Provide life skills education (dating violence/domestic abuse) to 45 of the 75 clients in group home and emergency shelter care.

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.

Method 1: Masters Level Counselor will conduct a written assessment on all residential and shelter care clients admitted to the facility to determine if they have been a victim of physical abuse, sexual abuse or children of domestic violence.

Method 2: Masters Level Counselor to provide individual, group and family counseling for child abuse, sexual abuse and children of domestic violence (group home and shelter care clients). Individual sessions will be conducted weekly and group sessions conducted 1 hour weekly. Life skills education will be provided weekly focusing on teenage domestic violence. Pre and post surveys shall be conducted on 75 group home and shelter care clients.

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.

- ☒ Community-Based Organization
- ☐ Court
- ☐ Domestic Violence Program
- ☐ Domestic Violence State Coalition
- ☐ Dual Program (Sexual Assault and Domestic Violence)
- ☐ Dual State Coalition (Sexual Assault and Domestic Violence)
- ☐ Government Agency (Department of Human Services, Bureau of Health)
- ☐ Law Enforcement
- ☐ Probation, Parole, or Other Correctional Agency
- ☐ Prosecution
- ☐ Sexual Assault Program
- ☐ Sexual Assault State Coalition
- ☐ Tribal Coalition
- ☐ Tribal Government
- ☐ Tribal Sexual Assault and/or Domestic Violence Program
- ☐ Unit of Local Government
- ☐ University/School
- ☐ 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: Angela Chustz PHONE: (318) 473-0530 EMAIL: angela@renaissancehome.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.

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: Heidi Bordelon PHONE: (318) 473-0530 EMAIL: rhy@renaissancehome.org

☒ 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 objectives from the previous application were as follows:

Objective 1: Assess 75 group home and emergency shelter clients for physical abuse, sexual abuse and children exposed to domestic violence.
Outcome: 84 of the 99 youth admitted into Renaissance were assessed for physical and sexual abuse.

Objective 2: Provide individual and group counseling to 45 of 75 clients.
Outcome: 55 of the 84 youth identified as victims were provided individual, group and family counseling.

Objective 3: Pre and Post test survey of 75 group home and emergency shelter care clients.
Outcome: 84 youth have been tested.

Objective 4: Provide life skills education (dating violence/domestic abuse) to 45 of the 75 clients in group home and emergency shelter.
Outcome: 84 were provided life skills education in group home and emergency shelter care.

2. Did the project work as expected? Explain.

The project did work as expected. The Crime Victims Social Worker was able to provide counseling services to identified youth. Other Renaissance personnel, not grant funded, provided program support.

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?

Client database and case files will include all shelter and group home client admissions. The Social Worker will track client progress through progress notes, clinical team meetings and pre/post test surveys.

2. When will the data be collected?

Data will be collected quarterly.

3. Who will collect and analyze the data?

Data will be collected by the Program Director and analyzed by the Crime Victim Social Worker and Clinical Team.

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

Name: Angela Chustz Phone: (318) 473-530 Email: angela@renaissancehome.org

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

The project will be evaluated by the Crime Victims Social Worker in conjunction with the clinical team. Progress will be evaluated through documentation gathered from the youth's progress notes, family notes, clinical staffings and reports received from the youth.

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.

A statistical data summary for the program will be submitted in an end-of-year report for Renaissance Home Board of Directors. Reports shall be submitted in compliance with grant requirements. Quarterly reports, expenditures, etc. in relation to the program meeting requirements will be submitted to LCLE and the district office.

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.

Alternative sources of funding will be sought from local, state and federal agencies. Renaissance will absorb financial responsibility for the program if other sources are not utilized.

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.

Renaissance's campus is located on a 10 acre tract of land and is comprised of 5 buildings that provide for program and administrative needs. Renaissasnce has recently built an 8,400 square foot school building to provide for the educational needs of the children.

L. AUDIT REQUIREMENTS

All applications **must** check one:

☐ This organization/agency expends $500,000 or more in federal funds (during the fiscal year of the organization/agency from any and all sources including the amount of this application) **AND MUST SUBMIT THE FOLLOWING INFORMATION:**

1. Date of last audit
2. Dates covered by last audit:
3. Date of next audit:
4. Dates to be covered by next audit:
5. Date next audit will be forwarded to LCLE:

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

M. VOLUNTEERS

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

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

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.

Renaissance will refer and assist victims in seeking Crime Victim Reparation benefits. Renaissance will refer to the program through the Sheriff's Office. Assistance with forms/application will be provided.

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.

Renaissance will continue to network with other agencies and providers within the criminal/juvenile justice sector as well as private providers that may be able to assist in facilitating a collaborative delivery of service to this victim population.

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.

Through the assessment and therapy process, Renaissance will strive to increase the level of client awareness relative to the effects of their victimizaiton. Parents/Guardians will be educated. Renaissance staff are mandatory reporters and will comply with the law.

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.

Renaissance is aware of the Louisiana Child Protection Act and as such, conducts local law enforcement checks, as well as an FBI check through the Office of Community Services.