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:** **CVA Purpose Area:**

1. TITLE OF PROJECT

Child Abuse Couseling Program

2. ☐ **NEW PROJECT**

☒ **CONTINUATION PROJECT OF:** CH-3-004

3. PROJECT DURATION

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

Desired Start Date: 10/1/2012

Desired End Date: 9/30/2013

4. PROJECT FUNDS

Federal Funds:	$35,073
Cash Match	$8,768
In-Kind Match:	$0
Total Project:	**$43,841**

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: 6177 Bayou Rapides Road

City: Alexandria Zip: 71303-

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: 11/14/2012

6. IMPLEMENTING AGENCY

Name: Angela Chustz

Title: Executive Director

Agency: Community Receiving Home, Inc.

Address: 6177 Bayou Rapides Road

City: Alexandria Zip: 71303-

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: 6177 Bayou Rapides Road

City: Alexandria Zip: 71303-

Phone: (318) 473-0530 FAX: (318) 473-8866

Email: angela@renaissancehome.org

8. FINANCIAL OFFICER

Name: Kay Lowery

Title: Financial Officer

Agency: Community Receiving Home, Inc.

Address: 6177 Bayou Rapides Road

City: Alexandria Zip: 71303-

Phone: (318) 473-0530 FAX: (318) 473-8866

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 care 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 services such as individual, group and family counseling to child abuse, sexual abuse and child victims of domestic violence.

LA COMMISSION
LAW ENFORCEMENT
2012 SEP 24 PM 2:16

Revised JULY 2010

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:	

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: Financial Officer

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	$29,837	$7,459	$0	**$37,296**
SECTION 200. FRINGE BENEFITS	$5,236	$1,309	N/A	**$6,545**
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:	**$35,073**	**$8,768**	**$0**	**$43,841**

Provide Source of *Cash* Match: Rapides Parish 2.0 Mil Ad Valorem

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 Counselor	Yoshonna Sanders	FT	$3,108.00	100.00%	12.00	$37,296.00	☒	☒
		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:						$37,296.00	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	$29,837
CASH MATCH	$7,459
IN-KIND MATCH	
PERSONNEL TOTAL	$37,296

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, and 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 for abuse and determine need for services offered within the program.
3) Develop Individual Treatment Plan and Behavior Support Plan on identified youth.
4) Provide progress reports to the court, caseworker or legal guardian.
5) 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 year.

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. Yoshonna Sanders	.062		$37,296	$2,312	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. Yoshonna Sanders	.0145		$37,296	$540	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. Medical	282.97	12.00	100.00%	$3,395	5.				$0
2. Dental	24.75	12.00	100.00%	$297	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):				$6,544	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): $6,544

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$5,236
CASH MATCH	$1,309
TOTAL FRINGE BENEFITS	**$6,545**

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	PAID WITH C	PAID WITH IK
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
SUBTOTAL FOR LOCAL TRAVEL:			$0.00	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: FROM	TRAVEL DATES: TO	PAID WITH F	PAID WITH C	PAID WITH IK
NAME: TITLE: PURPOSE:				☐	☐	☐
NAME: TITLE: PURPOSE:				☐	☐	☐
NAME: TITLE: PURPOSE:				☐	☐	☐

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	PAID WITH C	PAID WITH IK
NAME:			$0.00							$0.00	☐	☐	☐
NAME:			$0.00							$0.00	☐	☐	☐
NAME:			$0.00							$0.00	☐	☐	☐
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	
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	$0

SECTION 400. EQUIPMENT

List each type separately. The unit cost should include tax and shipping and handling when applicable. Do not use Brand Names. Sole source requires LCLE's approval. Submit a Sole Source justification, if applicable. Please refer to application instructions for direction.

TYPE OF EQUIPMENT	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
				F	C	IK
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
		SUBTOTAL OF EQUIPMENT:	$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

A. Justify the need for each equipment item requested; [*NOTE: Computer equipment (hardware and/or software) requires a completed Computer Questionnaire.]

B. Indicate procurement method; and

C. Relationship to this project:

SECTION 400. EQUIPMENT SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
EQUIPMENT TOTAL	$0

SECTION 400. COMPUTER QUESTIONNAIRE

If a computer and/or computer software is requested, the following must be completed. Please do not exceed spaces provided.

1. How will the purchase of computer equipment and/or software enhance the program to be funded?

2. How will the computer(s) be integrated into and/or enhance your current system?

3. What is the cost of each of the following:

   A. Installation?

   B. Staff training to use the computer equipment?

   C. The on-going operational costs, such as maintenance agreements, supplies, etc.?

4. How will additional costs be supported?

SECTION 500. SUPPLIES

SECTION A: List items within this category by major type; e.g., office supplies (pens, pencils, paper, etc.), postage, blank cassette tapes, etc. Include tax and shipping costs in Unit Price. If office supplies average $50 per month or less, i.e., $600 for a 12-month grant period, do not itemize items. List as "Basic Supply Allowance" under "Type" and the dollar amount under "Total Cost". Please refer to application instructions for direction.

TYPE OF SUPPLIES	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
				F	C	IK
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
SUBTOTAL OF SECTION A SUPPLIES:			$0.00			

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

BRIEFLY EXPLAIN:

A) Need for and use of each major supply type requested:

B) Its relationship to this project.

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	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
			SUBTOTAL OF SECTION B SUPPLIES:	$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

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	
CASH MATCH	
IN-KIND MATCH	
SUPPLIES TOTAL	$0

SECTION 600. CONTRACTUAL

Compensation for individual consultant services is to be reasonable and consistent with that paid for similar services in the marketplace. Travel, lodging, and meals, if applicable, should be figured in addition to compensation. All expenses must be included in the contract. Must use approved LCLE contract.

INDIVIDUAL CONSULTANT	TYPE OF SERVICE OR TASK	HOURS DEVOTED	RATE PER HOUR	TOTAL COST	PAID WITH	
					F	C
Name: Title: Agency:				$0.00	☐	☐
Name: Title: Agency:				$0.00	☐	☐
Name: Title: Agency:				$0.00	☐	☐
Name: Title: Agency:				$0.00	☐	☐
			SUBTOTAL OF CONTRACTUAL COSTS	$0.00	F = Federal Funds C = Cash Match	

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
NAME:			$0.00							$0.00	☐	☐
NAME:			$0.00							$0.00	☐	☐
NAME:			$0.00							$0.00	☐	☐
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										$0.00	F = Federal Funds C = Cash Match	

BRIEFLY EXPLAIN:

A) Purpose of each consultant or other contractual service requested:

B) Why the service requested is necessary and cost effective:

C) Method of procurement and basis for determining rate of pay:

SECTION 600. CONTRACTUAL SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
CONTRACTUAL TOTAL	$0

SECTION 700. RENOVATION

Note: Do not budget this category unless LCLE gives prior approval for proposed renovations – even if funded as In-Kind Match.
Is your building registered or does your building qualify with the National Historic Society? ☐ YES ☐ NO
If yes, you must meet the requirements set forth by Section 106 of the National Historic Preservation Act (16. U.S.C. Section 470, et. seq., as amended. List planned renovations and itemized costs explain the need for each.

PRE-APPROVED RENOVATIONS	TOTAL COST	PAID WITH		
		F	C	IK
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
SUBTOTAL OF RENOVATION COSTS:	$0	F = Federal Funds C = Cash Match IK = In-Kind Match		

SECTION 700. RENOVATION COSTS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
RENOVATION COSTS TOTAL	$0

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
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
			SUBTOTAL OF OTHER DIRECT COSTS:	$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

A) Need for each type listed; and

B) Its relationship to project.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	$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 substantiatied or indicated as abused or neglected in Louisiana, a rate of 5.1 per 1,000 children representing a 6% increase from 2006. These chidlren experienced varied, sometimes multiple forms of maltreatment: 83% were neglected, 28% physically abused and 7.8% were sexually abused.

According to the National Coalition to End Child Abuse Deaths, Louisiana is among 12 states with disproportionate numbers of cases that the consortium's members said are preventable if the United States makes the issue a priority. Statistics show that Louisiana had 246 abuse and neglect deaths among children from 2001-2008.

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 Chidlren 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, 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 othe rclinical 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/Post survey of 75 group home and shelter care clients.

Objective #2: Provide life skills education to 45 of 75 group home and shelter care 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 care clients shall be conducted within 14 days of admission.
Method 2: Individual counseling sessions conducted one time weekly for 50 minutes.
Group counseling sessions 5 times weekly.
Family counseling sessions conducted one time per month.
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 10/1/12 to 9/30/13.

D-2. TRAINING PROJECTS

Complete this page in lieu of Section D – Activities/Methods. This page is to be completed only if this application is for the training of individuals involved in the criminal justice system. DO NOT use this for in-house training.

1. Training Curriculum (topics to be included):

2. Type of personnel to be trained:

3. Number of personnel to be trained:

4. Geographical locations of trainees (who will be invited):

5. Dates and hours of training:

6. Location of training:

7. Explanation supporting the effectiveness of the training program including how the program will meet the identified need.

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

Objective #1: Assess 75 group home and emergency shelter care clients for sexual abuse and children exposed to domestic violence.
Outcome: During the quarterly reporting period from 10/1/11 - 9/30/12, Renaissance has assessed 117 youth.

Objective #2: Provide individual and group counseling to 45 of 75 clients.
Outcome: During the quarterly reporting period from 10/1/11 - 9/30/12, Renaissance has provided individual and group counseling to 51 of 75 youth admitted to the facility.

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

Objective #1: Pre-post survey of 75 group home and shelter clients.
Outcome: During the quarterly reporting period of 10/1/11 - 9/30/12, Renaissance has surveyed 117 youth.

Objective #2: Provide life skills education to 45 of 75 group home and shelter clients.
Outcome: During the quarterly reporting period from 10/1/11- 9/30/12, Renaissance has provided life skills education to 117 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 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 admissions. The Social Worker will track the 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) 473-530 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 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's 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 lcoated on a 10 acre tract of land and is compromised 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?

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 seek assistance in seeking Crime Victim Reparation benefits. Renaissance will refer to the program through the Sheriff's office. Assistance with forms and applications 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 wihtin the criminal justice section as well as private providers that may be able to assist in facilitating a collaborative delivery of services 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 Dept. of Children and Family Services.