

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C12-4-006

APPLICANT: Hearts of Hope - Sexual Abuse Response Center

PROJECT TITLE: Victim Assistance Program

PROJECT FUNDS :

FUND: \$ 51,500 80.00%

MATCH: \$ 12,875 20.00%

TOTAL: \$ 64,375 100.00%

PROJECT DURATION: 12 months

START DATE: 10/01/2012

END DATE: 09/30/2013

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 violent crimes in a 5-parish region to include Lafayette (main), Acadia, St. Martin, Iberia, Evangeline, and Vermilion. The Volunteer Coordinator runs the volunteer program, provides training, schedules, emergency room support. In addition, the position 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. Hearts of Hope is requesting pre-award costs for this application. We are requesting a start date of 10/01/2012.

RECOMMENDATION : FUND X DENY

SPECIAL CONDITIONS :

1. 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: *C12-4-006* **CVA Purpose Area:** *1*

1. TITLE OF PROJECT

Sexual-Assault Response Center

Victim Assistance Program

2. NEW PROJECT

CONTINUATION PROJECT OF: C11-4-006

3. PROJECT DURATION

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

Desired Start Date: 10/1/2012

Desired End Date: 9/30/2013

4. PROJECT FUNDS

Federal Funds: \$51,500

Cash Match

In-Kind Match: ~~1-FORMTEXT \$12,918~~ *\$12,895*

Total Project: **\$64,375**

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

Sexual Abuse Response

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: 97645339

CCR Expiration Date: 5/15/2012

6. IMPLEMENTING AGENCY

Name: Tony Soileau

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: tony@tonysoileau.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: Jo Breaux

Title: Treasurer

Agency: HeartsofHope

Address: P.O.Box 53967

City: Lafayette

Zip: 70505-3967

Phone: (337) 269-1557

FAX: (337) 269-1143

Email: jo.breaux@b1bank.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, Evangeline, and Vermilion. The Volunteer Coordinator runs the volunteer program, providing training, scheduling and emergency room support. In addition, the position 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.

Hearts of Hope is requesting pre-award costs for this application. We are requesting a start date of 10/01/2012.

2012 SEP 12 PM 5:56

LA COMMISSION
ON LAW ENFORCEMENT

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 type="checkbox"/>	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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were instructions followed to determine allowable personnel/contractual costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all line item computations correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do line items add to category totals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have category totals been rounded to nearest dollar?	<input checked="" type="checkbox"/>	<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: 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	\$51,500	\$0	\$12,875	\$64,375
SECTION 200. FRINGE BENEFITS	\$0	\$0	N/A	\$0
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
TOTAL:	\$51,500	\$0	\$12,875	\$64,375

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. There is a \$43 overage that will be paid through volunteer match.

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
Therapist	Lisa Mount	FT	\$3,900.00	55.10%	12.00	\$25,786.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Volunteer Coordinator	Jencie Hebert	FT	\$2,333.00	92.00%	12.00	\$25,756.32	<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"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$51,543.12	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
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)	644.00	\$10.00	\$6,440.00
Act as a liason between the victim and hospital personnel and SANE program during the forensic collection of evidence in the ER 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)	643.50	\$10.00	\$6,435.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$12,875.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$51,500
CASH MATCH	\$0
IN-KIND MATCH	\$12,918
PERSONNEL TOTAL	\$64,375

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 all volunteers and oversees the distribution of the forensic examination kits to area hospitals. No need for overtime.

Therapist - Therapists provide 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 Therapist 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 forensic rape kits in the five area hospitals.

Project duties for the Therapist position include scheduling individual sessions, monitoring the progress of the victim/survivor's behavior throughout therapy, providing information to the family members with appropriate documentation of progress. Therapists also participate 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 position. Jencie Hebert has held this position since August 2012.

The Therapists is an existing position. Lisa Mount has held this position 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.	.062			\$0	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.	.0145			\$0	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):				\$0	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): \$0

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
TOTAL FRINGE BENEFITS	\$0

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.

Every year in Lafayette Parish, approximately 100 victims of sexual assault report to local emergency rooms. This translates to one victim every 3.65 days. Last year Hearts of Hope conducted 400 interviews with children, providing over 1,500 therapy/advocacy sessions to both child and adult survivors of sexual violence.

It is our belief that sexual violence is a community issue and not just a problem for the individual victims. By providing victims with compassionate care through the entire process of reporting the assault, collecting evidence, providing medical treatment, and support services through advocacy and therapy we can assist with healing and recovery. All of these services are provided to victims of sexual violence at no expense.

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 an 8-parish region to include Acadia, Iberia, Lafayette, St. Martin, St. Landry, St. Mary, Evangeline and Vermilion parishes. Rape continues to be a community problem in the Acadiana area. Referrals for counseling are received from community programs such as the Department of Child and Family Services (DCFS), 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 2011 statistics provide that over 600 individual therapy sessions were provided and 2,000 plus crisis line calls answered. Education and awareness presentations were provided to over 9,000 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 year, all forms of sexual abuse and rape have received unprecedented societal acknowledgement. Greater numbers of victims and families are receiving assistance in dealing with the repercussions of sexual crimes.

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

Hearts of Hope is a founding member and active in the Lafayette Parish Sexual Assault Response Team (LPSART). A victim's survey was conducted to help identify gaps in services and to assess the quality of care given to victims. Continued opportunities to train staff members, volunteers, and allied health professionals in the areas significant to victims and their recovery is one area that Hearts of Hope - SARC addresses. By participating in monthly multidisciplinary LPSART meetings, our staff is able to help better train first responders and ensure collaboration to promote prosecution of substantiated abuse allegations.

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: SARC will assist 80 victims who report to local Emergency Rooms.

Goal 2: Conduct 500 individual therapeutic sessions with adult and child victims reporting sexual abuse or assault.

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: SARC will assist 80 victims who report to local ER's.

Objective 1: SARC staff and volunteers will provide crisis intervention to victims of sexual assault/abuse who present at local ERs.

Objective 2: 15 victims will participate in follow-up counseling with SARC therapists.

Goal 2: Conduct 500 individual therapeutic sessions.

Objective 1: Therapists will begin treatment with 500 victims. Therapists 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.

Goal 1: SARC will assist 80 victims who report to local ER's.

Objective 1: SARC staff and Volunteers will be trained annually to monitor advancements in the treatment of the sexual abused/assaulted. The Coordinator will provide crisis intervention to the 80 victims of sexual assault/abuse in Lafayette area during the 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.

Goal 2: Conduct 500 therapeutic sessions.

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

Objective 2: Pre and Post Evaluations will be given to the victims by the SARC therapists.

*Project will begin operations October 1, 2012 and be completed September 30, 2013.

D-2. TRAINING PROJECTS

Complete this page in lieu of Section D – Activities/Methods. This page is to be completed only if this application is for the training of individuals involved in the criminal justice system. DO NOT use this for in-house training.

1. Training Curriculum (topics to be included):

2. Type of personnel to be trained:

3. Number of personnel to be trained:

4. Geographical locations of trainees (who will be invited):

5. Dates and hours of training:

6. Location of training:

7. Explanation supporting the effectiveness of the training program including how the program will meet the identified need.

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.)

In 2011 Hearts of Hope - SARC assisted over 100 victims. SARC therapists conducted over 800 individual sessions. SARC volunteers and staff have screened over 2,000 telephone calls. SARC has conducted 304 educational presentations reaching over 9,000 people. SARC has assisted over 100 ER victims. Therapists have conducted a total of 654 individual sessions, and 326 educational presentations have been conducted reaching over 9,400 people.

Hearts of Hope has approximately 50 trained volunteers, and over 30 active volunteers participating with SARC duties.

2. Did the project work as expected? Explain.

The project has worked as expected. Hearts of Hope continues to have an active and well trained staff of volunteer advocates to assist community members who call our crisis hotline 24 hours a day 7 days a week. Trained volunteers and staff members also accompany victims to ER's and provide support through the reporting and evidence collection process, if the victim chooses. Our Therapists conduct therapy sessions with survivors requesting crisis intervention counseling. Our agency offers 6 to 8 therapy sessions free of charge.

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?

Unfortunately, due to economic hardships, Hearts of Hope no longer operates satellite offices. Victims are now seen at our main office in Lafayette only. Volunteers and staff still assist victims in all parishes.

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.

Today's Date: _____
 Client #: _____
 Priority: _____
 Expires: _____



LAST NAME:		FIRST NAME:		MIDDLE NAME:		DOB:	
ADDRESS:				CITY/STATE:		ZIP:	PARISH:
HOME PHONE:		CELL PHONE:		WORK PHONE:		PLACE OF EMPLOYMENT:	
RELIGION:		BIRTHPLACE:				MOTHER'S MAIDEN NAME:	
EMERGENCY CONTACT:		RELATIONSHIP:		PHONE:		ADDRESS:	
AGE:	SEX:	RACE:	DISABILITY:	M/S/D:	VICTIM TYPE:	RELATIONSHIP:	PRIMARY SECONDARY

INFORMATION ABOUT HOUSEHOLD

NAME	AGE	RELATIONSHIP
VICTIM OF HURRICANE KATRINA OR RITA:		

Number In Family or Household	Income of Family or Household	Is family within 250% of Poverty or Below
1	0 – 26,000	
2	26,001 – 35,000	
3	35,001 – 44,000	
4	44,001 – 53,000	
5	53,001 – 62,000	
6	62,001 – 71,000	
7	71,001 – 80,000	
8	80,001 – 89,000	
For each additional person add:	\$9,000	

BY SIGNING, I VERIFY THAT ALL ABOVE INFORMATION IS CORRECT:

INTERVIEWER:	CLIENT OR LEGAL GUARDIAN:	DATE:
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NOTE TO THE THERAPIST:

NOTICE OF CLIENT TERMINATION OUTCOME MEASUREMENT DATA

CLIENT NUMBER _____

ATTENDED A SESSION? YES NO

COMPLETED INITIAL & TERMINATION ASSESSMENT SCALE? YES NO

IF YES, PLEASE INDICATE THE CLIENT'S SCORE _____%

IF NO, YOU MUST CHOOSE ONE OF THE FOLLOWING:

InComplete
 Support
 Education
 Referred Out
 Self Termination
 Other

IF services are not completed, please check one or more of the boxes below (if applicable).
Leave blank if unknown.

	Reasons not served or partially served
<input type="checkbox"/>	Program reached capacity
<input type="checkbox"/>	Need not documented
<input type="checkbox"/>	Did not meet eligibility or statutory requirements
<input type="checkbox"/>	Program rules not acceptable to victim/survivor
<input type="checkbox"/>	Services not appropriate for victim/survivor
<input type="checkbox"/>	Transportation problems
<input type="checkbox"/>	Conflict of interest
<input type="checkbox"/>	Services inappropriate or inadequate for victims/survivors with substance abuse problems
<input type="checkbox"/>	Services inappropriate or inadequate for victims/survivors with mental health problems
<input type="checkbox"/>	Services not available for victims/survivors accompanied by male adolescents
<input type="checkbox"/>	Inadequate language capacity (including sign language)
<input type="checkbox"/>	Insufficient/lack of culturally appropriate services
<input type="checkbox"/>	Insufficient/lack of services for people with disabilities
<input type="checkbox"/>	Geographic or other isolation of victim/survivor
<input type="checkbox"/>	Hours of operation
<input type="checkbox"/>	Other (specify): _____

Date of Termination _____

Initial _____

MTF: SURVIVOR (CHILD)

Date: _____ Client #: _____

Scales	Statements	Not at all	A little bit	Sometimes	Always
IT	I have trouble falling asleep because pictures or thoughts of what happened keep popping into my head.	0	1	2	3
IT	I have dreams or nightmares about what happened.	0	1	2	3
IT	Many things remind me of what happened.	0	1	2	3
AV	I have tried to forget about what happened.	0	1	2	3
AV	I pretend this never happened or that it was a bad dream.	0	1	2	3
AV	I am not as interested in things I used to like before the sexual abuse/assault happened.	0	1	2	3
HYP	I feel grumpy and don't know why.	0	1	2	3
HYP	I have trouble thinking about one thing and/or finishing things because I think about what happened.	0	1	2	3
HYP	I feel jumpy	0	1	2	3
NRO	Some people blame me for what happened to me.	0	1	2	3
NRO	After people learned about what happened, they no longer wanted to spend time with me.	0	1	2	3
NRO	Some people think I am lying about what happened.	0	1	2	3
NRO	As a result of what happened, people who use to care about me no longer do.	0	1	2	3
SS	Most people who know about what happened are nice and understanding	3	2	1	0
SS	I have someone with whom I feel comfortable talking about the sexual abuse.	3	2	1	0
SS	I feel good about how my family treated me after I told about the abuse/ assault.	3	2	1	0
SBGU	I was to blame for what happened.	0	1	2	3
SBGU	This happened to me because I acted in a way that caused it to happen.	0	1	2	3
SBGU	I feel I have caused trouble to my family.	0	1	2	3
SBGU	I feel I should be punished for what I did.	0	1	2	3
PV	Bad things happen to me all the time.	0	1	2	3
PV	I worry that I will be sexually abused/assaulted again.	0	1	2	3
PV	This happened to me because I always have bad luck.	0	1	2	3
PV	I dislike/ feel uncomfortable spending time alone with men or boys.	0	1	2	3
EMP	Things in my life will get better.	3	2	1	0
EMP	If something like this happens again, I KNOW what to do to stop it.	3	2	1	0
PR	I get into fights or arguments with my friends	0	1	2	3
PR	I have trouble telling others no when I really want to.	0	1	2	3
PR	I avoid meeting new people and getting involved in new relationships	0	1	2	3
PR	People tell me that I am hard to get to know	0	1	2	3
T&F	I feel angry	0	1	2	3
T&F	I feel sad.	0	1	2	3
T&F	I feel hopeless	0	1	2	3
T&F	I feel afraid.	0	1	2	3
T&F	I feel nervous	0	1	2	3

Scoring Sheet

W	Pre-test	Avg.	Post-test	Avg.
	PTSD:		PTSD:	
	IT: _____ / <u>3</u> = Added scores number of ?s		IT: _____ / <u>3</u> = Added scores number of ?s	
	AV: _____ / <u>3</u> = Added scores number of ?s		AV: _____ / <u>3</u> = Added scores number of ?s	
	HYP: _____ / <u>3</u> = Added scores number of ?s		HYP: _____ / <u>3</u> = Added scores number of ?s	
	Social Reactions:		Social Reactions:	
	NRO: _____ / <u>4</u> = Added scores number of ?s		NRO: _____ / <u>4</u> = Added scores number of ?s	
	SS: _____ / <u>3</u> = Added scores number of ?s		SS: _____ / <u>3</u> = Added scores number of ?s	
	Attributions About Abuse:		Attributions About Abuse:	
	SB/SG: _____ / <u>4</u> = Added scores number of ?s		SB/SG: _____ / <u>4</u> = Added scores number of ?s	
	PV: _____ / <u>4</u> = Added scores number of ?s		PV: _____ / <u>4</u> = Added scores number of ?s	
	EMP: _____ / <u>2</u> = Added scores number of ?s		EMP: _____ / <u>2</u> = Added scores number of ?s	
	Personal Relationships:		Personal Relationships:	
	PR: _____ / <u>4</u> = Added scores number of ?s		PR: _____ / <u>4</u> = Added scores number of ?s	
	Thoughts and Feelings:		Thoughts and Feelings:	
	T&F: _____ / <u>5</u> = Added scores number of ?s		T&F: _____ / <u>5</u> = Added scores number of ?s	

_____ / _____ = _____ %
 Number of areas with improvement Number of areas worked on Average of improvement

Date _____
Client No. _____
Priority _____
Interviewer _____

PSYCHOSOCIAL ASSESSMENT

A. IDENTIFYING INFORMATION

Name _____
Age _____ Race/Sex _____ Parish of Residence _____
Guardian _____
Informant for Intake _____
Referral Source _____
Crisis Line: Yes _____ No _____

A. DESCRIPTION OF INCIDENT

Significant Other: Yes _____ No _____ Name: _____ Relationship: _____
Education: Yes _____ No _____
Type of incident _____ Age at time of incident _____
Name(s) of perpetrator(s) _____
Relationship to the victim _____
Perpetrator's race/sex _____ Perpetrator's age at incident _____
Place where incident occurred _____
Was this incident reported? Yes / No _____ To whom? (City, Parish) _____
Outcome _____

Prior incidents of sexual abuse/ assault

Type of Incident	Victim Age	Victim's Relationship to Perpetrator	Perpetrator Age/Race/Sex	Reported? (Y/N)

Please use the space below for additional information

A. PRESENTING PROBLEM

A. What difficulties/concerns are you currently experiencing that cause you to seek counseling?

B. Are you currently experiencing any other significant life stressors? Please explain.

C. What difficulties are you experiencing as a caretaker?

A. MEDICAL HISTORY

A. Are you currently under the care of another counselor or doctor?

B. Do you have a medical diagnosis?

C. Are you currently using any medication?

D. Have you ever received inpatient psychiatric care? If yes, please name the reason and the facility.

E. Are you suicidal? Have you ever attempted suicide?

A. PERSONAL INFORMATION

A. Do you currently use drugs or alcohol?

B. Who is your support system?

A. EDUCATIONAL HISTORY

A. Current grade level/ highest grade completed _____

B. Academic performance: Below Average _____ Average _____ Above Average _____

C. Please describe any academic or behavioral problems during school

A. HOUSEHOLD INFORMATION

A. Who is employed in the household?

B. Current marital status of caregiver(s), Please explain custody arrangement.

A. MISCELLANEOUS

A. Additional comments:

B. Reading Materials:

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 2012-13 grant project, Hearts of Hope will again apply for CVA funding (2013-2014). 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 three 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 Examiner (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 Hearts of Hope 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 on weekdays and full weekend coverage. Volunteers must complete 40 hours of training prior to being placed on the volunteer call schedule.

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 Therapists 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's Office and University of Louisiana Police Department. Hearts of Hope is currently participating in the Lafayette Sheriff's Office 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)