

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C11-1-013

APPLICANT: Providence House

PROJECT TITLE: Victim Advocacy Program

PROJECT FUNDS :

FUND: \$ 25,969 80.00%

MATCH: \$ 6,492 20.00%

TOTAL: \$ 32,461 100.00%

PROJECT DURATION: 12 months

START DATE: 09/01/2011

END DATE: 08/31/2012

Continuation of C10-1-016

PROJECT SUMMARY:

Providence House provides crisis intervention, medical and legal advocacy, and counseling for victims of domestic violence and sexual assault in Caddo, Bossier and Webster Parishes, while promoting the facilitation to end violence through collaboration and community awareness.

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: C11-1-013 CVA Purpose Area: 14

1. TITLE OF PROJECT  
SEXUAL ASSAULT - Victim Advocacy Program

2.  NEW PROJECT  
 CONTINUATION PROJECT OF: C10-1-D16

3. PROJECT DURATION  
Total Length: 12 Months (Not to exceed 12 Months)  
Desired Start Date: 11/2012  
Desired End Date: 12/31/2012

4. PROJECT FUNDS  
Federal Funds: \$25,969  
Cash Match: \$6,492  
In-Kind Match: \$0  
Total Project: \$32,461

5A. APPLICANT AGENCY INFORMATION  
Agency Name: PROVIDENCE HOUSE  
Physical Address: 814 COTTON STREET  
City: SHREVEPORT Zip: 71101-  
Mailing Address: 814 COTTON STREET  
City: SHREVEPORT Zip: 71101-  
Phone: (318) 221-7887 FAX: (318) 221-7976  
Email: SIMONE@THEPROVIDENCEHOUSE.COM

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY  
Authorized Official: SIMONE HENNESSEE  
Title: EXECUTIVE DIRECTOR  
Agency Name: PROVIDENCE HOUSE  
Address: 814 COTTON STREET  
City: SHREVEPORT Zip: 71101-  
Phone: (318) 221-7887 FAX: (318) 221-7976  
Email: SIMONE@THEPROVIDENCEHOUSE.COM

Fed Employer Tax Id: 72-1205164 DUNS: 883592149- OCR CAGE/NCAGE: 4S3Q4 CCR Expiration Date: 5/31/2012

6. IMPLEMENTING AGENCY Name: SIMONE HENNESSEE Title: EXECUTIVE DIRECTOR Agency: PROVIDENCE HOUSE Address: 814 COTTON STREET City: SHREVEPORT Zip: 71101- Phone: (318) 221-7887 FAX: (318) 221-7976 Email: SIMONE@THEPROVIDENCEHOUSE.COM	7. PROJECT DIRECTOR Name: SIMONE HENNESSEE Title: EXECUTIVE DIRECTOR Agency: PROVIDENCE HOUSE Address: 814 COTTON STREET City: SHREVEPORT Zip: 71101- Phone: (318) 221-7887 FAX: (318) 221-7976 Email: SIMONE@THEPROVIDENCEHOUSE.COM	8. FINANCIAL OFFICER Name: LAURA PERDUE Title: DIRECTOR OF DEVELOPMENT Agency: PROVIDENCE HOUSE Address: 814 COTTON STREET City: SHREVEPORT Zip: 71101- Phone: (318) 221-7887 FAX: (318) 221-7976 Email: LAURA@THEPROVIDENCEHOUSE.COM
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9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)

Providence House provides crisis intervention, medical and legal advocacy, and counseling for victims of domestic violence and sexual assault in Caddo, Bossier and Webster parishes, while promoting the prevention of violence to the community through education.

Sexual assault has a devastating effect on the well-being and level of functioning within the entire family unit. Individuals who have experienced trauma often suffer from many forms of family dysfunction that puts them at greater risk of victimization. Victim advocates to assist these individual are critical. They provide guidance and counseling throughout the entire investigation, medical assessment and prosecution process. They also provide any necessary referrals and services within the community to assist the victim and their family's immediate and long-term needs. The primary goal of this request is to fund one full-time staff advocate position to provide support and promote healing of victims of sexual assault and to facilitate change to end violence through collaboration and community awareness.

**VOCA PURPOSE AREAS**

Please Check Type of Victimization Served (Check all that apply):

<input checked="" type="checkbox"/>	Sexual Assault
<input type="checkbox"/>	Domestic Abuse
<input type="checkbox"/>	Child Abuse
<input checked="" type="checkbox"/>	Previously Underserved

State Type of Previously Underserved: Rural, Minority

**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:**

Are all budgeted items allowable per Program Guidelines?	YES: <input checked="" type="checkbox"/>	NO: <input type="checkbox"/>
Were instructions followed to determine allowable personnel/contractual costs?	YES: <input checked="" type="checkbox"/>	NO: <input type="checkbox"/>
Are all line item computations correct?	YES: <input checked="" type="checkbox"/>	NO: <input type="checkbox"/>
Do line items add to category totals?	YES: <input checked="" type="checkbox"/>	NO: <input type="checkbox"/>
Have category totals been rounded to nearest dollar?	YES: <input checked="" type="checkbox"/>	NO: <input type="checkbox"/>

Each category amount listed in the table below must equal category totals shown on Pages 3 through 11.

Person Completing Budget Section: LAURA PERDUE Title: DIRECTOR OF DEVELOPMENT  
Phone: (318) 221-7887 Fax: (318) 221-7976 E-Mail: LAURA@THEPROVIDENCEHOUSE.COM

**PROJECT BUDGET SUMMARY**

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$25,969	\$0	\$0	\$25,969
SECTION 200. FRINGE BENEFITS	\$0	\$6,492	N/A	\$6,492
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$0	\$0	\$0	\$0
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$0	\$0	\$0	\$0
<b>TOTAL:</b>	<b>\$25,969</b>	<b>\$6,492</b>	<b>\$0</b>	<b>\$32,461</b>

Provide Source of Cash Match: PRIVATE DONATIONS

Provide Source of In-Kind Match: N/A

**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
Sexual Assault Advocate	Wendy Bristo	FT	\$2,164.08	100.00%	12.00	\$25,968.96	<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:						\$25,968.96	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
n/a							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$0.00	F = Fed Funds C = Cash Match	

**VOLUNTEERS:**

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

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$25,969
CASH MATCH	\$0
IN-KIND MATCH	\$0
PERSONNEL TOTAL	\$25,969

**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:

On February 19, 2009, Phoenix Advocacy Center closed its operations, leaving an immediate need for advocacy and counseling for sexual assault victims in Caddo, Bossier and Webster parishes. Immediately, Providence House initiated the new, formalized sexual assault program, without secure funding, to ensure that service to sexual assault victims continued. Currently, we employ three full-time advocates to perform crisis response and intervention, including assessment, service planning, safety planning, counseling, court assistance and accompaniment, injunction assistance, education and referrals in support of victims and their families.

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

Salaries were based on comparable positions at local non-profit agencies and by using the Louisiana Association of Non Profit Salary Comparisons.

C) Project duties of each position requested:

Advocates: Direct services to sexual assault victims, including but not limited to: answer telephone crisis line, assess the victim's situation while providing intervention and de-escalation, safety planning and develop service plan and/or referral(s), helping to meet the individual's/family's immediate and long-term needs; assist victim/family in identifying resources and assure all needed services provided are effective in meeting the victim's and/or family's goals; assist clients in preparing documentation and successfully navigating the judicial system, including filing injunctions, requests for Legal Aid representation and court testimony; mediate and facilitate communication between client and other agencies/providers, assuring referrals given are appropriate and are accessed by the client; develop and review written safety plans for victims and family members to assure their own safety; educate client about pending legal procedures and possible court-related situations, while helping to prepare them to support law enforcement in prosecution of their case; accompany victim as needed or requested to any judicial hearings, trials and court related procedures by Law Enforcement; provide community education to individuals or groups about victims' rights, available services, safety and prevention efforts, and other family violence subjects.

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.]

All personnel is new.

**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

EMPLOYEE'S NAME(S)					EMPLOYEE'S NAME(S) (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1. Wendy Bristo	.062		\$25,969	\$1,610	1.	.062			\$0
2.	.062			\$0	2.	.062			\$0
3.	.062			\$0	3.	.062			\$0
4.	.062			\$0	4.	.062			\$0
MEDICARE					MEDICARE				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1. Wendy Bristo	.0145		\$25,969	\$376	5.	.0145			\$0
2.	.0145			\$0	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTH/LIFE INSURANCE <small>Provide monthly insurance rates</small>					HEALTH/LIFE INSURANCE <small>Provide monthly insurance rates</small>				
	RATE	MONTHS	PERCENTAGE TO PROJECT	TOTAL		RATE	MONTHS	PERCENTAGE TO PROJECT	TOTAL
1. Wendy Bristo	320.00	12.00	100.00%	\$3,840	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION					WORKMAN'S COMPENSATION				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1. Wendy Bristo	0.020		\$25,969	\$519	1.				\$0
2.				\$0	2.				\$0
3.				\$0	3.				\$0
4.				\$0	4.				\$0
UNEMPLOYMENT TAX <small>Based on the FUTA or Law</small>					UNEMPLOYMENT TAX <small>Based on the FUTA or Law</small>				
	RATE	TYPE	SALARY	TOTAL		RATE	TYPE	SALARY	TOTAL
1. Wendy Bristo	0.021	CHECK TYPE	\$7,000	\$147	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					PUBLIC/PRIVATE RETIREMENT				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
OTHER					OTHER				
	RATE		SALARY	TOTAL		RATE		SALARY	TOTAL
1.				\$0	1.				\$0
2.				\$0	2.				\$0
3.				\$0	3.				\$0
4.				\$0	4.				\$0
FRINGE BENEFITS TOTAL (A):				\$6,492	FRINGE BENEFITS TOTAL (B):				\$0

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

Fringe Benefits Total (A+B): \$6,492

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	\$6,492
TOTAL FRINGE BENEFITS	\$6,492

**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.

The Surgeon General of the United States reported violence as the number one public health risk to women between the ages of 15 and 44 in this country, exceeding auto accidents, muggings, and cancer-related deaths combined. It also has been ruled the most expensive crime in America, even exceeding murders. Dealing with the ensuing issues can be very daunting for a woman/man who has been a victim of a violent crime. Submitting to medical exams and revealing facts about the abuse in law enforcement interviews can be intimidating. The unknown is frightening and for a victim, the prosecutorial process is unknown. Victims may not understand their role in the prosecutorial process and all of the parties involved in the prosecutorial process may not understand the victim's importance in this process.

Sexual assault also has a devastating effect on the well-being and level of functioning within the entire family unit and cannot be ignored. Individuals who have experienced trauma often suffer from many forms of family dysfunction that put them at greater risk of victimization. The time following a sexual assault can be very traumatizing, especially if the perpetrator is known and/or still at large. Furthermore, the victim may have to encounter and tell her/his story to several different individuals, including law enforcement, medical personnel and members of the judicial system, all who have different needs and agendas. As a result, victim advocates are critical and provide guidance and counseling throughout the entire process, and are able to provide the necessary resources and services within the community to assist the victim and her/his family's needs.

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

Our program was created from a need based on the closure of Phoenix Advocacy Center to fulfill an urgent need for sexual assault victims in Northwest Louisiana. On February 15, 2009, Providence House initiated this new program and was designated by the Caddo and Bossier City Coroner's Office to provide advocacy to ensure services to sexual assault victims in Caddo, Bossier and Webster parishes did not cease. Since then, the Louisiana Foundation Against Sexual Assault has designated Providence House as the Sexual Assault Center for Northwest Louisiana.

Victim advocates are critical in providing guidance, counseling, and the necessary referral of resources and services within the community to assist the survivor and her/his family's immediate and long-term needs. Advocacy during crisis and follow-up services is essential to provide an effective holistic approach to victims. Due to Providence House initiating this new program without secure funding, the program was developed utilizing many volunteer advocates. Utilizing volunteers often creates unavoidable issues (lack of response, vacations, family issues, etc.). Without this funding, one of the four sexual assault staff will have to be eliminated and greater dependence on volunteers will be necessary, possibly further delaying response to victims.

## B. GOALS

**GOALS:** The primary mission of all projects is to have a positive impact on the victims, not just to accumulate statistics on how many are served. Based on the problem identified, BRIEFLY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

The primary goal of the sexual assault program is to provide support during crisis, and to facilitate change to end the violence through collaboration and community awareness.

Goal #1: Maintaining training of staff advocates with required annual 40 hours of training.

Goal #2: Advocacy

Goal #3: Counseling

## 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.

The primary goal of the sexual assault program is to provide support during crisis, and to facilitate change to end the violence through collaboration and community awareness.

Goal #1: Maintain training of staff advocates with required annual 40 hours of training

Objective 1: Participate in LaFASA meetings, trainings, seminars, and annual conferences to increase knowledge and build relationships with other rape crisis center staff.

Objective 2: Attend and participate in quarterly volunteer training sessions.

Goal #2: Advocacy

Objective 1: Serve 100% of all walk-in clients and provide information and/or referrals to appropriate agencies.

Objective 2: Answer 100% of all crisis calls providing information and/or referral to appropriate agencies.

Objective 3: Provide information regarding the SAFE House shelter and/or hotel vouchers to 100% of those needing emergency shelter

Objective 4: Develop a detailed safety plan, for 100% of victims.

Objective 5: Provide assistance obtaining restraining orders to 100% of those who request them.

Objective 6: Provide transportation to 100% of all those who request it to attend court proceedings and/or hearings.

Goal #3: Counseling

Objective 1: Establish next-day counseling appointment to 100% of those served.

Objective 2: Provide continuity of care to 100% of those who request ongoing counseling.

## 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.

The primary goal of the sexual assault program is to provide support during crisis, and to facilitate change to end the violence through collaboration and community awareness.

ALL ACTIVITIES AND SERVICES ARE ONGOING:

Goal #1: Maintain training of staff advocates with required annual 40 hours of training

Objective 1: Participate in LaFASA meetings, trainings, seminars, and annual conferences to increase knowledge and build relationships with other rape crisis center staff.

Objective 2: Attend and participate in quarterly volunteer training sessions.

Goal #2:

Objective 1: Serve 100% of all walk-in clients and provide information and/or referrals to appropriate agencies.

Objective 2: Answer 100% of all crisis calls providing information and/or referral to appropriate agencies.

Objective 3: Provide information regarding the SAFE House shelter and/or hotel vouchers to 100% of those needing emergency shelter

Objective 4: Develop a detailed safety plan, for 100% of victims.

Objective 5: Provide assistance obtaining restraining orders to 100% of those who request them.

Objective 6: Provide transportation to 100% of all those who request it to attend court proceedings and/or hearings.

Goal #3: Counseling

Objective 1: Establish next-day counseling appointment to 100% of those served.

Objective 2: Provide continuity of care to 100% of those who request ongoing counseling.

### E. DEMOGRAPHICS

1. This project serves the following Congressional District(s)

1  2  3  4  5  6  7  All (Statewide Project)

2. Type of Organization:

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.

- |   |   |
|---|---|
| <input type="checkbox"/> Community-Based Organization                                       | <input type="checkbox"/> Prosecution  |
| <input type="checkbox"/> Court  | <input type="checkbox"/> Sexual Assault Program                                 |
| <input type="checkbox"/> Domestic Violence Program  | <input type="checkbox"/> Sexual Assault State Coalition                         |
| <input type="checkbox"/> Domestic Violence State Coalition                                  | <input type="checkbox"/> Tribal Coalition                                       |
| <input checked="" type="checkbox"/> Dual Program (Sexual Assault and Domestic Violence)     | <input type="checkbox"/> Tribal Government                                      |
| <input type="checkbox"/> Dual State Coalition (Sexual Assault and Domestic Violence)        | <input type="checkbox"/> Tribal Sexual Assault and/or Domestic Violence Program |
| <input type="checkbox"/> Government Agency (Department of Human Services, Bureau of Health) | <input type="checkbox"/> Unit of Local Government                               |
| <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> University/School                                      |
| <input type="checkbox"/> Probation, Parole, or Other Correctional Agency                    | <input type="checkbox"/> Other (Specify):                                       |

Yes  No Is this a faith-based organization?

Yes  No Is this a culturally specific community-based organization?

### F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

1. Name of the individual responsible for assisting victims in regard to accessing and using the LAVNS system:

NAME: ANGELA HENDERSON PHONE: (318) 226-5015 EMAIL: LHEND14@TERRACONNECTION.COM

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](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.)

N/A

2. Did the project work as expected? Explain.

N/A

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?

N/A

**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?

Providence House tracks client statistical information daily, weekly, and monthly, and then ultimately, produces an Annual Program Report to the community. Additionally, as it relates to the other goals, the Sexual Assault Program Manager tracks the trainings and the counseling sessions on a monthly basis.

2. When will the data be collected?

See #1.

3. Who will collect and analyze the data?

The Sexual Assault Program Manager oversees the collection of the data; The Director of Administration analyzes and submits the data to Louisiana Commission on Law Enforcement.

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

Name: Rhonda Watts Phone: (318) 221-7887 Email: Rhonda@THEPROVIDENCEHOUSE.COM

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

All Providence House programs receive an in-depth evaluation, conducted annually, to allow the programs to continue to be responsive to the needs of the immediate population it serves, as well as continue to evolve. This is conducted by the Program Review and Development Committee, comprised of staff, Board members and community representatives. All reports and recommendations are reported to the Board of Directors.

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.

Providence House prepares and presents monthly statistical data and annual reports to the staff, Board of Directors and the public. Providence House will disseminate quarterly reports and monthly/quarterly expenditure reports to the Louisiana Commission on Law Enforcement.

**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.

Annually, the Providence House continues to aggressively seek funding, including public and private dollars, from individuals, foundations and organizations. Providence House is currently researching and submitting funding opportunities to such agencies that are dedicated to sexual assault and family violence prevention.

**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.

Providence House owns two buildings and rents over 60 apartments in the Shreveport-Bossier City communities. In February 2009, Providence House leased and renovated an additional 14,000 sq. ft. facility to shelter domestic violence victims, known as the SAFE House. The Sexual Assault Advocacy Program offices are housed in this location. Providence House also owns and leases several vehicles to facilitate transportation for clients (vans, bus, and cars).

**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:                        | 3/1/11          |
| 2. Dates covered by last audit:               | 10/1/09-9/30/10 |
| 3. Date of next audit:                        | 2/1/12          |
| 4. Dates to be covered by next audit:         | 10/1/10-9/30/11 |
| 5. Date next audit will be forwarded to LCLE: | 6/1/11          |

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.

Referral to Louisiana Crime Victims Reparations Program is a critical component of the referrals that victims receive during the advocacy process. The program is explained and procedures for registering as a victim are outlined. Victims are given brochures and referral sheets with the appropriate contact person's name and phone number during their medical exam at the hospital and during the intake process for walk-in victims, including assistance with applications, forms and procedures, as necessary.

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.

This agency works collaboratively with community providers and law enforcement to ensure victims understand their options and are contacted with the resources available to them. Providence House is an active member of the Northwest Louisiana Sexual Assault Response Team (SART), which includes law enforcement, district attorneys, crime lab personnel, forensic nurse examiners, hospital staff, and military personnel.

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.

Advocacy for sexual assault victims requires a clear understanding that the decision to report to law enforcement must come from with victims themselves at a time when they feel safe. Self-determination must always be respected, even when the victim chooses not to report. The services offered by Providence House advocates will help the victim regain control through the process of making informed choices, and accessing available community resources, allowing the victims the freedom to feel safe to report, while also respecting their wish. However, every effort will be made to work diligently with victims and to address any fears that may prevent them from moving forward with prosecution.

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.

Providence House complies with the Louisiana Child Protection Act and conducts criminal background checks and fingerprinting of all staff and volunteers who work directly with the children.