LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

10

APPLICATION NUMBER: C10-4-007

APPLICANT: Stuller Place - Sexual Abuse Response Center

PROJECT TITLE: Victim Assistance Program

PROJECT FUNDS :

FUND:	$ 58,000	80.00%	
MATCH:	$ 14,500	20.00%	
TOTAL:	$ 72,500	100.00%	

PROJECT DURATION: 12 months

START DATE: 10/01/2010

END DATE: 09/30/2011

Continuation of C88-8-004

PROJECT SUMMARY:

Hearts of Hope - Sexual Abuse Response Center (SARC) Victims' Assistance Program provides direct services to victims of sexual abuse/assault, adult survivors of childhood sexual abuse and violenct crimes in the 5-parish region to include Lafayette (main), Acadia, St. Martin and satellite offices in Iberia and Vermilion. The Volunteer Coordinator runs the volunteer program, provides training, schedules, emergency room support, and is responsible for distributing rape kits to the five city hospital emergency rooms and for the recruitment and training of all volunteers. The master level social worker will provide individual and family therapy to victims of sexual assault, sexual abuse, rape and adult survivors of childhood sexual crimes.

RECOMMENDATION : **FUND** X **DENY** ___

SPECIAL CONDITIONS :

1. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.
2. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.

LOUISIANA COMMISSION ON LAW ENFORCEMENT AND THE ADMINISTRATION OF CRIMINAL JUSTICE

CRIME VICTIM ASSISTANCE FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY: **Project ID:** C10-4-007 **CVA Purpose Area:** 1

1. TITLE OF PROJECT
Sexual Abuse Response Program

2. ☐ **NEW PROJECT**
☒ **CONTINUATION PROJECT OF: C09-4-011**

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:	$58,000
Cash Match	
In-Kind Match:	$14,500
Total Project:	**$72,500**

5A. APPLICANT AGENCY INFORMATION
Agency Name: Hearts of Hope
Physical Address: 911 General Mouton
City: Lafayette Zip: 70505-3967
Mailing Address: P.O. Box 53967
City: Lafayette Zip: 70505-3967
Phone: (337) 269-1557 FAX: (337) 269-1143
Email: jill.dugas@theheartsofhope.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: Jill Dugas
Title: Executive Director
Agency Name: Hearts of Hope
Address: P.O. Box 53967
City: Lafayette Zip: 70505-3967
Phone: (337) 269-1557 FAX: (337) 269-1143
Email: jill.dugas@theheartsofhope.org

Fed Employer Tax Id: 72 - 1321800 DUNS: 968476 - 986 CCR CAGE/NCAGE: CCR Expiration Date:

6. IMPLEMENTING AGENCY
Name: David Barczyk
Title: President
Agency: Hearts of Hope
Address: P.O. Box 53967
City: Lafayette Zip: 70505-3967
Phone: (337) 269-1557 FAX: (337) 269-1143
Email: dbarczyk@gmail.com

7. PROJECT DIRECTOR
Name: Jill Dugas
Title: Executive Director
Agency: Hearts of Hope
Address: P.O. Box 53967
City: Lafayette Zip: 70505-3967
Phone: (337) 269-1557 FAX: (337) 269-1143
Email: jill.dugas@theheartsofhope.org

8. FINANCIAL OFFICER
Name: Mark Comeaux
Title: Treasurer
Agency: HeartsofHope
Address: P.O.Box 53967
City: Lafayette Zip: 70505-3967
Phone: (447) 269-1557 FAX: (337) 269-1143
Email: mark.comeaux@bboilfield.com

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

Hearts of Hope - Sexual Abuse Response Center (SARC) Victim's Assistance Program provides direct services to the victim's of sexual abuse/assault, adult survivors of childhood sexual abuse and violent crimes in a five-parish region to include Lafayette (main), Acadia, St. Martin, Iberia, and Vermilion. The Volunteer Coordinator runs the volunteer program, providing training, scheduling and emergency room support. In addition, the position is responsible for sidtributing rape kits to the five city hospital emergency rooms and for the recruitment and training of all volunteers. The Master level Social Worker will provide individual and family therapy to victims of sexual assault, sexual abuse, rape and adult survivors of childhood sexual crimes.

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: Kimberly Brooks Title: Grants Administrator
Phone: (337) 269-1557 Fax: (337) 269-1143 E-Mail: kim.brooks@theheartsofhope.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$53,000	$0	$14,500	**$67,500**
SECTION 200. FRINGE BENEFITS	$4,052	$0	N/A	**$4,052**
SECTION 300. TRAVEL	$148	$0	$0	**$148**
SECTION 400. EQUIPMENT	$200	$0	$0	**$200**
SECTION 500. SUPPLIES	$500	$0	$0	**$500**
SECTION 600. CONTRACTUAL	$0	$0	N/A	**$0**
SECTION 700. RENOVATION COSTS	$0	$0	$0	**$0**
SECTION 800. OTHER DIRECT COSTS	$0	$0	$0	**$0**
TOTAL:	**$57,900**	**$0**	**$14,500**	**$72,400**

Provide Source of *Cash* Match: Not Applicable

Provide Source of *In-Kind* Match: Volunteers provide hours of service in the area hospital emergency rooms as victim liaisons and telephone crisis line operations.

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
Social Worker, MSW	Lisa Mount	FT	$3,900.00	50.00%	12.00	$23,400.00	☒	☐
Volunteer Coordinator	Marielle Babb	FT	$2,250.00	100.00%	12.00	$27,000.00	☒	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						$50,400.00	F = Fed Funds C = Cash Match	

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
Social Worker, MSW	Gisele Celestine	PT	$26.00	2.00	100.00%	50.00	$2,600.00	☒	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							$2,600.00	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
Answer crisis hotline - receive calls from the hospital ER, law enforcement and victims between the hours of 4 pm and 7 am weekdays and 24 hours a day on weekends (only partial number of hours for entire year used for match)	725.00	$10.00	$7,250.00
Act as a liason between the victim and hostpial personnel and SANE program during the forensic collection of evidence in the ER betweeen the hours of 4 pm and 7 am weekdays and 24 hours a day on weekends (only partial number of hours for entire year used for match)	725.00	$10.00	$7,250.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			$14,500.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	$53,000
CASH MATCH	$0
IN-KIND MATCH	$14,500
PERSONNEL TOTAL	$67,500

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:

Volunteer Coordinator - Completes the interviews of all volunteers working with SARC's victims of sexual crimes in the Lafayette area. The Coordinator is responsible for recruiting , training and monitoring the thirty volunteers and oversees the distribution of the forensic examination kits to area hospitals. No need for overtime.

Social Worker, MSW - The Master level Social Worker provides therapeutic intervention for victims of sexual abuse, sexual assault, and molestation on an individual basis to reach goals of higher personal functioning. No need for overtime.

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

The salary for the Volunteer Coordinator is derived from the civil service classification for a caseworker with a bachelor's degree and is comparable to like positions in the affiliated not-for-profit agencies.

The salary for the Master Level Social Worker position is based on like positions within the not-for-profit sector, hospital settings and other state positions of the same description.

C) Project duties of each position requested:

Volunteer Coordinator duties include scheduling interview with volunteers, conducting intake interview, managing volunteers, training professional and distributing foresnice rape kits in the five area hospitals.

Project duties for the MSW include scheduling individual sessions, monitoring the progress of the victim/survivor's behavior throughout therapy, providing information to the family members with appropriate and documentation of progress. The MSW also participates in educational opportunities and training of professionals.

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.]

The Volunteer Coordinator is an existing postion. Marielle Babb has held this position since June 2008.

The Master Level Social Worker is an existing position. Lisa Mount (full-time) and Gisele Celestine (part-time) have held these positions since 2008.

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. Lisa Mount	.062		$23,400	$1,450	5.	.062			$0
2. Marielle Babb	.062		$27,000	$1,674	6.	.062			$0
3. Gisele Celestine	.062		$2,600	$161	7.	.062			$0
4.	.062			$0	8.	.062			$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Lisa Mount	.0145		$23,400	$339	5.	.0145			$0
2. Marielle Babb	.0145		$27,000	$391	6.	.0145			$0
3. Gisele Celestine	.0145		$2,600	$37	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.		☐ 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):	$4,052				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): $4,052

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$4,052
CASH MATCH	
TOTAL FRINGE BENEFITS	$4,052

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: Marielle Babb TITLE: Volunteer Coordinator PURPOSE: travel to local hospitals; conduct trainings, etc.	$0.48	308.00	$147.84	☒	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
		SUBTOTAL FOR LOCAL TRAVEL:	$147.84	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: TITLE: PURPOSE:				☐	☐	☐
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:			$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 IK = In-Kind Match		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	$148
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	$148

SECTION 400. EQUIPMENT

List each type separately. The unit cost should include tax and shipping and handling when applicable. Do not use Brand Names. Sole source requires LCLE's approval. Submit a Sole Source justification, if applicable. Please refer to application instructions for direction.

TYPE OF EQUIPMENT	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH F	C	IK
Printer	1.00	$200.00	$200.00	☒	☐	☐
			$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 EQUIPMENT:	$200.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

A. Justify the need for each equipment item requested; [*NOTE: Computer equipment (hardware and/or software) requires a completed Computer Questionnaire.]

Quality printer for producing volunteer training materials, as well as educational handouts for victims and their families.

B. Indicate procurement method; and

Printer will be purchased at a local retail store and installed by Hearts of Hope staff.

C. Relationship to this project:

Volunteer training is vital to the operations of SARC. Educational materials are provided to all victims.

SECTION 400. EQUIPMENT SUMMARY	
FEDERAL FUNDS	$200
CASH MATCH	
IN-KIND MATCH	
EQUIPMENT TOTAL	**$200**

SECTION 400. COMPUTER QUESTIONNAIRE

If a computer and/or computer software is requested, the following must be completed. Please do not exceed spaces provided.

1. How will the purchase of computer equipment and/or software enhance the program to be funded?

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

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

   A. Installation?

   B. Staff training to use the computer equipment?

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

4. How will additional costs be supported?

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	1.00	$500.00	$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	☐	☐	☐
			$0.00	☐	☐	☐
SUBTOTAL OF SECTION A SUPPLIES:			$500.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

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

B) Its relationship to this project.

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	$500
CASH MATCH	
IN-KIND MATCH	
SUPPLIES TOTAL	$500

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.

Around the world at least 1 in 3 women has been beaten, coerced into sex, or otherwise abused in her lifetime. Most often the abuser is a member of her own family. (Johns Hopkins School of Public Health. 2000.) In the United States An estimated 302,100 women and 92,700 men are forcibly raped each year. (Tjaden, Patricia and Thoennes, Nancy, November 1998.) Rape and sexual assault prevalence is difficult to determine because the crime is significantly underreported.

Using a definition of rape that includes forced vaginal, oral, and anal sex, the National Violence Against Women Survey (Violence Against Women Grants Office. (1998, July). Stalking and Domestic Violence: Third Annual Report to Congress Under the - Violence Against Women Act, p. 7. Washington, CD: U.S. Department of Justice.) found that 1 of 6 U.S. women and 1 of 33 U.S. men has experienced an attempted or completed rape as a child and/or an adult.

The Sexual Abuse Response Center (SARC) was founded in 1981 under the original name of Rape Crisis to provide immediate, comprehensive services to the victims of sexual assault, sexual abuse and violent crimes. The name was changed in 1995 to better define the scope of services that SARC provided, and in 1999 SARC merged with the Children's Advocacy Center to ensure that no survivor of a sexual crime went without immediate intervention. Today SARC services a five-parish region to include Acadia, Iberia, Lafayette, St. Martin, and Vermilion parishes. Rape continues to be a community problem in the Acadiana area, with 69 new reports of sexual assault reported in 2006. At the end of September, SARC/SANE had met 87 victims in the five area emergency rooms, which indicates a total of 120 victims for 2007. Referrals for counseling are received from community programs such as the OCS, Law Enforcement, DA Office, Big Brothers Big Sisters, Faith House and Family Tree to name a few.

An average of 30 new client services are requested each month. The SARC 2009 statistics provide that over 880 individual therapy sessions were provided and 2,000 plus crisis line calls answered. Education and awareness presentations were provided to over 8,000 students, parents, and professionals throughout the area. Training for law enforcement agencies, medical professionals and school board employees continue to show an increase from year to year. As awareness increases throughout the community, so too does the number of victims reporting their personal experiences. During the past decade, all forms of sexual trauma have received unprecedented societal acknowledgement. Greater numbers of victims and families are receiving assistance in dealing with the repercussions of sexual crimes.

Continued sexual assaults and abuses throughout the region, increases the demand on staff to provide training to mandated reporters, including clergy, teachers, counselor and principals.

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

B. GOALS

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

Goal 1: Conduct 400 intake interviews on adult and child victims reporting sexual abuse or assault in the Lafayette main office.

Goal 2: Conduct 500 individual therapeutic sessions.

C. OBJECTIVES

OBJECTIVES: Provide at least TWO (2) measurable objectives for EACH goal. Objectives need to be measurable, observable aspects of the program. Identify who, what will change and by how much. **Use absolute numbers, not percentages and be sure to include a baseline number**.

Goal 1:

Objective 1: The Crisis Intervention/Volunteer Coordinator will receive and conduct 400 intake interviews in the Lafayette office for victims of sexual abuse or assault, rape or adult child molestation from law enforcement(s), Offices of Community or individuals.

Objective 2: The Crisis Intervention/Volunteer Coordinator will contact and monitor the twenty Lafayette volunteers assigned to the crisis line and emergency room liaison escort. One hundred and twenty (120) victims of rape and sexual assault will be escorted to the area Lafayette hospitals.

Goal 2: Conduct 500 individual therapeutic sessions.

Objective 1: The Master level Social Worker will begin treatment with 500 victims. The MSW will provide thereapeutic sessions to alleviate anxiety resulting from the abuse. Each victim is allotted up to eight sessions.

Objective 2: 50% of clients or 250 will report decreased feelings of anxiety.

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) Goal: Conduct 400 assessment interviews in Lafayette.

Objective 1: The Crisis Intervention/Volunteer Coordinator will receive training annually from an established training program to monitor advancements in the treatment of the sexual abused/assaulted. The Coordinator will provide crisis intervention to the 400 victims of sexual assault/abuse in Lafayette area during the October - September grant period. The funding for training is provided by other sources of SARC and not this grant.

Objective 2: The Crisis Intervention/Volunteer Coordinator will conduct monthly contacts with volunteers to assign volunteer hours and receive statistical information on the number of crisis line calls and ER victims escorted during the October – September grant period.

2) Goal: Conduct 500 therapeutic sessions.

Objective 1: The Master level Social Worker will conduct weekly individual sessions with victim/survivors of sexual crimes and document progress and statistical information during the October – September grant period.

*Project will begin operations October 1, 2010 and be completed September 30, 2011.

E. DEMOGRAPHICS

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

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

2. Type of Organizations:

Applicant Agency: ☐ Law Enforcement ☐ Prosecution ☐ Court ☒ Non-Profit Organization ☐ Tribal Government

Check the one answer that best describes the organization receiving VOCA Formula Grant Program funds.

- ☐ Community-Based Organization
- ☐ Court
- ☐ Domestic Violence Program
- ☐ Domestic Violence State Coalition
- ☐ Dual Program (Sexual Assault and Domestic Violence)
- ☐ Dual State Coalition (Sexual Assault and Domestic Violence)
- ☐ Government Agency (Department of Human Services, Bureau of Health)
- ☐ Law Enforcement
- ☐ Probation, Parole, or Other Correctional Agency
- ☐ Prosecution
- ☒ Sexual Assault Program
- ☐ Sexual Assault State Coalition
- ☐ Tribal Coalition
- ☐ Tribal Government
- ☐ Tribal Sexual Assault and/or Domestic Violence Program
- ☐ Unit of Local Government
- ☐ University/School
- ☐ Other (Specify):

☐ Yes ☒ No Is this a faith-based organization?

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

F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

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

NAME: PHONE: ( ) - EMAIL:

☒ Yes ☐ No 2. Does this individual also serve as agency's point of contact for LAVNS? If not, please provide name and contact information:

NAME: PHONE: ( ) - EMAIL:

☐ Yes ☒ No 3. Has this individual attended trainings provided by LCLE to learn how victims are served by LAVNS? If no, agency will request LAVNS training from LCLE within 30 days of award. NOTE: More information regarding the LAVNS program, including training information, can be found at: http://lcle.la.gov/programs/lavns.asp.

☒ Yes ☐ No 4. Does the agency have posters displayed for promoting LAVNS and brochures readily available to victims? If no, please go to the LCLE website to request free LAVNS materials at: www.lcle.la.gov/lavns.

G. CRIME VICTIMS REPARATIONS (CVR)

☐ Yes ☐ No 1. Is same individual responsible for assisting victims in regard to services available through the CVR program? If not, please provide name and contact information:

NAME: PHONE: ( ) - EMAIL:

☒ Yes ☐ No 2. Does the agency know who the Crime Victims Reparations (CVR) Claims Investigator is at the Parish Sheriff's Office?

☒ Yes ☐ No 3. Does the agency have posters displayed for promoting CVR and brochures readily available to victims? If no, please fax a written request (contact person, agency name, mailing address) for free CVR posters and brochures to 225-925-6159. NOTE: More information regarding the CVR program, including applications and other forms, can be found at: http://lcle.la.gov/programs/cvr.asp

H. 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.)

2. Did the project work as expected? Explain.

3. Have the original goals and objectives been revised? ☐ Yes ☒ No

   If Yes, explain what changes will be made in the continuation of this project and why?

I. 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?

Data is collected from the victims and/or the parent or legal guardian.

2. When will the data be collected?

Data is collected at the time of the assessment and/or therapy sessions.

3. Who will collect and analyze the data?

Data is collected and analyzed by the SARC staff. All data collected is reviewed by the Executive Director of Hearts of Hope.

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

Name: Jill Dugas Phone: (337) 269-1557 Email: jill.dugas@theheartsofhope.org

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

Kimberly Brooks, Grant Administrator for Hearts of Hope, under the direction of Jill Dugas, Executive Director, will be responsible for updating or revising the project's strategy, if necessary.

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 and expenditure reports either quarterly or monthly as specified.
Financial and statistical reports are provided to Hearts of Hope Board of Directors on a monthly basis and outcome measurements on a quarterly basis. Reports are also disseminated to United Way of Acadiana and Iberia, and to the Louisiana Foundation Against Sexual Assault (LAFASA). LAFASA meets on a quarterly basis to discuss the needs and progress of individual SARC(s) across the state. A financial audit is conducted on the agency annually, with a fiscal year of January through December.

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.

At the conclusion of the 2010-11 grant project, Hearts of Hope will again apply for CVA funding (2011-1012). Victims of sexual crimes are a very vulnerable group and this grant provides an invaluable resource. If for some reason, Hearts of Hope is denied funding for this project, the Board of Directors and the Executive Director will be responsible for seeking out community support in the forms of fund raising and donations, and/or replacement grants.

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.

Hearts of Hope is a 4,000 square-foot building that is used by two programs. The Children's Advocacy Center (CAC) occupies 3,000 square feet of the building and has created an atmosphere that is child-oriented and professionally directed to the needs of children. The Sexual Abuse Response Center (SARC) and Sexual Assault Nurse Examiners (SANE) programs occupy the remaining area. The merger of the CAC and SARC has enabled the two programs to provide continuity of care for victims of sexual crimes, shared resources for volunteer training, and shared costs for operational and administration expenses. An alarm system ensures that clients, staff and assets are secured 24 hours a day.

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 in compliance with the Louisiana Child Protection Act (LRS 15:587.1).
Volunteers are utilized in two capacities: 1) Volunteers answer the 24-hour crisis line to provide immediate information of services and crisis intervention counseling for the victims and their families. In addition, volunteers answering the telephone receive calls from the hospital emergency rooms when families report sexual abuse of a child. The volunteer in turn contacts the Stuller Place escort and/or law enforcement agency and the SANE nurse. 2) Volunteers accompany victims and their family in the hospital emergency room setting, acting as a liaison between the SANE nurse, hospital personnel, law enforcement, child protection services and the victim. Volunteers are available between the hours of 4:00pm and 6:30am during weekdays and full weekend coverage. Volunteers must complete 40 hours of training prior to being placed on the volunteer call schedu

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.

The Volunteer Coordinator and Master Level Social Worker will assist the victimized families in completing the Crime Victim's Reparation Report when deemed necessary and appropriate. Notification of the victim compensation is provided by SARC to all of its clientele, be it in the office or during the forensic examination at the hospital. Referrals to the District Attorney's Victims Assistant and local Sheriff's Department are also made.

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.

The Sexual Abuse Response Center coordinates the Lafayette Parish Sexual Assault Response Team (LPSART) in Lafayette Parish. The Lafayette Parish Sexual Assault Response Team is a multidisciplinary team with representatives from the 15th Judicial District Attorney's Office, Lafayette Parish Sheriff's Office, Lafayette City Police Department, Lafayette Parish Correctional Center, University of Louisiana at Lafayette Police Department, Acadiana Crime Lab, Hearts of Hope Sexual Abuse Response Center, Faith House Domestic Abuse Center, and Hearts of Hope Sexual Assault Nurse Examiners comprise this team of dedicated individuals. The mission of the LPSART is to utilize a victim-centered response to sexual assault in efforts to achieve the best outcome for victims. Clients in need of services outside the scope of the SARC are referred to private clinicians and/or psychiatric hospitals.

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.

In emergency room situations, if law enforcement or the SANE nurse has not been notified once the advocate arrives at the emergency room, the advocate explains the reporting procedures and the option of reporting the crime. Reporting to law enforcement is not a prerequisite for receiving services from SARC if the victim is above the stated age of 17. It is a policy of the Center to encourage and explain the importance of reporting the sexual assault and/or abuse to the proper authorities. The SARC Volunteer Coordinator provides Sexual Assault Victimization Training to the Police Academy three to five times a year. Members of the Lafayette City Police Department in turn provide trainings to the volunteers. A seat on the Board of Directors is reserved for one member of each of the Lafayette PD, Lafayette Parish Sheriff Department and University of Louisiana Police Department. Hearts of Hope is currently participating in the Lafayette Sheriff's Department Domestic Violence multidisciplinary team.

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.

Hearts of Hope Sexual Assault Response Center will comply as appropriate to the circumstances with the Louisiana Child Protection Act (LRSL 15:587.1)