

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C12-5-009

APPLICANT: Capital Area Family Violence Intervention Center

PROJECT TITLE: Domestic Violence Program

PROJECT FUNDS :

FUND: \$ 44,050 80.00%  
MATCH: \$ 11,013 20.00%  
TOTAL: \$ 55,063 100.00%

PROJECT DURATION: 12 months  
START DATE: 05/01/2012  
END DATE: 04/30/2013

Continuation of C88-5-002

PROJECT SUMMARY:

The full-time Non-Residential Advocate will focus primarily on survivors who are not currently within the shelter, but may have been in the past and survivors who do not need shelter, but need advocacy services. The advocate will also assist with crisis line calls within the agency if all other advocates are assisting other survivors. Her duties include outreach work, support groups. The full-time Non-Residential Child Advocate will work with mothers of children and children witnesses of domestic violence who are not current residents of the shelter, but have been in the past or need services, but not shelter. She will work to identify and reduce violent behavior in children. This includes, but is not limited to: age appropriate play/support group, one-on-one support, and teaching children in schools about appropriate ways to handle conflict. Both positions will use brochures, stall cards and palm cards to reach their intended targets.

RECOMMENDATION: FUND  DENY

SPECIAL CONDITIONS :

1. 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: C12-5-009

CVA Purpose Area: 2

1. TITLE OF PROJECT

Domestic Violence Program

2.  NEW PROJECT

CONTINUATION PROJECT OF: C12-5-009 C11-5-009

3. PROJECT DURATION

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

Desired Start Date: 7/1/2012

Desired End Date: 6/30/2013

4. PROJECT FUNDS

Federal Funds: \$44,050

Cash Match: \$11,013

In-Kind Match:

Total Project: **\$55,063**

5A. APPLICANT AGENCY INFORMATION

Agency Name: Capital Area Family Violence Interventio

Physical Address: confidential

City: Baton Rouge

Zip: -

Mailing Address: P.O. Box 52809

City: Baton Rouge

Zip: 70892-2809

Phone: (225) 389-3001

FAX: (225) 358-3444

Email: [awascome@stopdv.org](mailto:awascome@stopdv.org)

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Audrey Wascome

Title: Interim Executive Director

Agency Name: Capital Area Family Violence Intervention Ce

Address: P.O. Box 52809

City: Baton Rouge

Zip: 70892-2809

Phone: (225) 390-3001

FAX: (225) 358-3444

Email: [awascome@stopdv.org](mailto:awascome@stopdv.org)

Fed Employer Tax Id: 72 - 0986008

DUNS: 868708355 -

CCR CAGE/NCAGE: 4FLJ0

CCR Expiration Date: 10/1/2013

6. IMPLEMENTING AGENCY

Name: Audrey Wascome

Title: Interim Executive Director

Agency: C.A.F.V.I.C., Inc.

Address: P.O. Box 52809

City: Baton Rouge

Zip: 70892-2809

Phone: (225) 389-3001

FAX: (225) 358-3444

Email: [awascome@stopdv.org](mailto:awascome@stopdv.org)

7. PROJECT DIRECTOR

Name: Audrey Wascome

Title: Interim Executive Director

Agency: C.A.F.V.I.C., Inc.

Address: P.O. Box 52809

City: Baton Rouge

Zip: 70892-2809

Phone: (225) 389-3001

FAX: (225) 358-3444

Email: [awascome@stopdv.org](mailto:awascome@stopdv.org)

8. FINANCIAL OFFICER

Name: Joey McClendon, CPA

Title: Partner

Agency: Faulk & Winkler

Address: 6811 Jefferson Hwy.

City: Baton Rouge

Zip: 70806-8108

Phone: (225) 927-6811

FAX: (225) 932-0000

Email: [jmclendon@fw-cpa.com](mailto:jmclendon@fw-cpa.com)

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

The full time Non-Residential Advocate will focus primarily on survivors who are not currently within the shelter, but may have been in the past and survivors who do not need shelter, but advocacy services. The advocate will also assist with crisis line calls within the agency if all other advocates are assisting other survivors. Her duties include outreach work, support groups and training the public. The full time Non-Residential Child Advocate will work with mothers of children and children witnesses of domestic violence who are not current residents of the shelter, but have been in the past or need services, but not shelter. She will work to identify and reduce violent behavior in children. This includes, but is not limited to: age appropriate play/support group, one on one support, and teaching children in schools about appropriate ways to handle conflict. Both positions will use brochures, stall cards and palm cards to reach their intended targets.

LOUISIANA COMMISSION  
ON LAW ENFORCEMENT  
AND THE ADMINISTRATION  
OF CRIMINAL JUSTICE  
7/1/2012 7 AM 10:11

**VOCA PURPOSE AREAS**

Please Check Type of Victimization Served (Check all that apply):	
<input type="checkbox"/>	Sexual Assault
<input checked="" type="checkbox"/>	Domestic Abuse
<input 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:**

	<b>YES:</b>	<b>NO:</b>
Are all budgeted items allowable per Program Guidelines?	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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: Audrey Wascome Title: Interim Executive Director  
 Phone: (225) 389-3001 Fax: (225) 358-3444 E-Mail: [awascome@stopdv.org](mailto:awascome@stopdv.org)

**PROJECT BUDGET SUMMARY**

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
<b>SECTION 100. PERSONNEL</b>	\$41,994	\$11,013	\$0	\$53,007
<b>SECTION 200. FRINGE BENEFITS</b>	\$0	\$0	N/A	\$0
<b>SECTION 300. TRAVEL</b>	\$0	\$0	\$0	\$0
<b>SECTION 400. EQUIPMENT</b>	\$0	\$0	\$0	\$0
<b>SECTION 500. SUPPLIES</b>	\$2,056	\$0	\$0	\$2,056
<b>SECTION 600. CONTRACTUAL</b>	\$0	\$0	N/A	\$0
<b>SECTION 700. RENOVATION COSTS</b>	\$0	\$0	\$0	\$0
<b>SECTION 800. OTHER DIRECT COSTS</b>	\$0	\$0	\$0	\$0
<b>TOTAL:</b>	<b>\$44,050</b>	<b>\$11,013</b>	<b>\$0</b>	<b>\$55,063</b>

**Provide Source of Cash Match:** United Way, fundraising, public donations

**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	C
Non-Residential Advocate	Juanita McCray	FT	\$2,333.00	94.67%	12.00	\$26,503.81	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Residential Child Adv.	Laneir Cutno	FT	\$2,333.00	94.67%	12.00	\$26,503.81	<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"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$53,007.62	F = Fed Funds C = Cash Match	

**PART-TIME OR OVERTIME EMPLOYEES:**

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

**VOLUNTEERS:**

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

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$41,994.00
CASH MATCH	\$11,013.00
IN-KIND MATCH	
<b>PERSONNEL TOTAL</b>	<b>\$53,007</b>

**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:

These positions are both needed as they are both essential to CAFVIC's outreach efforts and continue success with survivors served through the shelter and non-residential services.

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

The basis for determining the salaries of the three positions are based on employee's experience and training.

C) Project duties of each position requested:

The Non-Residential advocate will work primarily with adult survivors of domestic violence not currently living within the shelter. The non-residential child advocate will work primarily with child witnesses of domestic violence not currently living within the shelter. Please see attached job descriptions for detailed lists of job duties.

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.]

Both positions are currently held by existing employees at the agency.

**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	\$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.		<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0
4.		<input type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> SUTA		\$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
FRINGE BENEFITS TOTAL (A):				\$0	FRINGE BENEFITS TOTAL (B):				\$0

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

**Fringe Benefits Total (A+B): \$0**

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
<b>TOTAL FRINGE BENEFITS</b>	<b>\$0</b>



## 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.

Domestic Violence is a serious and widespread problem in the United States. It is estimated that between two million and six million women of all races, classes, ages, religious and socioeconomic groups are abused by their partner each year in this country; 1,500 women a year are killed by their intimate partner. Children who witness domestic violence often repeat those patterns of behavior. Crime reports estimates that one in ten victims of domestic violence report the crime to law enforcement, so the incident rate is considerably higher than calls to law enforcement indicate.

Violence against women by their intimate partners is caused by continuing cultural facilitators: belief in natural order, the objectification of women, cultural reinforcement of forced submission, and a societal tolerance of coercion and physical force.

Victims of domestic violence have specific support needs to help them leave their abusive partner. They need assistance and a place of safety, counseling and other support services from the Capital Area Family Violence Intervention Center, Inc. When survivors of domestic violence contact the agency, they are usually in a state of crisis and their coping mechanisms are extremely strained. The agency's advocates are extensively trained in working with survivors of domestic violence and their children to identify their needs and develop a plan of action, including, but not limited to: crisis intervention, safety planning, suicide and homicide prevention.

Need: In order to ensure long term success of a safe life where a woman and her children do not return to their abuser, ongoing and long term advocacy is often needed. Both the Non-Residential Advocate and the Non-Residential Child Advocate play a vital role in this ongoing process and use brochures, stall cards and palm cards to reach individuals in need of our services.

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

The Capital Area Family Violence Intervention Center, Inc. provides services to a seven parish area covering: East and West Baton Rouge, East and West Feliciana, Ascension, Iberville, and Pointe Coupee. Our agency is the only domestic violence agency serving the Capital Area recognized by LCADV and DCFS, State of Louisiana. Without these services, 3,600 individuals the agency serves a year would not have access to help, safety and other domestic violence intervention services.

This request for the continuation of funding is important to support a vital service for the seven parish area that the agency serves.

## 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.

Effective and expeditious direct services to victims of domestic violence through the following goals:

1. Provide support group twice a week for non-residential survivors at the shelter and safe places within our seven parish service area. Provide one on one support as needed and requested.
2. Provide age appropriate support/play group as often as needed for child witnesses of domestic violence, no less than twice a week. Provide parenting group once a month for non-residential survivors with children.

## 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: Increase numbers in attendance to support group from 10 to 20 individuals a week.

Objective 2: To see survivors in person within 48 hours of request for appointment.

Goal 2, Objective 1: Provide two support groups per week with a goal of 5 children per group.

Objective 2: Provide handouts, exercises and discussion groups for parents of 200 children to teach methods of non-violent discipline, address aggressive behaviors and demonstrate alternative techniques such as time out, removal of privileges and family discussions.

## 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.

Goal 1, Objective 1: Increase numbers in attendance to support group from 10 to 20 individuals a week.

Activity: Recruit survivors to come to support group through advertisements, stall cards and palm cards.

Objective 2: To see survivors in person within 48 hours of request for appointment.

Activity: Maintain a full time non-residential counselor focused on survivors out of the shelter.

Activity: Maintain statistics on how long it takes to get an appointment and the hinderences to obtain one.

Goal 2, Objective 1: Provide two support groups per week with a goal of 5 children per group.

Activity: Encourage mothers coming to support group to bring their children for play group at the same time. Provide one on one support for these children as needed.

Objective 2: Provide handouts, exercises and discussion groups for parents of 200 children to teach methods of non-violent discipline, address aggressive behaviors and demonstrate alternative techniques such as time out, removal of privileges and family discussions.

Activity: Provide group sessions that educate attendees on appropriate ways to deal with anger, domestic violence education and safety planning. These numbers will be tracked by monthly statistics.

Program will begin on 7/1/12 and continue through 6/30/13.



## 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.)

Since last March, CAFVIC underwent a large scale restructuring plan to implement the trauma informed care model. All of the goals and objectives within this application are newer projects and objectives, in place since July 2012.

During the last project period, CAFVIC accomplished these goals:

\*314 face to face counseling sessions

\*110 childrens counseling sessions

\*63 adult support groups

\*261 children's support groups

\*602 crisis line calls

\*assisted 72 women financially

\*gave 255 referrals in person

5 conferences were attended

3 were sponsored by CAFVIC

2. Did the project work as expected? Explain.

The project has exceeded expectations and has room to grow. In the non-residential area of the agency, 173 women were placed in safe places other than the shelter, 777 women received safety planning, and 174 hours of support group were provided.

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?

Previously, part of the goals and objectives included volunteers. Our agency restructured to be more efficient and use volunteers and have them supervised by more than one employee. For example, if someone wants to help cook food for residents, that person will be supervised by the cook. If someone wants to do education, the non-residential advocate can utilize them at health fairs. Volunteers interested in working with children can focus on art projects with the children, tutoring, etc.

One thing of note: Previously, volunteers were allowed to answer the crisis line. COQUA standards that govern our agency does not allow for volunteers to answer the crisis line.

## 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?

All employees enter data into a statistics sheet weekly. The Program Director compiles the data once a month and the Executive Director reviews it.

2. When will the data be collected?

weekly and monthly

3. Who will collect and analyze the data?

All employees collect data. The Program Director compiles the data and the Executive Director reviews it.

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

Name: Audrey Wascome

Phone: (225) 389-3001

Email: [awascome@stopdv.org](mailto:awascome@stopdv.org)

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

If there are any identified concerns or trends noted that indicate a problem, the Executive Director will work with the staff to revise a strategy and redirect resources.

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.

CAFVIC will provide reporting results to LCLE, the Board of Directors and the Program Director.

LCLE will receive Quarterly Progress Reports & expenditure reports quarterly or monthly as specified at award time.

**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.

United Way, Fundraising, Public Donations

**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.

CAFVIC is a two story brick building which houses all of the agency programs. It has 25 rooms in order to accommodate 25 women and their children. It also has staff offices, two conference rooms, a solarium for the residents, an industrial kitchen and dining area. It has two children's playrooms, one for residential and one for non-residential, along with a playground outside.

**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: June 2012
- 2. Dates covered by last audit: 1-1-11 through 12-13-11
- 3. Date of next audit: Spring 2013
- 4. Dates to be covered by next audit: 1-1-12 through 12-31-12
- 5. Date next audit will be forwarded to LCLE: Summer 2013

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?

CAFVIC completes background checks.

## 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.

Staff will distribute brochures to adult survivors and will refer qualified victims to the compensation program. CAFVIC will assist survivors in completing necessary forms as needed.

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.

CAFVIC coordinates its services with all concerned, including, but not limited to: Clerk of Court, District Attorney's office, Sheriff's Department, Police Department, City Prosecutor, Family Court Judges, City Court judges, and Criminal Court judges through monthly or quarterly CCRT meetings.

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.

Victims assisted by this agency are encouraged to report to law enforcement. Services of an advocate are made available to assist victims in the criminal justice system process.

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.

CAFVIC will comply with the Louisiana Child Protection Act as appropriate.