

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C11-3-004

APPLICANT: Community Receiving Home, Inc.

PROJECT TITLE: Child Sexual Abuse Counseling Program

PROJECT FUNDS :

FUND:	\$	<u>20,285</u>	80.00%
MATCH:	\$	<u>5,071</u>	20.00%
TOTAL:	\$	<u>25,356</u>	100.00%

PROJECT DURATION: 12 months

START DATE: 10/01/2011

END DATE: 09/30/2012

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: CL-3-004 CVA Purpose Area: 1, 2, 3

1. TITLE OF PROJECT Child Abuse Counseling Program		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C09-3-004/ <u>103005</u>	
3. PROJECT DURATION Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 10/1/2011 Desired End Date: 9/30/2012		4. PROJECT FUNDS Federal Funds: \$20,285 Cash Match: \$5,071 In-Kind Match: Total Project: \$25,356	
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 - 0740954 DUNS: 082498825 -		CCR CAGENCAGE: 57VX4 CCR Expiration Date: 2/14/2012	

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) 473-8866 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) 473-8866 Email: beantown@renaissancehome.org
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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 care setting and will serve male and female populations that range in age from 11-17. It is the purpose of the project to identify and provide interventions such as Individual, Group and Family Counseling to child abuse, sexual abuse and child victims of domestic violence.

CVA - 1

Revised JULY 2010

VOCA PURPOSE AREAS

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

<input checked="" type="checkbox"/>	Sexual Assault
<input checked="" type="checkbox"/>	Domestic Abuse
<input checked="" type="checkbox"/>	Child Abuse
<input type="checkbox"/>	Previously Underserved

State Type of Previously Underserved:

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:

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 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: beantown@renaissancehome.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$20,285	\$5,071	\$0	\$25,356
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:	\$20,285	\$5,071	\$0	\$25,356

Provide Source of Cash Match: Rapides Parish 2 mil Ad Valorem tax

Provide Source of In-Kind Match:

CVA - 2

Revised JULY 2010

LOUISIANA COMMISSION
ON LAW ENFORCEMENT
AND THE ADMINISTRATION
OF CRIMINAL JUSTICE
JULY 26, PM 3:36

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
Crime Victims Therapist	Yoshanna Sanders	FT	\$3,018.00	70.00%	12.00	\$25,351.20	<input checked="" type="checkbox"/>	<input checked="" 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"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$25,351.20	F = Fed Funds C = Cash Match	

PART-TIME OR OVERTIME EMPLOYEES:

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

VOLUNTEERS:

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

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

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$20,285
CASH MATCH	\$5,071
IN-KIND MATCH	
PERSONNEL TOTAL	\$25,356

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 Victim Social Worker will implement all programming, i.e. identify and assess clients in need of services. Conduct Individual, Group and Family Counseling. The Social Worker 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 including Individual, Group and Family.
- 2) Assess incoming clients to determine need for services offered within the program.
- 3) Develop Individual Treatment Plans and Behavior Support Plans on identified youth.
- 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 position. This is a continuation grant and Ms. Sanders was hired in the prior grant.

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

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

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

EMPLOYEES' NAMES:					EMPLOYEES' NAMES: (Continued)				
SOCIAL SECURITY					SOCIAL SECURITY				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
.062				\$0	.062			\$0	
.062				\$0	.062			\$0	
.062				\$0	.062			\$0	
.062				\$0	.062			\$0	
MEDICARE					MEDICARE				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
.0145				\$0	.0145			\$0	
.0145				\$0	.0145			\$0	
.0145				\$0	.0145			\$0	
.0145				\$0	.0145			\$0	
HEALTHLIFE INSURANCE <small>Provide monthly insurance rates</small>					HEALTHLIFE INSURANCE <small>Provide monthly insurance rates</small>				
RATE	MONTHS	THE EMPLOYED TO PROJECT	SALARY	TOTAL	RATE	MONTHS	THE EMPLOYED TO PROJECT	TOTAL	
				\$0				\$0	
				\$0				\$0	
				\$0				\$0	
				\$0				\$0	
WORKMAN'S COMPENSATION					WORKMAN'S COMPENSATION				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
				\$0				\$0	
				\$0				\$0	
				\$0				\$0	
				\$0				\$0	
UNEMPLOYMENT TAX <small>Based on first \$7,000 of Last</small>					UNEMPLOYMENT TAX <small>Based on first \$7,000 of Last</small>				
RATE	TYPE		SALARY	TOTAL	RATE	TYPE	SALARY	TOTAL	
	CHECK TYPE			\$0		CHECK TYPE		\$0	
				\$0				\$0	
	<input type="checkbox"/> FLTA			\$0		<input type="checkbox"/> FLTA		\$0	
	<input type="checkbox"/> SLTA			\$0		<input type="checkbox"/> SLTA		\$0	
PUBLIC/PRIVATE RETIREMENT					PUBLIC/PRIVATE RETIREMENT				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
				\$0				\$0	
				\$0				\$0	
				\$0				\$0	
				\$0				\$0	
OTHER					OTHER				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
				\$0				\$0	
				\$0				\$0	
				\$0				\$0	
				\$0				\$0	
FRINGE BENEFITS TOTAL (A):					FRINGE BENEFITS TOTAL (B):				
\$0					\$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.

According to the Child Welfare League of America, Louisiana had 37,534 total referrals for child abuse and neglect in 2009. Of those, 22,804 reports were referred for investigation. In 2009, 5,909 children were substantiated or indicated as abused or neglected in Louisiana, a rate of 5.1 per 1,000 children representing a 6% increase from 2006. These children experienced varied, sometimes multiple form of maltreatment; 83% were neglected, 28% were physically abused and 7.8% were sexually abused. In 2009, 4,786 children in Louisiana died as a result of abuse and neglect.

Of Louisiana children in out-of-home care in 2009, 2,234 were White, 2,306 were Black, 75 were Hispanic, 16 were American Indian/Alaskan Native and 77 were of other races.

The 2010 Kids Count Data Book on Louisiana's Children is reflected in the following child welfare statistics.

	FY 2008		FY 2010		% change
	No.	Rate	No.	Rate	in rate
Valid Victims of Child Abuse or Neglect (rate per 1,000 children)	10,528	9.5	8,841	7.9	-17%
Alleged Victims of Child Abuse or Neglect (rate per 1,000 children)	31,629	28.4	26,334	23.4	-18%
Neglect	24,455	22	19,962	17.8	-19%
Physical Abuse	8,782	7.9	7,401	6.6	-17%
Sexual Abuse	2,873	2.6	2,496	2.2	-14%

Statistics on Abuse/Neglect by Parish:

	Valid Victims	Alleged Victims
Avoyelles	89	214
Catahoula	42	148
Concordia	67	156
Grant	68	207
Rapides	541	1520
Vernon	244	644
Winn	54	129

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 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, sexually abused or witnessed domestic violence. Due to the increased number of youth identified with abuse issues, 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, 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: Provide effective coping strategies to manage anger, trauma and other clinical symptoms resulting from abuse.

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.

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

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

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.

Time Frame:

Method 1: All written assessments on residential and shelter clients shall be conducted within 14 days of admission.

Method 2: Individual counseling sessions conducted 1x weekly for 60 minutes.
Group counseling sessions conducted 1x weekly or as determined by the Social Worker.
Family counseling sessions conducted 1x per month or as determined by the Social Worker.

Method 3: Clinical case reviews are conducted twice monthly to review the youth's progress on goals. The clinical team consists of the Social Worker(s), Nurse, Residential Manager, Clinical Supervisor and OJJ/DCFS Caseworker.

These methods/services shall occur from 10/1/11 - 9/30/12.

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 checked="" type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Court | <input 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: 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: Yoshonna Sanders 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. MAJOR 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: Provide effective coping strategies to manage anger trauma and other clinical symptoms resulting from abuse.

Objective 1: Assess 75 group home and emergency shelter clients from sexual abuse and children exposed to domestic violence.
Outcome: During the quarterly reporting period from 10/1/10 to 6/30/11, Renaissance assessed 82 youth.

Objective 2: Provide individual and group counseling to 45 of 75 clients.
Outcome: During the quarterly reporting period from 10/1/10 to 6/30/11, Renaissance has provided individual and group counseling to 33 of 45 youth admitted into the facility.

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

Objective 1: Pre- and post-survey of 75 group home and shelter care clients.
Outcome: During the quarterly reporting period from 10/1/10 to 6/30/11, Renaissance has surveyed 82 of 75 youth

Objective 2: Provide life skills education to 45 of 75 group home and shelter care clients.
Outcome: During the quarterly reporting period from 10/1/10 to 6/30/11, Renaissance has provided life skills education to 82 youth.

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 RESULTS

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 tests.

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 Project 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: 318-473-0530 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 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-the-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. Renaissance 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?

NOTE: Volunteers are utilized within the program to support, guide and mentor the youth in the residential and shelter care program. Our volunteers are primarily church groups who perform various functions such as social skills, holiday activities and overall mentoring and support. The amount of hours per month that the volunteers provide services averages 4 hours per month.

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 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 victimization. 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 FBI criminal record checks through the Department of Children and Family Services.