LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C09-8-021

APPLICANT: Prevent Child Abuse Louisiana

PROJECT TITLE: Child Abuse Helpline

PROJECT FUNDS :

FUND:	$ 60,000	80.00%	PROJECT DURATION:	12 months
MATCH:	$ 15,000	20.00%	START DATE:	10/01/2010
TOTAL:	$ 75,000	100.00%	END DATE:	09/30/2011

Continuation of C88-8-002

PROJECT SUMMARY:

THE PROJECT PROVIDES FOR MANAGEMENT OF A TWELVE HOUR PER DAY, SEVEN DAY PER WEEK CRISIS INTERVENTION AND STATEWIDE REFERRAL PHONE SERVICE FOR VICTIMS OF CHILD ABUSE AND NEGLECT. SERVICES ARE IMPLEMENTED BY STAFF ALONG WITH SCREENED, WELL-TRAINED VOLUNTEERS. THE KIDLINE RECEIVES APPROXIMATELY 800 CALLS PER YEAR.

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: C09 8 021 CVA Purpose Area: 3

1. TITLE OF PROJECT
KIDLINE for Victims of Abuse

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: C08-8-001

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

4. PROJECT FUNDS

Federal Funds:	$60,000
Cash Match	
In-Kind Match:	$15,000
Total Project:	**$75,000**

5A. APPLICANT AGENCY INFORMATION
Agency Name: Prevent Child Abuse Louisiana
Physical Address: 733 E. Airport Ave, Ste 201
City: Baton Rouge Zip: 70806-6501
Mailing Address: [same]
City: [same] Zip: -
Phone: (225) 925-9520 FAX: (225) 936-1319
Email: Mallory@pcal.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: Amanda Brunson
Title: President/CEO
Agency Name: Prevent Child Abuse Louisiana
Address: 733 E. Airport Ave, Ste 201
City: Baton Rouge Zip: 70806-6501
Phone: (225) 925-9520 FAX: (225) 926-1319
Email: Amanda@pcal.org

Fed Employer Tax Id: 72 - 0871044 DUNS: 874841091 - CCR CAGE/NCAGE: CCR Expiration Date:

6. IMPLEMENTING AGENCY
Name: Amanda Brunson
Title: President/CEO
Agency: Prevent Child Abuse Louisiana
Address: 733 E. Airport Ave, Ste 201
City: Baton Rouge Zip: 70806-6501
Phone: (225) 925-9520 FAX: (225) 926-1319
Email: Amanda@pcal.org

7. PROJECT DIRECTOR
Name: Mallory Lafargue, GSW
Title: Prevention Serv. Director, KIDLINE
Agency: Prevent Child Abuse Louisiana
Address: 733 E. Airport Ave, Ste 201
City: Baton Rouge Zip: 70806-6501
Phone: (225) 925-9520 FAX: (225) 926-1319
Email: Mallory@pcal.org

8. FINANCIAL OFFICER
Name: Ingrid Fields
Title: Director of Finance
Agency: Prevent Child Abuse Louisiana
Address: 733 E. Airport Ave, Ste 201
City: Baton Rouge Zip: 70806-6501
Phone: (225) 925-9520 FAX: (225) 926-1319
Email: Ingrid@pcal.org

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

The project provides for management of a 12 hour per day, 7 day per week crisis intervention and statewide referral phone service for victims of child abuse and neglect. Services are implemented by staff along with screened, well-trained volunteers. The KIDLINE receives approximately 500 calls per year.

2010 AUG 17 A 11:53
LA COMMISSION
LAW ENFORCEMENT

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: Mallory Lafargue, GSW Title: Prevention Services Director,KIDLINE
Phone: (225) 925-9520 Fax: (225) 926-1319 E-Mail: Mallory@pcal.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$45,542	$0	$15,000	**$60,542**
SECTION 200. FRINGE BENEFITS	$3,482	$0	N/A	**$3,482**
SECTION 300. TRAVEL	$500	$0	$0	**$500**
SECTION 400. EQUIPMENT	$0	$0	$0	**$0**
SECTION 500. SUPPLIES	$800	$0	$0	**$800**
SECTION 600. CONTRACTUAL	$272	$0	N/A	**$272**
SECTION 700. RENOVATION COSTS	$0	$0	$0	**$0**
SECTION 800. OTHER DIRECT COSTS	$9,404	$0	$0	**$9,404**
TOTAL:	**$60,000**	**$0**	**$15,000**	**$75,000**

Provide Source of *Cash* Match:

Provide Source of *In-Kind* Match: Volunteer hours

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
Prevention Serv.Director,KL	Mallory Lafargue	FT	$2,916.00	90.00%	12.00	$31,492.80	☒	☐
Director of Finance	Ingrid Fields	FT	$5,000.00	10.00%	12.00	$6,000.00	☒	☐
President/CEO	Amanda Brunson	FT	$5,000.00	10.00%	12.00	$6,000.00	☒	☐
		FT				$0.00	☒	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						$43,492.80	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
Public Awareness Director	Loren Brown	PT	$17.80	22.14	10.00%	52.00	$2,049.27	☒	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							$2,049.27	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
Attend 30+ hour initial skills training and 2 extended training sessions, answer calls at least 12 hours per month, assist with KIDLINE promotion to victims and potential victims	1,500.00	$10.00	$15,000.00
			$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			$15,000.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	$45,542
CASH MATCH	
IN-KIND MATCH	$15,000
PERSONNEL TOTAL	$60,542

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:

A. Prevention Services Director, KIDLINE-- Will act as Project Director for KIDLINE
B. Director of Finance-- responsible for financial management of KIDLINE
C. President/CEO-- responsible for providing technical assistance and general oversight and management of all agency functions
D. Public Awareness Director-- responsible for promotion of KIDLINE to victims of child abuse and neglect

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

The salary for each of these positions is determined by the President & CEO of the organization, with oversight by the Board of Directors. Salary ranges are comparable to director-level positions in other Louisiana non-profit organizations.

C) Project duties of each position requested:

A. Prevention Services Director, KIDLINE-- This position is responsible for overall management of the KIDLINE program, including volunteer screening, training, management and retention. This position is also responsible for grant management, and maintaining all records, resource and referral materials used by volunteers working with callers.
B. Director of Finance--This position is responsible for management of the budget and finances related to this grant.
C. President/CEO-- This position is currently held by a former KIDLINE Project Director, Amanda Brunson. Amanda provides technical assistance and general oversight to the KIDLINE program. She is also responsible for providing information about KIDLINE to other non-profit and social service directors, as well as ensuring that KIDLINE remains a referral used by other social service organizations for the families for which they serve.
D. Public Awareness Director -- This position is responsible for developing and maintaining materials which notify the public of the availability of the service (promotional materials, parenting literature, website maintenace, etc.)

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.]

A. Prevention Services Director, KIDLINE--Mallory Lafargue is an existing employee and previously assisted with this project in this capacity.
B. Director of Finance—Ingrid Fields is an existing employee and previously assisted with this project in this capacity.
C. President/CEO--Amanda Brunson is an existing employee and previously assisted with this project.
D. Public Awareness Director—Loren Brown is an existing employee and previously assisted with this project.

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. Mallory Lafargue	.062		$31,493	$1,952	5.	.062			$0
2. Ingrid Fields	.062		$6,000	$372	6.	.062			$0
3. Amanda Brunson	.062		$6,000	$372	7.	.062			$0
4. Loren Brown	.062		$2,049	$127	8.	.062			$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Mallory Lafargue	.0145		$31,493	$456	5.	.0145			$0
2. Ingrid Fields	.0145		$6,000	$87	6.	.0145			$0
3. Amanda Brunson	.0145		$6,000	$87	7.	.0145			$0
4. Loren Brown	.0145		$2,049	$29	8.	.0145			$0
HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
UNEMPLOYMENT TAX Based on first $7,000 or Less	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first $7,000 or Less	RATE	TYPE	SALARY	TOTAL
1.		CHECK TYPE:		$0	5.		CHECK TYPE:		$0
2.				$0	6.				$0
3.		☐ FUTA		$0	7.		☐ FUTA		$0
4.		☐ SUTA		$0	8.		☐ SUTA		$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
			FRINGE BENEFITS TOTAL (A):	$3,482				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): $3,482

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$3,482
CASH MATCH	
TOTAL FRINGE BENEFITS	$3,482

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: 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	TO	PAID WITH F	C	IK
NAME: Mallory Lafargue TITLE: Prevention Services Director, KIDLINE PURPOSE: Trainings, meetings, promotion of KIDLINE	Statewide			☒	☐	☐
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	C	IK
NAME: MalloryLafargue	$0.48	1,041.66	$500.00							$500.00	☒	☐	☐
NAME:			$0.00							$0.00	☐	☐	☐
NAME:			$0.00							$0.00	☐	☐	☐
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										$500.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	$500
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	$500

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
Basic Supply Allowance	300.00	$1.00	$300.00	☒	☐	☐
Postage	1,136.36	$0.44	$500.00	☒	☐	☐
			$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:			$800.00			

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

BRIEFLY EXPLAIN:

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

Basic Supply Allowance: Monthly program memo to direct service staff (volunteers), volunteer applications and follow-up letters, referral and resource directories for direct service staff, information mailed to callers, policy/procedure documents and updates, etc

Postage: Used to mail out program promotional materials, resource and referral information to callers, application packets and caller information sheets to volunteers, follow-up and screening information, memos, etc

B) Its relationship to this project.

Both supplies and postage are used in the daily operation of KIDLINE, either for volunteer recruitment, retention and management or for correspondence with KIDLINE callers.

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	☐	☐	☐
				$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	$800
CASH MATCH	
IN-KIND MATCH	
SUPPLIES TOTAL	$800

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	PAID WITH C
Name: Title: Contract Evaluator Agency:	Quality assurance calls to volunteers	27.20	$10.00	$272.00	☒	☐
Name: Title: Agency:				$0.00	☐	☐
Name: Title: Agency:				$0.00	☐	☐
Name: Title: Agency:				$0.00	☐	☐
			SUBTOTAL OF CONTRACTUAL COSTS	$272.00	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	PAID WITH 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:

A quality assurance "secret caller" will be utilized to help determine each volunteer's effectiveness on the line. The caller will have a counselor perfomance evalution before them to aid in their assessment.

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

In an effort to improve program evaluation, volunteers will receive "secret caller" phone calls that will assess their efficiency in working the crisis model, active listening, and referral giving, among other skills taught throughout training. The project director will use the quality assurance calls to provide necessary feedback to volunteers and to evaluate weaknesses in initial training.

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

Staff anticipates that volunteers will have a "secret caller" twice per year from a former KIDLINE project director that is familiar with the scope of training. $10 per call is a standard rate for this type of evaluation

SECTION 600. CONTRACTUAL SUMMARY	
FEDERAL FUNDS	$272
CASH MATCH	
CONTRACTUAL TOTAL	$272

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	PAID WITH C	PAID WITH IK
Rent	Lease, pro-rated for KIDLINE space	247.83	$11.52	$2,855.00	☒	☐	☐
Telephone	Monthly charges	12.00	$233.80	$2,805.60	☒	☐	☐
Professional Liability Insuran	Pro-rated, 10% of whole cost	1.00	$1,700.00	$1,700.00	☒	☐	☐
Printing--educational pamphlet	Average quoted price	333.33	$1.20	$400.00	☒	☐	☐
Food	Average quoted price	2.00	$40.00	$80.00	☒	☐	☐
Duplicating	Prorated monthlyfixedrate contract	12.00	$130.29	$1,563.48	☒	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
			SUBTOTAL OF OTHER DIRECT COSTS:	$9,404.08	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

A) Need for each type listed; and

Rent: Calculations are based on the monthly cost for providing all office space utilized to operate KIDLINE.
Telephones are essential to providing telephone counseling.
Professional Liability Insurance: A requirement for the agency.
Educational pamphlets: Pamphlets are needed for callers/victims that request more information on on particular topics.
Food: Two 30+ hour volunteer trainings will be held during the year. At least one day of each training typcially spans 9 a.m. to 6 p.m. and lunch is served. Light snacks and drinks are served during three hour training classes.
Duplicating is necessary for the replication of referral and training manuals for volunteers.

B) Its relationship to project.

Space and telephones are used to house and operate the KIDLINE program.
Printing is used to replenish educational pamphlets that are sent continuously at the caller's/victim's request.
Food is used for trainings for volunteers.
Duplication is required for training and extended training of volunteers.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	$9,404
CASH MATCH	
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	$9,404

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.

Nationwide, child accidents and injuries are the leading cause of death among children. An estimated 794,000 children are victims of child abuse and neglect each year. Based on 2007 data, over thirty-two percent of victims are below the age of four. Seventy-three percent of these children were victimized by one or both parents. In Federal Fiscal Year 2005, an estimated 1,460 children died as a result of child abuse and neglect. This amounts to four children every day. Also in FFY 2005, the estimated rate of deaths per 100,000 US children in the population was 1.96 (Child Maltreatment, 2005, DHH).

Many adults in the United States are surviving victims of child abuse and neglect. Approximately 24% of American women are victims of child sexual abuse before age 18 and nationally, 75% of battered women indicate their children are also battered (Nurturing Today, Bavolek 2000).

Locally, child abuse and neglect is an increasing problem. According to 2010 KIDS COUNT Data, published by the Annie E. Casey Foundation, Louisiana ranks 49th in overall child well-being. Of the 23,911 investigations conducted by the Louisiana Department of Social Services, Office of Community Services, 7,659 were validated from July 2006 through June 2007 (FY 2007).

During the past decade, an increasing number of adults abused as children (survivors) are experiencing the return of memories of childhood abuse horrors. Survivors seek mental health, legal and support services to assist them in living with the trauma of their childhood. Biological, social, and environmental exposures in the early stages of life determine people's long-term health and developmental status. Exposure to child maltreatment and other adversities are particularly toxic to a child's short- and long-term health (Centers for Disease Control, 2009).

KIDLINE provides free access to crisis intervention and community referrals statewide to victims and survivors of abuse. The unique contribution of telephone counseling for victims serves to engage callers that may experience some hesitancy in seeking face-to-face counseling. Callers may lack the financial ability to take advantage of services in their communities or services simply may not be available in all areas of the state. For these reasons, the services offered through KIDLINE are beneficial in assisting all victims of child abuse and neglect.

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

Louisiana lacks a statewide resource specifically for victims of abuse and neglect. Though 211 can give referrals to local resources, KIDLINE provides crisis intervention, expertise on this particular issue and referrals. Also, PCA Louisiana is the only statewide nonprofit organization focused on child abuse. The need was discovered 25 years ago when Helpline (now KIDLINE) began. The need for the program continues to exist today, and is determined each year when the referral manual is updated and there continues to be a lack of services in Louisiana's rural areas and a lack of service providers training in helping victims of child abuse and neglect.

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: To provide an effective 12 hour per day, 7 day per week, statewide crisis intervention and referral phone line for victims and survivors of child abuse and neglect.

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: Provide crisis intervention and referrals to 800 victims of abuse, tracking the number and type of victims utilizing KIDLINE.
Baseline: 500

Objective 2: Distribute at least 4000 pieces of follow-up material to KIDLINE callers and promote community awareness of the KIDLINE through this material.
Baseline: 3,500

Objective 3: Recruit, screen, and train 5 direct service staff (volunteers)
Baseline: 4

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.

1. Volunteer recruitment, screening, training and placement will be a continuous process.
Timeline: Ongoing through September 2011

2. Volunteers will be trained to provide follow-up and resource materials to callers. KIDLINE will be promoted through distribution of materials about KIDLINE during presentations and at community events. Posters and fliers will also be distributed to agencies, schools and universities, churches and business establishments. Public service announcements for radio and newspapers will be distributed throughout the state and KIDLINE materials will be made available.
Timeline: Ongoing through September 2011

3. Volunteer recruitment will be promoted through child abuse and neglect presentions, volunteer websites, recruitment posters and fliers distributed in universities, community agencies, churches and business establishments. Volunteers will be provided with the initial skills training and two follow-up sessions.
Timeline: Ongoing through September 2011

4. Appropriate staff will be trained to take shifts and improve quality assurance.
Timeline: Ongoing through September 2011

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):

n/a

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): Child Abuse Prevention

☐ 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: Mallory Lafargue PHONE: (225) 925-9520 EMAIL: Mallory@pcal.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: (225) 925-9520 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: http://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. 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.)

- 400 calls to KIDLINE in Fiscal Year 2010
- 12 volunteers, 3,284 hours logged
- 3 Extended Trainings held for current volunteers
- Economic Stimulus grant funding provided one new computer and two interns, Alison Ruth & Kristen Hinton, who were charged with KIDLINE promotion
- 3,593 pieces of KIDLINE literature (educational pamphlets) distributed in Fiscal Year 2010
- 500,000 bill inserts with KIDLINE logo mailed with Cox bill to residents of Baton Rouge, Lafayette & New Orleans
- KIDLINE PSA shown to 8,000 Junior Beta Club state convention attendees
- KIDLINE Logo to be featured on all discharge papers at Woman's Hospital
- 2,000 wristbands with KIDLINE logo to Head2Toe event attendees

2. Did the project work as expected? Explain.

KIDLINE received less calls than expected due to the lack of media dollars that directly stimulate call volume. However, of the calls that were received, trained counselors were on duty to work the crisis model and get referrals and follow-up materials to those in need.

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?

In terms of objectives, more educational materials were utilized than expected so the number for that objective has increased.

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?

KIDLINE counselors and callers

2. When will the data be collected?

Upon completion of calls to the hotline

3. Who will collect and analyze the data?

Staff member Mallory Lafargue and program interns

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

Name: Mallory Lafargue Phone: (225) 925-9520 Email: Mallory@pcal.org

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

There is an immediate feedback loop as the program director receives the evaluations. They are also used to adjust volunteer trainings two times per year and will be sent to Prevention Services Committee of the Board of Directors annually for their feedback and decision making.

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.

Louisiana Commission on Law Enforcement will receive Quarterly Progress Reports.
Board of Directors will be updated quarterly.
President/CEO will be updated twice monthly.
General public will be updated annually.

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.

Pending grant requests with Albemarle Foundation, Shell Oil Company, and Paragon Casino.
PCA Louisiana continually searches for funding to support our programs and servies. Foundations are being approached statewide to support this effort.

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.

KIDLINE is housed at the state office of PCA Louisiana, located at 733 E. Airport Ave, Ste 201 in Baton Rouge. The central location provides convenient access for volunteers, community networking and workshops. Space dedicated to KIDLINE staff and work include the KIDLINE room, Prevention Services Director, KIDLINE's office, resource room, training room and storage. Other space is also available and used, such as reception area, conference room and restroom facilities. Also available to the project are two computers, printers, printed materials, promotional materials, press coverage, as well as several other staff members and interns.

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?

Volunteers are an integral part of PCA Louisiana. This statewide orgnization depends heavily on the use of volunteer talents, contacts and skills to develop, promote and implement all of its programs.

KIDLINE volunteers are the life of the program. Volunteers are required to attend a 30+ hour initial skills training along with 6 hours of follow-up training. At the completion of the initial skills training, volunteers are required to schedule at least 12 hours per month to answer calls from victims and survivors of child abuse and neglect. Volunteers also assist in the distribution and posting of fliers and materials that promote the KIDLINE service to potential callers and new volunteers.

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.

1. Disseminate Crime Victims Reparations information/materials at trainings and other community presentations.

2. Include Crime Victims Reparations updated information in program newsletters, memos, and other correspondence and training materials, when appropriate.

3. Include Crime Victims Reparations information in the KIDLINE referral database.

4. Network with law enforcement and Crime Victims Reparations representatives throughout the state.

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.

PCA Louisiana staff serve on many local boards, committees and coalitions statewide. In addition, PCA Louisiana hosts an annual conference that provides networking for other child abuse and neglect focused agencies and their affiliates.

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.

1. Provide appropriate information regarding reporting abuse to law enforcement during initial skills training (for volunteers) and encourage volunteers to give that information to callers.

2. Provide extended training (2 hours) for volunteers regarding the operation of child abuse systems in Louisiana.

3. Provide information to callers upon request regarding the appropriate way to report child abuse to law enforcement.

4. Provide orientation/training and information to potential local resources for client referrals.

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.

The Louisiana Child Potection Act (LRS 15:587.1) provides for screening prospective employees who will work directly with children. PCA Louisiana has adopted a policy of screening all staff and volunteers, even though they do not work directly with children.