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LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C10-1-014

APPLICANT: Project Celebration, Inc.-dba PCI, Inc.

PROJECT TITLE: Victim Outreach Program

PROJECT FUNDS :

FUND:	$ 22,762	80.00%	PROJECT DURATION:	12 months
MATCH:	$ 5,691	20.00%	START DATE:	03/01/2011
TOTAL:	$ 28,453	100.00%	END DATE:	02/28/2012

Continuation of C00-1-012

PROJECT SUMMARY:

The outreach advocacy program allows supportive services to assist victims with hospital advocacy, court advocacy, support, information, protection orders, safety plans, group therapy, supportive and educational counseling, telephone assistance, assessments, crisis stabilization and on-site support and referrals. Information will be disseminated throughout the parishes with presentations, meetings, trainings, and in-services being offered to the community.

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:** C10-1-014 **CVA Purpose Area:** 1, 2, 3

1. TITLE OF PROJECT
Victim Outreach Program

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: C09-1-013

3. PROJECT DURATION
Total Length: 12 Months (*Not to exceed 12 Months*)
Desired Start Date: 3/1/2011
Desired End Date: 2/28/2012

4. PROJECT FUNDS

Federal Funds:	$22,762
Cash Match	$0
In-Kind Match:	$5,690
Total Project:	**$28,452**

5A. APPLICANT AGENCY INFORMATION
Agency Name: Project Celebration, Inc. d.b.a. PCI
Physical Address: 580 W Main Street
City: Many Zip: 71449-0000
Mailing Address: 580 W Main Street
City: Many Zip: 71449-0000
Phone: (318) 256-6242 FAX: (318) 256-2064
Email: wecare1@bellsouth.net

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official:
Title:
Agency Name: Project Celebration, Inc. d.b.a. PCI
Address: 580 W Main Street
City: Many Zip: 71449-0000
Phone: (318) 256-6242 FAX: (318) 256-2064
Email: wecare1@bellsouth.net

Fed Employer Tax Id: 72 - 1144152 DUNS: - CCR CAGE/NCAGE: CCR Expiration Date:

6. IMPLEMENTING AGENCY
Name: Margaret Basco
Title: Executive Director
Agency: Project Celebration, Inc. d.b.a.
Address: 580 W Main Street
City: Many Zip: 71449-0000
Phone: (318) 256-6242 FAX: (318) 256-2064
Email: wecare1@bellsouth.net

7. PROJECT DIRECTOR
Name: Harold Ledford
Title: Program Director
Agency: Project Celebration, Inc. d.b.a
Address: 580 W Main Street
City: Many Zip: 71449-0000
Phone: (318) 256-6242 FAX: (318) 256-2064
Email: wecare1@bellsouth.net

8. FINANCIAL OFFICER
Name: Yvonne Hawkins
Title: Fiscal Director
Agency Project Celebration, Inc. d.b a
Address. 580 W Main Street
City: Many Zip: 71449-0000
Phone: (318) 256-6242 FAX: (318) 256-2064
Email: wecare1@bellsouth.net

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

The outreach advocacy program allows supportive services to assist victims with hospital advocacy, court advocacy, support, information, PO's safety plans, group therapy, supportive and educational counseling, telephone assistance, assessments, crisis stabilization and on site support & referrals. Information will be desseminated throughout the parishes with presentations, meetings, trainings and in services being offered to the community.

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: Callie Wooley Title: Intake Coordinator
Phone: (318) 256-6242 Fax: (318) 256-2064 E-Mail: wecare1@bellsouth net

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$19,272	$0	$3,000	$22,272
SECTION 200. FRINGE BENEFITS	$1,912	$0	N/A	$1,912
SECTION 300. TRAVEL	$1,578	$0	$0	$1,578
SECTION 400. EQUIPMENT	$0	$0	$2,690	$2,690
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:	$22,762	$0	$5,690	$28,452

Provide Source of *Cash* Match:

Provide Source of *In-Kind* Match: Project Manager Volunteer supervision hours, 24 hour crisis line, equipment provided by PCI for use in performing the requirements of the grant.

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
Program Director	Harold Ledford	FT	$3,400.00	13.25%	12.00	$5,406.00	☒	☐
Intake Coordinator	Callie Wooley	FT	$2,300.00	17.50%	12.00	$4,830.00	☒	☐
Fiscal Director	Yvonne Hawkins	FT	$1,960.00	5.00%	12.00	$1,176.00	☒	☐
Outreach Advocate	Brandy Ezernack	FT	$2,000.00	23.00%	12.00	$5,520.00	☒	☐
Office Manager	Charlene McCormic	FT	$1,500.00	13.00%	12.00	$2,340.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
					SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:	$19,272.00	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 as IN-Kind Match. Duties must directly relate to the focus of the project. For further information and direction, please refer to the application instructions	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
Volunteers will assist with clerical duties and the preparation of prevention education materials	300.00	$10.00	52001 $3,000.00
			$0.00
		SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES	$3,000.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	$19,272
CASH MATCH	
IN-KIND MATCH	$3,000
PERSONNEL TOTAL	$22,272

22,273

SECTIC .00. PERSONNEL (Continued) – BRIEFL. .XPLAIN

☐ 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

Intake Coordinator - To assist the program director / counselor as needed in providing advocacy and outreach, maintaining files, compiling statistical data, and prevention education. Also provide hospital and court outreach advocacy to victims of sexual assault.
Fiscal Director - Maintaining daily fiscal records and monthly reports for Toledo Sexual Assault & Crisis Center. Maintain all financial records including payroll, taxes, debits, credits, donations, and volunteer time.
Program Director - Provide direction and guidance to the service providers. Establish and maintain an Advisory Board to assist in the operation of the Center. Audit reports to LCLE and LaFASA.
The Outreach Advocate will be responsible for providing education and prevention programs for community groups, college students, and underserved groups with a record of participants to increase the number of sexual assault services provided and prevent sexual assault. The advocate will provide direct services such as referrals to free counseling, legal advocacy, support groups, hospital escort services, etc.
The Office Manager is responsible for answering the office phones, record messages, and deliver said messages promptly.

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

The salary of each position was determined by the Executive Director to reflect comparable salaries in the area.

C) Project duties of each position requested.

Intake Coordinator - File maintenance, office management, all clerical duties. Provide outreach in DeSoto and Red River Parishes. Complete reporting in a timely fashion, community coordination, and fundraising. Provide referrals and advocacy as needed. Maintain client files and complete progress notes.
Fiscal Director - Maintain daily checkbook balances, supervision of other bank transactions, accounts payable and receiveable and periodic account reconciliation. Perform all aspects of bookeeping including payroll, tax form preparation and financial reports required by the auditor.
Program Director - Responsible for the overall management of the Sexual Assault Center, including but not limited to the supervision of staff and volunteers, maintain a 24/7 crisis hotline; provide prevention programs for community groups; work with traditionally underserved groups to insure their access to prevention and intervention services.
Outreach Advocate - Responsible for providing direct intervention services to victims of sexual assault including, but not limited to hopsital advocacy, referrals, court advocacy, support groups, etc.
Office Manager - Repsonsible for keeping appointments for all Sexual Assault personnel including but not limited to court dates, counseling sessions, hospital advocacy and collaboration meetings.

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.]

Intake Coordinator - The position of the intake coordinator is pre-existing.
Fiscal Director - The position of the fiscal director is pre-existing.
Program Director - The position of the program director is pre-existing.
Outreach Advocate - The position of the program director is pre-existing.
Office Manager - The position of the program director is pre-existing.

SECT 200. FRINGE BENEFITS (Employer's S e 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. Harold Ledford	.062		$5,406	$335	5. Charlene McCormic	.062		$2,340	$145
2. Callie Wooley	.062		$4,830	$299	6.	.062			$0
3. Yvonne Hawkins	.062		$1,176	$72	7.	.062			$0
4. Brandy Ezernack	.062		$5,520	$342	8.	.062			$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Harold Ledford	.0145		$5,406	$78	5. Charlene McCormic	.0145		$2,340	$33
2. Callie Wooley	.0145		$4,830	$70	6.	.0145			$0
3. Yvonne Hawkins	.0145		$1,176	$17	7.	.0145			$0
4. Brandy Ezernack	.0145		$5,520	$80	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
WORKMANS COMPENSATION	RATE		SALARY	TOTAL	WORKMANS COMPENSATION	RATE		SALARY	TOTAL
1. Harold Ledford	0.023		$5,406	$124	5. Charlene McCormic	0.023		$2,340	$53
2. Callie Wooley	0.023		$4,830	$111	6.				$0
3. Yvonne Hawkins	0.023		$1,176	$27	7.				$0
4. Brandy Ezernack	0.023		$5,520	$126	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):	$1,681				FRINGE BENEFITS TOTAL (B):	$231

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

Fringe Benefits Total (A+B): $1,912

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$1,912
CASH MATCH	
TOTAL FRINGE BENEFITS	$1,912

SECTION 300. TRAVEL

Itemize travel expenses of project personnel. Mileage is unallowable in agency owned vehicles. Charges are not to exceed established agency travel rates, but in no case can this exceed current Louisiana Travel Guideline rates. *Only 50% of out-of-state travel reimbursement and requires prior approval from LCLE.*

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH F	C	IK
NAME: Callie Wooley TITLE: Intake Coordinator PURPOSE: Assist SA Victims to the hospital, court and counseling	$0.48	1,965.00	$943.20	☒	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
		SUBTOTAL FOR LOCAL TRAVEL:	$943.20	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	TO	PAID WITH F	C	IK
NAME: Callie Wooley TITLE: Intake Coordinator PURPOSE: Gather information to assist SA victims	Annual SA/DV Conference			☒	☐	☐
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 (Included in Total)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH F	C	IK
NAME: Callie Wooley	$0.48	500.00	$240.00	3	3	$45	$0	$350	$0	$635.00	☒	☐	☐
NAME:			$0.00							$0.00	☐	☐	☐
NAME:			$0.00							$0.00	☐	☐	☐
			SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST							$635.00	F = Federal Funds C = Cash Match IK = In Kind Match		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	$1,578
CASH MATCH	$0
IN-KIND MATCH	$0
TRAVEL TOTAL	$1,578

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
24 Hour Crisis Line	12.00	$83.34	$1,000.08	☐	☐	☒
Computer, Fax, Printer	12.00	$140.83	$1,689.96	☐	☐	☐
			$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:	$2,690.04			

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.]

The 24 hour crisis line is provided by Project Celebration, and averages over $400.00 per month through bell south. The phone is answered by PCI staff 24 hours per day. The computer, fax machine and printer is used by this program and PCI purchased this equipment prior to this contract, they are making this equipment available for use by CVA's outreach program. The cost of this equiment being used as match for this grant at a rate of $140.83 per month.

B. Indicate procurement method; and

N/A

C. Relationship to this project:

It is necessary to provide a crisis line for clients to reach an advocate at all times. Other office equipment is necessary to communicate with collaborating agencies and provide the highest quality of services to our clients.

SECTION 400. EQUIPMENT SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	$2,690
EQUIPMENT TOTAL	$2,690

COMPUTER QUESTIONNAIRE

If a computer 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?**

   N/A

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

   N/A

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

   A. **Installation?**

   N/A

   B. **Staff training to use the computer equipment?**

   N/A

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

   N/A

4. **How will additional costs be supported?**

   N/A

5. **Provide the following information for the proposed computer:**

   A. **MHz Processor:** *(Example: 533 MHz):*

   B. **Main Memory:** *(Example: 64 MB Main Memory):*

   C. **Disk Size:** *(Example: 6.2 GB Disk):*

   D. **Data Bus Width:** *(Example: 32 Bit):*

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

Louisiana has a 13.1% rape prevalence rate, according to information provided by the Louisiana Foundation Against Sexual Assault (LAFASA) Beause poverty, ethnicity and rural isolation are determinants for prevalence, Sabine Parish and the surrounding parishes are at a higher risk for incidence of rape, datiang violence, sexual assault and incest than some other parishes. Because most sexual assault crimes are not reported to law enforcement and victim's services have only recently been provided in this parish, current statistical data is not yet available.

Our goal is to reduce the incidence of rape and sexual assault through activities to improve the identification, prevention and service delivery to victims of this violent criminal act. We have developed collaborative relationships with city and parish law enforcement,, district judges, prosecutors, clerks of court, area hospitals and mental health agencies, centers for addictive disorders, local school boards and universities to implement intervention in several key areas.

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

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: Assist victims of sexual assault, domestic violence and child abuse.

Goal 2: Facilitate, preserve and enhance community coordinantion of services in Sabine, DeSoto, Red River, Bienville, Caddo, and Natchitoches Parishes in order to identify crime victims and refer them to needed services.

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: The counselor/outreach advocate will provide 40 victims with services such as telephone assistance/support, crisis assessment/stabilization, provide referrals for legal assistance, individual and group therapy.
Objective 2: 20 victims served, will demonstrate service satisfaction, knowledge of dynamics of violence and knowledge of where to receive information and/or services demonstrated by post service surveys
Objective 3: The counselor/outreach advocate and Data Outreach coordinator will promote community knowledge of prevention, intervention and the dynamics of domestic violence, sexual assault an

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.

Methods:

Goal 1: Provide services to victims of sexual assault, domestic violence and child abuse.

Objective 1: The counseling/advocate Data outreach coordinator will provide personal assistance, advocacy, counseling, therapy, referrals and follow-up to 40 victims of sexual assault, domestic violence and child abuse.

Objective 2: Increase public knowledge about sexual assault, domestic violence and child abuse by participating in 12 media broadcasts and distributing 1,000 brochures and posting safety notices in women's rest rooms

Goal 2: Create, preserve and enhance community coordination in assisting victims of sexual assault, domestic violence and child abuse and identifying crime victims and refer them to needed services.

Objective 3: Facilitate 12 presentations to law enforcement agencies and service providers and presentations to junior and high schools in Sabine, DeSoto, Red River and Natchitoches Parishes in order to identify crime victims and refer them to needed services.

Objective 4: Demonstrate an improvement in the awareness of sexual assault, domestic violence and child abuse in 10 schools, service providers and law enforcement agencies in order to identify crime victims and refer them to needed services.

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: Callie Wooley PHONE: (318) 256-6242 EMAIL: wecare1@bellsouth.net

☒ 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: PHONE: ( ) - EMAIL:

☒ 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. IOR RESULTS (For Continuation Project. lv)

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.)

Our agency has surpassed all goals and objectives stated in the previous grant applications. Our caseload has grown as well as the communities demand for prevention and education concerning victims of sexual assault. We have easily served a considerable number more clients than were projected in last year's grant application.

2. Did the project work as expected? Explain.

Yes. Our program is strong and thriving, with many collaborating agencies to provide as many resources as possible to our clients.

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. EV VATION AND DISSEMINATION OF REI TING

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?

Data is collected from the clients we serve and the community programs, law enforcement agencies, and school programs we educate/

2 When will the data be collected?

Data is collected before and after initial contact.

3. Who will collect and analyze the data?

Callie Wooley is responsible for the data collection and prepares the annual and quarterly reports to LCLE.

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

Name: Callie Wooley Phone: (318) 256-6242 Email: wccarel@bellsouth.net

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

Objective 1: Performance report will be completed.
Objective 2: Client records will be maintained as customary for all counselor/advocates.
Objective 3: Hours of services will be provided and mileage logs will be maintained.
Objective 4: Counselor Outreach advocate, Data Outreach coordinator will collect and analyze all information to demonstrate positive outcomes.

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

LaFASA recieves monthly reports, LCLE receives Quarterly and Annual Progress Reports. A monthly board meeting is held, during which the Board of Directors are provided with oral reports concerning the sexual assault program.

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.

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

The Sexual Assault Crisis Center is located within the building in which PCI is located. It is in a separate room with a private entrance.

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.

Our agency works closely with the Victim's Advocate at the District Attorney's Office and has many oppurtunities to use the Crime Victims Reparations Program

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.

We coordinate with the local police department, sheriff's department, hospitals and judicial system.

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.

All victims are encouraged to report the crime to law enforcement.

4. State that the applicant will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate. The Louisiana Child Protection Act refers to screening prospective employees, NOT reporting instances of child abuse.

Our agency complies with all state and federal regulations.