

APPLICATION NUMBER: C11-8-020

APPLICANT: Prevent Child Abuse Louisiana

PROJECT TITLE: Child Abuse Helpline

PROJECT FUNDS :

FUND: \$ 40,000 80.00%
MATCH: \$ 10,000 20.00%
TOTAL: \$ 50,000 100.00%

PROJECT DURATION: 12 months
START DATE: 09/01/2012
END DATE: 08/31/2013

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 500 calls per year.

RECOMMENDATION : FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 07/24/2012 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: C11-8-020

CVA Purpose Area: 3

1. TITLE OF PROJECT

KIDLINE for Victims of Abuse

Child Abuse Helpline

2. NEW PROJECT

CONTINUATION PROJECT OF: C09-8-021

3. PROJECT DURATION

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

Desired Start Date: 10/1/2012

09 01 2012

Desired End Date: 9/30/2013

08 31 2013

4. PROJECT FUNDS

Federal Funds: \$40,000

Cash Match

In-Kind Match: \$10,000

Total Project: \$50,000

5A. APPLICANT AGENCY INFORMATION

Agency Name: Prevent Child Abuse Louisiana

Physical Address: 9654 Brookline Ave, Ste 210

City: Baton Rouge

Zip: 70809-1493

Mailing Address: [same]

City: [same]

Zip: -

Phone: (225) 925-9520

FAX: (225) 936-1319

Email: Amanda@pcal.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Amanda Brunson

Title: Executive Director

Agency Name: Prevent Child Abuse Louisiana

Address: 9654 Brookline Ave, Ste 210

City: Baton Rouge

Zip: 70809-1493

Phone: (225) 925-9520

FAX: (225) 926-1319

Email: Amanda@pcal.org

Fed Employer Tax Id: 72 - 0871044

DUNS: 874841091 -

CCR CAGE/NCAGE: 1MAG2

CCR Expiration Date: 3/19/2013

6. IMPLEMENTING AGENCY

Name: Amanda Brunson

Title: Executive Director

Agency: Prevent Child Abuse Louisiana

Address: 9654 Brookline Ave, Ste 210

City: Baton Rouge

Zip: 70809-1493

Phone: (225) 925-9520 FAX: (225) 926-1319

Email: Amanda@pcal.org

7. PROJECT DIRECTOR

Name: Amanda Brunson

Title: Executive Director

Agency: Prevent Child Abuse Louisiana

Address: 9654 Brookline Ave, Ste 210

City: Baton Rouge

Zip: 70809-1493

Phone: (225) 925-9520 FAX: (225) 926-1319

Email: Amanda@pcal.org

8. FINANCIAL OFFICER

Name: Karen Fournet

Title: Treasurer

Agency: Prevent Child Abuse Louisiana

Address: 9654 Brookline Ave, Ste 210

City: Baton Rouge

Zip: 70809-1493

Phone: (225) 925-9520 FAX: (225) 926-1319

Email: Karen.Fournet@louisianalottery.com

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.

2012 JUN 18 PM 1:37

LA COMMISSION
ON LAW ENFORCEMENT

CVA - 1

Revised JULY 2010

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 |
| Executive Director | Amanda Brunson | FT | \$5,000.00 | 50.00% | 12.00 | \$30,000.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES: | | | | | | \$30,000.00 | 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 | 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 |
|---|--------------|---------------------------|---------------|
| Approximately 5 volunteers attend initial skills training and 1 extended training session, answer calls at least 12 hours per month, assist with KIDLINE promotion to victims and potential victims | 1,000.00 | \$10.00 | \$10,000.00 |
| | | | \$0.00 |
| SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES: | | | \$10,000.00 |

| SECTION 100. PERSONNEL SUMMARY | |
|--------------------------------|-----------------|
| FEDERAL FUNDS | \$30,000 |
| CASH MATCH | |
| IN-KIND MATCH | \$10,000 |
| PERSONNEL TOTAL | \$40,000 |

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:

Executive Director-- Will act as Project Director for KIDLINE

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

The salary for this position is determined by the Board of Directors of the organization. Salary ranges are comparable to director-level positions in other Louisiana non-profit organizations.

C) Project duties of each position requested:

Executive Director-- This position is currently held by a former KIDLINE Project Director, Amanda Brunson. She is responsible for overall management of the KIDLINE program, including volunteer screening, training, management and retention. This position is also responsible for grant management, management of budget and finances, and maintaining all records, resource and referral materials used by volunteers working with callers.

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.]

Executive Director-- Amanda Brunson is an existing employee and previously assisted with this project in this capacity.

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. Amanda Brunson | .062 | | \$30,000 | \$1,860 | 5. | .062 | | | \$0 |
| 2. | .062 | | | \$0 | 6. | .062 | | | \$0 |
| 3. | .062 | | | \$0 | 7. | .062 | | | \$0 |
| 4. | .062 | | | \$0 | 8. | .062 | | | \$0 |
| MEDICARE | RATE | | SALARY | TOTAL | MEDICARE | RATE | | SALARY | TOTAL |
| 1. Amanda Brunson | .0145 | | \$30,000 | \$435 | 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): | | | | \$2,295 | 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): \$2,295

| SECTION 200. FRINGE BENEFITS SUMMARY | |
|--------------------------------------|----------------|
| FEDERAL FUNDS | \$2,295 |
| CASH MATCH | |
| TOTAL FRINGE BENEFITS | \$2,295 |

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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: TITLE: PURPOSE: | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: TITLE: PURPOSE: | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: TITLE: PURPOSE: | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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: | | PAID WITH | | |
|--|--------------------|---------------|----|-------------------------------------|--------------------------|--------------------------|
| | | FROM | TO | F | C | IK |
| NAME: Amanda Brunson TITLE: Executive Director PURPOSE: Trainings, meetings, promotion of KIDLINE | Statewide | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: TITLE: PURPOSE: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: TITLE: PURPOSE: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 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: Amanda Brunson | \$0.51 | 550.00 | \$280.50 | | | | | | | \$280.50 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: | | | \$0.00 | | | | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: | | | \$0.00 | | | | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST: | | | | | | | | | | \$280.50 | F = Federal Funds C = Cash Match IK = In-Kind Match | | |

| SECTION 300. TRAVEL SUMMARY | |
|-----------------------------|--------------|
| FEDERAL FUNDS | \$281 |
| CASH MATCH | |
| IN-KIND MATCH | |
| TRAVEL TOTAL | \$281 |

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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL OF SECTION B SUPPLIES: | | | | \$0.00 | <small>F = Federal Funds C = Cash Match IK = In-Kind Match</small> | | |

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 | \$536 |
| CASH MATCH | |
| IN-KIND MATCH | |
| SUPPLIES TOTAL | \$536 |

SECTION 800. OTHER DIRECT COSTS

Itemize each type: e.g., audit, rent (show square footage and cost per square foot), phone charges, utilities, printing, duplicating, registration fees for conferences/workshops, etc. Prorate telephone and utility bills. Show method of determining cost. Please refer to application instructions for direction.

| TYPE OF OTHER DIRECT COST | METHOD OF DETERMINING COST | QUANTITY | UNIT PRICE | TOTAL COST | PAID WITH | | |
|---------------------------------|------------------------------------|----------|------------|------------|-------------------------------------|--------------------------|--------------------------|
| | | | | | F | C | IK |
| Rent | Lease, pro-rated for KIDLINE space | 12.00 | \$125.00 | \$1,500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Telephone | Monthly charges | 12.00 | \$200.00 | \$2,400.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional Liability Insuran | Pro-rated, 20% of whole cost | 1.00 | \$600.00 | \$600.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iCarol web-based helpline mgmt | Quarterly cost | 4.00 | \$597.00 | \$2,388.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL OF OTHER DIRECT COSTS: | | | | \$6,888.00 | | | |

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.
 iCarol is a web-based volunteer helpline management system purchased under this grant last year. It is utilized to manage the program.

B) Its relationship to project.
 Space and telephones are used to house and operate the KIDLINE program.
 Professional Liability Insurance is required to cover staff and volunteers in the course of their work on KIDLINE.
 iCarol is used to assist with volunteer scheduling, call reporting and statistical analysis of calls received and volunteer hours logged.

| SECTION 800. OTHER DIRECT COSTS SUMMARY | |
|---|----------------|
| FEDERAL FUNDS | \$6,888 |
| CASH MATCH | |
| IN-KIND MATCH | |
| OTHER DIRECT COSTS TOTAL | \$6,888 |

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 695,000 children are victims of child abuse and neglect each year. Based on 2010 data, thirty-four percent of victims are below the age of four. Eighty percent of these children were victimized by one or both parents. In Federal Fiscal Year 2010, an estimated 1,560 children died as a result of child abuse and neglect. This amounts to four children every day. Also in FFY 2010, the estimated rate of deaths per 100,000 US children in the population was 2.07 (Child Maltreatment, 2010, DHHS).

Many adults in the United States are surviving victims of child sexual abuse. Approximately 1 in 4 American women and 1 in 6 men are victims of child sexual abuse before age 18 (Centers for Disease Control and Prevention, 2006). This means there are approximately 42 million adult survivors of sexual abuse in the U.S.

Locally, child abuse and neglect is an increasing problem. According to 2011 KIDS COUNT Data, published by the Annie E. Casey Foundation, Louisiana ranks 49th in overall child well-being. Of the 38,642 referrals received by the Louisiana Department of Children and Family Services, Office of Community Services, 8,344 were validated in fiscal year 2010 (Child Maltreatment 2010, DHHS).

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 helping victims of abuse and neglect recover. 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. In addition, a program evaluation of KIDLINE was conducted in 2012. Though not complete at the time this application was submitted, the report will be available by July 1, 2012. The contract evaluator studied other services available in Louisiana and nationwide and determined that KIDLINE is filling an unmet need in this community.

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 500 victims of abuse, tracking the number and type of victims utilizing KIDLINE.

Baseline: 300

Objective 2: Recruit, screen, and train 5 direct service staff (volunteers)

Baseline: 3

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 2013

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 2013

3. Volunteer recruitment will be promoted through child abuse and neglect presentations, 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 at least one follow-up session.

Timeline: Ongoing through September 2013

4. Appropriate staff will be trained to take shifts and improve quality assurance.

Timeline: Ongoing through September 2013

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.)

- approximately 400 calls to KIDLINE in Fiscal Year 2012
- 4 volunteers manned the lines
- Due to staff transitions within PCA Louisiana, new volunteers were not trained. However, previous volunteers who had stopped volunteering returned to the KIDLINE
- all existing pieces of KIDLINE literature (educational pamphlets) were distributed, including to victims service organizations such as the Baton Rouge Children's Advocacy Center

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?

Due to the decrease in funds, the cost of educational materials were removed from this grant. Materials will be purchased with funds from the existing grant in summer 2012 and will be used to distribute to callers in the coming year.

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 Amanda Brunson, with the assistance of other staff and contract employees

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

Name: Amanda Brunson

Phone: (225) 925-9520

Email: Amanda@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 project director receives the evaluations. They are also used to adjust volunteer trainings and will be sent to the Board of Directors annually for their feedback and decision making. Additionally, when the 2012 program evaluation report is complete, it will be used to make program adjustments and improvements.

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.

General public will be updated annually.

Kidline Client Satisfaction Survey

Did you find your telephone call to the Kidline to be helpful?

Yes _____ No _____ Don't know _____

Why or why not? _____

Did you feel comfortable speaking to the Kidline counselor? Yes ___ No ___

Did the counselor provide information/referrals to help to you with your situation? Yes ___ No ___

Are the hours of 8am-8pm/7 days a week convenient? Yes ___ No ___

Would you call the Kidline if you were in a crisis, or needed to de-stress from parenting? Yes ___ No ___

Were the pamphlets helpful? Yes ___ No ___

Did the counselor have information on preventing or reporting child abuse and neglect? Yes ___ No ___

Please list any comments and suggestions: _____

Thanks for your time. Please do not hesitate to call if you need us again!



Thank you for calling KIDLINE! Your feedback is important to the effectiveness of our program and is greatly appreciated.
(Please **circle** the answer that best describes your KIDLINE experience.)

1. Was this your first time calling KIDLINE? Yes No
2. How helpful was KIDLINE for you?
Helpful Neutral Not Helpful
3. Was the counselor knowledgeable and respectful to you?
Yes No
4. Did you have a plan of action at the end of your call?
Yes No
5. How likely are you to call KIDLINE again?
Likely Neutral Not Likely
6. Positive/Negative Feedback?

(To take this survey online, please visit
<http://www.pcal.org/KIDLINE.htm>).



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Prevent Child Abuse Louisiana KIDLINE Training Evaluation

Training Content

Rate the following on a scale of 1-4. 1 being poor, 4 being excellent

| | | | | |
|--|---|---|---|---|
| Understanding of PCA Louisiana and its programs | 1 | 2 | 3 | 4 |
| Knowledge of the KIDLINE and types of call | 1 | 2 | 3 | 4 |
| Active Listening presentation and practice skills | 1 | 2 | 3 | 4 |
| Explanation of the Crisis Intervention Model | 1 | 2 | 3 | 4 |
| Comprehension of Child Development | 1 | 2 | 3 | 4 |
| Understanding of volunteer role as a KIDLINE counselor | 1 | 2 | 3 | 4 |
| Knowledge of Forms of Abuse and Reporting Procedures | 1 | 2 | 3 | 4 |

Is there any information that was not included that you think may be helpful as a KIDLINE counselor to get more training on? _____

What part of training did you enjoy most and why? _____

Presenter: _____ Training Date: _____

Rate the presenter's ability and knowledge of the following 1-poor/ 4-excellent

| | | | | |
|---|---|---|---|---|
| Forms of abuse, signs, symptoms, and reporting procedures | 1 | 2 | 3 | 4 |
| PCA Louisiana What We Do (programs/public ed) | 1 | 2 | 3 | 4 |
| Active Listening | 1 | 2 | 3 | 4 |
| Crisis Intervention Model | 1 | 2 | 3 | 4 |
| Child Development | 1 | 2 | 3 | 4 |
| Overall knowledge of KIDLINE | 1 | 2 | 3 | 4 |
| Ability to make training interesting and fun | 1 | 2 | 3 | 4 |

What could have made the presentations more interesting? _____

Is there anything that you found boring or that needs polishing? _____

Would you recommend this training to a friend or family member? _____

Prevent Child Abuse Louisiana

Pre/Post Evaluation

This evaluation is designed to measure your present level of knowledge regarding: child abuse, crisis theory, crisis intervention, effective communication, and particular policies and procedures of the KIDLINE.

I. Please Circle One.

| | | |
|--|------|--------|
| Parents who abuse are often victims themselves. | TRUE | FALSE |
| PCAL is the reporting agency for child abuse and neglect.. | TRUE | FALSE |
| The most reported form of child abuse is sexual abuse. | TRUE | FALSE |
| The most accepted form of abuse is neglect. | TRUE | FALSE |
| Children with disabilities are rarely abused due to their "problem." | TRUE | FALSE |
| Child abuse is the leading cause of death in the home for children under the age of five. | TRUE | FALSE |
| It can be assumed that all people who abuse have some form of mental illness. | TRUE | FALSE |
| One of our goals as KIDLINE volunteers is to solve the caller's problem. | TRUE | FALSE |
| A caller's feelings are not as important as the content of the call. | TRUE | FALSE |
| People who talk about suicide seldom mean it and can, in fact, be regarded as low risk for attempting suicide. | TRUE | FALSE |
| Substance abuse rarely has anything to do with child abuse. | TRUE | FALSE |
| It is a necessity that you give your name to report abuse or neglect. | TRUE | FALSE |
| Being courteous, diplomatic, and helpful is the same as showing acceptance of someone's feelings. | TRUE | FALSE |
| Rescuing and helping are forms of crisis intervention. | TRUE | FALSE. |

| | | |
|---|------|-------|
| A minor part of active listening is helping the caller focus on the feelings and content of the call. | TRUE | FALSE |
| A crisis is the same thing as an emergency. | TRUE | FALSE |
| Crises are time limited. | TRUE | FALSE |
| Resolution of a crisis may end with a person establishing a higher level of coping. | TRUE | FALSE |
| A person in crisis will not function adequately without ongoing face-to-face counseling. | TRUE | FALSE |
| A crisis is an internal response to an external stimulus. | TRUE | FALSE |

II. Please Select the Best Answer.

A crisis is characterized by:

- A. intense feelings
- B. cognitive disturbances
- C. perceptual disturbances
- D. depression
- E. A, B, and C

Development of a crisis involves:

- A. hazardous atmosphere
- B. diagnosis
- C. precipitation event
- D. failure of coping mechanism
- E. a, b, and c
- F. a, c, and d

Which of the following can lead to crisis:

- A. losing a parent
- B. birth of a child
- C. child failing a subject in school
- D. 15-year-old daughter pregnant
- E. all of the above
- F. a, c, and d

Some of the basic components of the crisis intervention model are:

- A. establishing rapport
- B. exploring
- C. advice giving
- D. plan of action
- E. all of the above
- F. a, b, and d

There is a greater probability that a caller will follow through on their plan of action if:

- A. several referrals are given
- B. the plan is specific in terms of time and place
- C. the person promises they will try to call them tomorrow.
- D. the person was experiencing true crisis
- E. b and d
- F. a and c

Which of the following statements show acceptance of feelings?

- A. I don't know what it is, but something seems to be making you terribly sad right now.
- B. Why so glum! Things could be worse.
- C. What a grimace! Come on, smile.
- D. Nobody likes a bummer. You really ought to do something about your moods.

III. Fill in the blanks with the most appropriate response from the list of terms below. (Terms can be used more than once.)

| | |
|----------------------|----------------------|
| Listening | Establishing Rapport |
| Confrontation | Content |
| Feelings | Self-disclosure |
| Focus | Precipitating Event |
| Changing the Subject | Plan of Action |
| Summarization | Getting Callers Name |

Active listening means addressing the _____ as well as the _____.

A technique frequently used to move from one part of the model to another is _____.

_____ is derived from a precipitating event and is always a feeling.

The initial phase of the crisis model is _____.

Pointing out discrepancies is called _____.

IV. Please Circle One.

An effective means of communicating is to please the caller. TRUE FALSE

An ineffective counselor can make someone feel worse. TRUE FALSE

| | | |
|---|------|-------|
| An essential component to crisis intervention is the belief that the caller has the ability to resolve her/his own dilemma. | TRUE | FALSE |
| Reassurance is an effective way of exploring feelings. | TRUE | FALSE |
| Reflecting is restating feelings and combining them with a behavior. | TRUE | FALSE |
| Repetition is useful because it lets the caller know that s/he is being heard. | TRUE | FALSE |
| To be an effective communicator, making judgments is crucial. | TRUE | FALSE |
| Being a good listener requires asking the right questions. | TRUE | FALSE |
| Affirming a caller's feelings is of little use in effective communicating. | TRUE | FALSE |
| There are different levels to hearing what a caller is relaying. | TRUE | FALSE |

V. Please Select the Best Answer.

Call sheets written at home are kept in the volunteer's possession until:

- A. volunteer mails them in
- B. volunteer faxes them to staff until sending the original
- C. staff picks them up
- D. all of the above

General concerns about a call can be debriefed with:

- A. designated PCAL staff
- B. immediate family members
- C. another volunteer
- D. all of the above
- E. a and c

Callers wanting general information after office hours are:

- A. told to call back when office is open
- B. asked to give volunteer necessary information, which is documented on the log or call sheet, so volunteer can mail the it to them.
- C. asked to give volunteer necessary information, which is documented on the log or call sheet, so staff can mail it to them
- D. b and c

Referrals can be obtained during a call from:

- A. referral manual
- B. volunteer's own resources
- C. telephone book
- D. all of the above
- E. a and c only

The initial responsibility for finding a replacement for a scheduled shift lies with:

- A. staff
- B. the volunteer
- C. none of the above
- D. a and b

VI. Please Complete the Following Scenarios.

Write a brief paragraph on each of the following scenarios. Include feelings, areas you would explore further, and referrals you might use for a caller.

Carolyn, a 28-year-old woman, calls the **KIDLINE** crying. She tells you that her husband has beaten her and punched her five-year-old as well. Carolyn says "Do you think I should leave him?"

A 58-year-old grandmother calls saying that she has been left with two grandchildren (ages four and five). Her daughter has abandoned them and she is willing to keep them. She wants to know what to do and comments that "things are different than when I raised my kids."

Jane's neighbor is leaving her five-year-old son at home by himself for the night. This has happened a number of times and Jane is wanting to know "What do I do?"

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.

PCA Louisiana continually searches for funding to support our programs and services. Foundations are being approached statewide to support this effort. Several grant requests will be submitted in the coming months and limited funding was received from the Every Kid A King Foundation to cover the gap in funding from LCLE.

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 office of PCA Louisiana, located at 9654 Brookline Ave, Ste 210 in Baton Rouge. The central location provides convenient access for volunteers, community networking and workshops. 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 organization 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 several 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.
 5. Provide trainings in the community on recognizing and reporting child abuse.
-
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 Protection 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.

Rutha Chatwood

From: Rutha Chatwood
Sent: Tuesday, July 24, 2012 4:36 PM
To: Amanda Brunson (amanda@pcal.org)
Subject: C11-8-020; Prevent Child Abuse Louisiana; "Child Abuse Helpline"

Ms. Amanda Brunson
Prevent Child Abuse Louisiana
9654 Brookline Avenue, Suite 210
Baton Rouge, LA 70809-1493

RE: C11-8-020; Prevent Child Abuse Louisiana; "Child Abuse Helpline"

Dear Ms. Brunson:

This office has received the above referenced application. The application will be presented at the Victim Services Advisory Board and the Commission meetings scheduled for September 12 and 13, 2012, respectively.

Based on my review of the application, the following issues must be addressed and resolved. Additional issues may arise between the review process and the Advisory Board and Commission meetings. If so, you will be given every opportunity and assistance to address and/or resolve any additional issues to avoid delaying the application to be presented.

1. Page 1, Number 1, Title of Project – The official LCLE title for this project is "Child Abuse Helpline". Please make this change.
2. Page 1, Number 3, Project Duration – The previous subgrant, C09-8-021, ends August 31, 2012. The Start Date for this subgrant should be 09/01/2012, and the End Date should be 08/31/2012. Please make these corrections.
3. Page 1, Numbers 5A, 5B, 6, 7, and 8 – The nine-digit zip code is not complete. The correct zip code is 70809-1493; please make these corrections.
4. Pages 3 and 4, Section 100, Personnel – Please add the salary range to the Job Description re-submit the revised job description.
5. Page 14, Program Narrative, A. Problem Definition – Please submit a copy of the program evaluation of KIDLINE, when available approximately July 1, 2012, which was conducted in 2012 to determine if KIDLINE is filling an unmet need in this community.
6. Page 16, Program Narrative, D. Activities/Methods – Please update the timelines for the activities listed for this project.
6. Please supply the Prevent Child Abuse Louisiana Organization Chart.
7. Please submit three letters of support. *Revd 1 from BR Child Advocacy Ctr 8/3/12*
8. Subgrant Award Report –
 - a. Section 1a, Zip Code – Please provide the agency's nine-digit Zip Code.

- b. Section 4 – Only 4a is to be left blank. Please provide this award’s subgrant number, C11-8-020, and correct the start and end dates for this project.

Please email or mail ONLY the changes as directed on the appropriate application pages and return only those pages for which changes or additional information was requested to LCLE. Please do not fax replies, as they are not always legible.

All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. This information is due to LCLE **by Friday, August 10, 2012**. Please contact me at (225) 342-1625 or rutha.chatwood@lcle.la.gov if you have any questions.

Sincerely,

Rutha Chatwood

Victim Services Program Manager
Louisiana Commission on Law Enforcement
Phone: 1-225-342-1625
Fax: 1-225-342-1846
Email: rutha.chatwood@lcle.la.gov
Hours: Tuesday - Friday, 7:00 a.m. – 5:30 p.m.