

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C10-8-018

APPLICANT: Louisiana Foundation Against Sexual Assault

PROJECT TITLE: S.A.N.E. Program

PROJECT FUNDS :

|        |    |               |         |                   |                   |
|--------|----|---------------|---------|-------------------|-------------------|
| FUND:  | \$ | <u>30,273</u> | 80.00%  | PROJECT DURATION: | <u>12</u> months  |
| MATCH: | \$ | <u>7,568</u>  | 20.00%  | START DATE:       | <u>09/01/2011</u> |
| TOTAL: | \$ | <u>37,841</u> | 100.00% | END DATE:         | <u>08/31/2012</u> |

Continuation of NEW

PROJECT SUMMARY:

Sexual Assault Nurse Examiner/Sexual Assault Response Team (SANE/SART) programs are the state-of-the-art method for responding to the needs of sexual assault victims immediately after an assault. These programs provide more empathic treatment of the victim, more effective investigation, better analysis of evidence, and more effective prosecution. This project involves training SANE nurses and SART teams across the state in this type of direct service to sexual assault victims, and providing technical assistance to existing SANE/SART programs as well as professionals interested in starting such a program in their communities. Pre-award costs are requested.

RECOMMENDATION: FUND X DENY    

SPECIAL CONDITIONS :

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



**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: C10-8-018 CVA Purpose Area:

|   |   |
|---|---|
| <b>1. TITLE OF PROJECT</b><br>S.A.N.E. Training   | <b>2. <input checked="" type="checkbox"/> NEW PROJECT</b><br><input checked="" type="checkbox"/> CONTINUATION PROJECT OF:   |
| <b>3. PROJECT DURATION</b><br>Total Length: <u>12</u> Months ( <i>Not to exceed 12 Months</i> )<br>Desired Start Date: 9/1/2011<br>Desired End Date: 8/31/2012  | <b>4. PROJECT FUNDS</b><br>Federal Funds: \$30,273<br>Cash Match: \$7,568<br>In-Kind Match:<br>Total Project: <b>\$37,841</b>   |
| <b>5A. APPLICANT AGENCY INFORMATION</b><br>Agency Name: LA Foundation Against Sexual Assault<br>Physical Address: 1250 SW RR Ave, Suite 170<br>City: Hammond Zip: 70403-5011<br>Mailing Address: 1250 SW RR Ave, Suite 170<br>City: Hammond Zip: 70403-5011<br>Phone: (985) 345-5995 FAX: (985) 345-5592<br>Email: <a href="mailto:info@lafasa.org">info@lafasa.org</a> | <b>5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY</b><br>Authorized Official: Judy Benitez<br>Title: Executive Director<br>Agency Name: LaFASA<br>Address: 1250 SW RR Ave., Suite 170<br>City: Hammond Zip: 70403-5011<br>Phone: (985) 345-5995 FAX: (985) 345-5592<br>Email: <a href="mailto:judy@lafasa.org">judy@lafasa.org</a> |
| Fed Employer Tax Id: 72 - 1074547 DUNS: 0759 - 7272 CCR CAGE/NCAGE: 3TDZ8 CCR Expiration Date: 10/6/2010  |   |

|  |   |   |
|--|---|---|
| <b>6. IMPLEMENTING AGENCY</b><br>Name: Mike Byrne<br>Title: President, Board of Directors<br>Agency: LaFASA<br>Address: 1250 SW RR Ave, Suite 170<br>City: Hammond Zip: 70403-5011<br>Phone: (985) 345-5995 FAX: (985) 345-5592<br>Email: <a href="mailto:ralphcop@cox.net">ralphcop@cox.net</a> | <b>7. PROJECT DIRECTOR</b><br>Name: Judy Benitez<br>Title: Executive Director<br>Agency: LaFASA<br>Address: 1250 SW RR Ave., Suite 170<br>City: Hammond Zip: 70403-5011<br>Phone: (985) 345-5995 FAX: (985) 345-5592<br>Email: <a href="mailto:judy@lafasa.org">judy@lafasa.org</a> | <b>8. FINANCIAL OFFICER</b><br>Name: Martha Angelette<br>Title: Grants & Contracts Manager<br>Agency: LaFASA<br>Address: 1250 SW RR Ave, Suite 170<br>City: Hammond Zip: 70403-5011<br>Phone: (985) 345-5995 FAX: (985) 345-5592<br>Email: <a href="mailto:martha@lafasa.org">martha@lafasa.org</a> |
|--|---|---|

**9. BRIEF PROJECT DESCRIPTION:** (*Please do not exceed space provided below.*)  
Sexual Assault Nurse Examiner/Sexual Assault Response Team (SANE/SART) programs are the state-of-the-art method for responding to the needs of sexual assault victims immediately after an assault. These programs provide more empathic treatment of the victim, more effective investigation, better analysis of evidence, and more effective prosecution. This project involves training SANE nurses and SART teams across the state in this type of direct service to sexual assault victims, and providing technical assistance to existing SANE/SART programs as well as professionals interested in starting such a program in their communities.

Pre-award costs are requested

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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:**

|  |  |                              |
|--|--|------------------------------|
| 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: Judy Benitez Title: Executive Director  
Phone: (985) 345-5995 Fax: (985) 345-5592 E-Mail: [judy@lafasa.org](mailto:judy@lafasa.org)

**PROJECT BUDGET SUMMARY**

| BUDGET CATEGORIES               | FEDERAL FUNDS   | CASH MATCH     | IN-KIND MATCH | SECTION TOTAL   |
|---------------------------------|-----------------|----------------|---------------|-----------------|
| SECTION 100. PERSONNEL          | \$0             | \$5,653        | \$0           | \$5,653         |
| SECTION 200. FRINGE BENEFITS    | \$460           | \$679          | N/A           | \$1,139         |
| SECTION 300. TRAVEL             | \$15,233        | \$0            | \$0           | \$15,233        |
| SECTION 400. EQUIPMENT          | \$0             | \$0            | \$0           | \$0             |
| SECTION 500. SUPPLIES           | \$1,200         | \$0            | \$0           | \$1,200         |
| SECTION 600. CONTRACTUAL        | \$6,900         | \$0            | N/A           | \$6,900         |
| SECTION 700. RENOVATION COSTS   | \$0             | \$0            | \$0           | \$0             |
| SECTION 800. OTHER DIRECT COSTS | \$4,200         | \$3,517        | \$0           | \$7,717         |
| <b>TOTAL:</b>                   | <b>\$27,993</b> | <b>\$9,849</b> | <b>\$0</b>    | <b>\$37,842</b> |

Provide Source of Cash Match: dues and donations; merchandise sales

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                                   |
| Grants & Contracts Manager                      | Martha Angelette | FT | \$3,201.00            | 8.78%                   | 12.00            | \$3,372.57                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Grants & Contracts Manager                      | Martha Angelette | FT | \$3,201.00            | 5.94%                   | 12.00            | \$2,281.67                 | <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"/>            |
| UBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES: |                  |    |                       |                         |                  | \$5,654.24                 |                                     |                                     |

F = Fed Funds  
C = Cash Match

**PART-TIME**

| 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"/> |
| 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                  | \$0     |
| CASH MATCH                     | \$5,653 |
| IN-KIND MATCH                  | \$0     |
| PERSONNEL TOTAL                | \$5,653 |

**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:

Much of the work of the SANE/SART training and TA project is done by SANE programs across the state, which LaFASA reimburses for actual costs related to SANE training. The Grants and Contracts Manager tracks every training, ensures that it is being promoted by LaFASA as well as by the local agency, tracks data regarding the number and type of professionals trained, and tracks the type of TA being provided relating to SART team development and implementation.

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

Grants & Contracts Manager salary was determined by a survey of similar positions at comparable statewide organizations. Job description and resume attached.

C) Project duties of each position requested:

The Grants and Contracts Manager tracks every SANE training, ensures that it is being promoted by LaFASA as well as by the local agency, tracks data regarding the number and type of professionals trained, and tracks the type of TA being provided relating to SART team development and implementation. She also ensures that contracts for administrative assistants used by the local programs for training coordination and for SANE training speakers are completed on the required LCLE form and are timely and correct.

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.]

Same from previous grant; hired for this position in August 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. Martha Angelette        | .062   |                               | \$5,653                 | \$350   | 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. Martha Angelette        | .0145  |                               | \$5,653                 | \$81    | 5.                            | .0145 |                               |                         | \$0   |
| 2.                         | .0145  |                               |                         | \$0     | 6.                            | .0145 |                               |                         | \$0   |
| 3.                         | .0145  |                               |                         | \$0     | 7.                            | .0145 |                               |                         | \$0   |
| 4.                         | .0145  |                               |                         | \$0     | 8.                            | .0145 |                               |                         | \$0   |
| HEALTH/LIFE INSURANCE      | RATE   | MONTHS                        | TIME DEVOTED TO PROJECT | TOTAL   | HEALTH/LIFE INSURANCE         | RATE  | MONTHS                        | TIME DEVOTED TO PROJECT | TOTAL |
| 1. Martha Angelette - C    | 400.00 | 12.00                         | 8.78%                   | \$421   | 5.                            |       |                               |                         | \$0   |
| 2. Martha Angelette - F    | 400.00 | 12.00                         | 5.94%                   | \$285   | 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           | RATE   | TYPE                          | SALARY                  | TOTAL   | UNEMPLOYMENT TAX              | RATE  | TYPE                          | SALARY                  | TOTAL |
| 1.                         |        | CHECK:                        |                         | \$0     | 5.                            |       | CHECK:                        |                         | \$0   |
| 2.                         |        | TYPE:                         |                         | \$0     | 6.                            |       | TYPE:                         |                         | \$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): |        |                               |                         | \$1,137 | 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): \$1,137

| SECTION 200. FRINGE BENEFITS SUMMARY |         |
|--------------------------------------|---------|
| FEDERAL FUNDS                        | \$460   |
| CASH MATCH                           | \$679   |
| TOTAL FRINGE BENEFITS                | \$1,139 |

**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: _____<br>TITLE: _____<br>PURPOSE: _____       |              |             | \$0.00     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: _____<br>TITLE: _____<br>PURPOSE: _____       |              |             | \$0.00     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: _____<br>TITLE: _____<br>PURPOSE: _____       |              |             | \$0.00     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: _____<br>TITLE: _____<br>PURPOSE: _____       |              |             | \$0.00     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL FOR LOCAL TRAVEL:                          |              |             | \$0.00     |                          |                          |                          |

| NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE)<br>NAME/POSITION TITLE/PURPOSE OF TRAVEL | TRAVEL DESTINATION               | TRAVEL DATES: |           | PAID WITH                           |                          |                          |
|---|----------------------------------|---------------|-----------|-------------------------------------|--------------------------|--------------------------|
|   |                                  | FROM          | TO        | F                                   | C                        | IK                       |
| NAME: TBD<br>TITLE: scholarship recipients<br>PURPOSE: training attendance for those not otherwise                                      | SANE Conference, New Orleans, LA | 6/1/2010      | 7/31/2012 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: _____<br>TITLE: _____<br>PURPOSE: _____   |                                  |               |           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: _____<br>TITLE: _____<br>PURPOSE: _____   |                                  |               |           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

| CONTINUED FROM ABOVE TABLE                                   | MILEAGE RATE | TOTAL MILES | MILES COST | NO. OF DAYS | NO. OF MEALS | MEAL COSTS | AIRFARE COSTS | LODGING COSTS (INCLUDE TAX) | OTHER TRAVEL COSTS | TOTAL COSTS | PAID WITH                           |                          |                          |
|--|--------------|-------------|------------|-------------|--------------|------------|---------------|-----------------------------|--------------------|-------------|-------------------------------------|--------------------------|--------------------------|
|  |              |             |            |             |              |            |               |                             |                    |             | F                                   | C                        | IK                       |
| NAME: TBD  | \$0.51       | 9,408.00    | \$4,798.   |             |              |            |               |                             |                    | \$4,798.00  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: TBD  |              |             | \$0.00     |             |              |            |               | \$3,535                     |                    | \$3,535.00  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: TBD  |              |             | \$0.00     |             |              |            |               | \$6,900                     |                    | \$6,900.00  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST |              |             |            |             |              |            |               |                             |                    | \$15,233.00 |                                     |                          |                          |

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

| SECTION 300. TRAVEL SUMMARY |          |
|-----------------------------|----------|
| FEDERAL FUNDS               | \$15,233 |
| CASH MATCH                  |          |
| IN-KIND MATCH               |          |
| TRAVEL TOTAL                | \$15,233 |



**SECTION 600. CONTRACTUAL**

Compensation for individual consultant services is to be reasonable and consistent with that paid for similar services in the marketplace. Travel, lodging, and meals, if applicable, should be figured in addition to compensation. All expenses must be included in the contract. Must use approved LCLE contract.

| INDIVIDUAL CONSULTANT                                    | TYPE OF SERVICE OR TASK  | HOURS DEVOTED | RATE PER HOUR | TOTAL COST | PAID WITH                           |                          |
|--|--|---------------|---------------|------------|-------------------------------------|--------------------------|
|  |  |               |               |            | F                                   | C                        |
| Name: TBD<br>Title: Trainers<br>Agency:                  | Presenting at SANE conference or SANE training courses during project period               | 80.00         | \$56.25       | \$4,500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Name: TBD<br>Title: administrative assistants<br>Agency: | training coordination assistance for local programs planning and implementing SANE classes | 80.00         | \$30.00       | \$2,400.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Name:<br>Title:<br>Agency:                               |  |               |               | \$0.00     | <input type="checkbox"/>            | <input type="checkbox"/> |
| Name:<br>Title:<br>Agency:                               |  |               |               | \$0.00     | <input type="checkbox"/>            | <input type="checkbox"/> |
| SUBTOTAL OF CONTRACTUAL COSTS                            |  |               |               | \$6,900.00 | F = Federal Funds<br>C = Cash Match |                          |

| CONTINUED FROM ABOVE TABLE                                    | MILEAGE RATE | TOTAL MILES | MILES COST | NO. OF DAYS | NO. OF MEALS | MEAL COSTS | AIRFARE COSTS | LODGING COSTS (Include Tax) | OTHER TRAVEL COSTS | TOTAL COSTS | PAID WITH                           |                          |
|---|--------------|-------------|------------|-------------|--------------|------------|---------------|-----------------------------|--------------------|-------------|-------------------------------------|--------------------------|
|   |              |             |            |             |              |            |               |                             |                    |             | F                                   | C                        |
| Name:   |              |             | \$0.00     |             |              |            |               |                             |                    | \$0.00      | <input type="checkbox"/>            | <input type="checkbox"/> |
| Name:   |              |             | \$0.00     |             |              |            |               |                             |                    | \$0.00      | <input type="checkbox"/>            | <input type="checkbox"/> |
| Name:   |              |             | \$0.00     |             |              |            |               |                             |                    | \$0.00      | <input type="checkbox"/>            | <input type="checkbox"/> |
| SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST: |              |             |            |             |              |            |               |                             |                    | \$0.00      | F = Federal Funds<br>C = Cash Match |                          |

**BRIEFLY EXPLAIN:**

A) Purpose of each consultant or other contractual service requested:  
Trainers are needed to supplement the knowledge of local trainers during the 40-hour training classes and bring in experiences and perspectives that may not be available in the local area.  
Administrative assistants help with coordination of training for some of the local programs that need this assistance due to lack of staff.

B) Why the service requested is necessary and cost effective:  
Trainers who are national experts in their field imbue the student participants with a broader sense of SANE/SART and how programs have worked in other areas, and how they can most effectively collaborate with other disciplines. This external knowledge by definition is not available locally.  
Administrative assistance is needed because the contractors are local and thus better positioned to help pl

C) Method of procurement and basis for determining rate of pay:  
Both types of contractors are located through networking and matching those with the skills and experience needed with the needs for the training being done. The rate of pay for trainers is the maximum federal guidelines will allow, and usually much less than trainers would otherwise charge. The training coordination/administrative pay rate is determined by the going rate for similar services in t

| SECTION 600. CONTRACTUAL SUMMARY |         |
|----------------------------------|---------|
| FEDERAL FUNDS                    | \$6,900 |
| CASH MATCH                       |         |
| CONTRACTUAL TOTAL                | \$6,900 |

**SECTION 800. OTHER DIRECT COSTS**

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

| TYPE OF OTHER DIRECT COST       | METHOD OF DETERMINING COST         | QUANTITY | UNIT PRICE | TOTAL COST | PAID WITH   |                                     |                          |
|---------------------------------|------------------------------------|----------|------------|------------|---|-------------------------------------|--------------------------|
|                                 |                                    |          |            |            | F   | C                                   | IK                       |
| Printing                        | average cost per training class    | 6.00     | \$200.00   | \$1,200.00 | <input checked="" type="checkbox"/>                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| Food during training            | average cost per training class    | 6.00     | \$400.00   | \$2,400.00 | <input checked="" type="checkbox"/>                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| CEU fees                        | average cost per training class    | 6.00     | \$100.00   | \$600.00   | <input checked="" type="checkbox"/>                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| audit                           | 10.89% prorated from annual cost   | 1.00     | \$817.00   | \$817.00   | <input type="checkbox"/>                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Phone                           | 12.0% of average monthly cost      | 12.00    | \$25.00    | \$300.00   | <input type="checkbox"/>                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Rent                            | \$12.80 per sq foot; prorated 3.0% | 12.00    | \$50.00    | \$600.00   | <input type="checkbox"/>                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| utilities                       | average monthly costs              | 12.00    | \$150.00   | \$1,800.00 | <input type="checkbox"/>                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                 |                                    |          |            | \$0.00     | <input type="checkbox"/>                                  | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                 |                                    |          |            | \$0.00     | <input type="checkbox"/>                                  | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                 |                                    |          |            | \$0.00     | <input type="checkbox"/>                                  | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                 |                                    |          |            | \$0.00     | <input type="checkbox"/>                                  | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                 |                                    |          |            | \$0.00     | <input type="checkbox"/>                                  | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                 |                                    |          |            | \$0.00     | <input type="checkbox"/>                                  | <input type="checkbox"/>            | <input type="checkbox"/> |
| SUBTOTAL OF OTHER DIRECT COSTS: |                                    |          |            | \$7,717.00 | F = Federal Funds<br>C = Cash Match<br>IK = In-Kind Match |                                     |                          |

**BRIEFLY EXPLAIN:**

A) Need for each type listed; and  
Printing, food, and CEU fees are essential to the completion of the SANE trainings. Printing costs involve the binder of reference materials that are provided to students for use during the 40-hour training as well as for use later in their clinical work. Food is provided so participants will not need to leave to find lunch, possibly taking longer than expected and throwing off the training schedule. Training is also able to continue during meal periods when food is provided. CEUs are a common reason cited for many RNs to become involved in SANE work, as taking a week off from their regular jobs is a hardship; it is less so if they are able to meet their annual CEU requirements. The other costs - rent, utilities, and audit - are required by the subgrant recipient to stay open; these have b

B) Its relationship to project.  
See above

| SECTION 800. OTHER DIRECT COSTS SUMMARY |         |
|---|---------|
| FEDERAL FUNDS                           | \$4,200 |
| CASH MATCH                              | \$3,517 |
| IN-KIND MATCH                           |         |
| OTHER DIRECT COSTS TOTAL                | \$7,717 |

## 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.

As our state and others continue to improve response to crimes of sexual assault, research supporting the continued development of Sexual Assault Nurse Examiner (SANE) Programs is becoming available. The Effectiveness of SANE Programs, written by Rebecca Campbell for the Violence Against Women Electronic Network (November 2004), concluded that SANE Programs are having a positive effect on sexual assault victims' psychological well-being and are improving the prosecutions rates on crimes of sexual assault. The U.S. Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations, released in September 2004, recognizes SANEs as one of the preferred providers of sexual assault examinations, due to their specialized training in evidence collection, courtroom testimony, and victim sensitivity.

In addition to the many sexual assault victims who never report the crime, many more contact law enforcement initially and later decide not to follow through. This makes prosecution of sex offenses much more difficult. The reasons given by victims who chose not to report or follow through with prosecution largely involved a fear that they would be blamed and would not have privacy (Rape in America, National Victim Center, 1992).

Scientists at the Louisiana State Police Crime Laboratory report that an estimated 25 to 30 percent of rape evidence kits are found on analysis to be contaminated. In many cases, this is due to the improper collection and/or preservation of the evidence, often stemming from a basic difference between standardized medical procedure and the process that must be followed to properly collect evidence to be analyzed months later.

The implementation of Sexual Assault Nurse Examiner/Sexual Assault Response Team (SANE/SART) programs across the state will increase the chances of successful prosecution. SANEs receive training in advocacy, victim symptomology, and courtroom testimony, as well as the collection of forensic evidence. They are schooled in how to document evidence for court, how to "question" the victim, and how to present themselves and the evidence they find in court.

The biggest benefit, however, is to the victim, who, immediately following this horrible crime, will encounter a supportive, compassionately "system." It is at this time in the crisis when most victims can begin the healing process and evoke the strength necessary to survive the other systems they must go through to assist in the conviction of the offender.

Evidence of the success of SANE/SART programs has been shown across the country. In Long Beach, Calif., a study was done on the sex crimes reported during the 8-month period following the implementation of a SANE program. Of 107 felony cases, 87 investigations were completed and 20 were pending. Of the 87, 14 were rejected for prosecution because the victim refused or was unavailable to cooperate. The other 73 went to court, resulting in 68 guilty pleas, 12 convictions, and 3 acquittals.

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

Communities nationwide have identified a need for specialized medical/forensic examiners for sexual assault victims, as well as for increased collaboration between these examiners and sexual assault advocates, law enforcement officers, and prosecutors. This need is addressed by SANE programs (specially trained medical/forensic examiners) and Sexual Assault Response Teams (SARTs), multi-disciplinary teams that meet to design protocols, review responses to sexual assault cases, and staff specific cases as needed.

### 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.

Goal 1: Training will be provided to members of the Sexual Assault Response Team and the Sexual Assault Nurse Examiners regarding the collection of evidence from and compassionate treatment of adults who have been victims of sexual assault.

Goal 2: Technical assistance will be provided to existing SART teams and those in development, to facilitate increased collaboration and communication between professionals, and ultimately, improved services to victims.

### 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: Training will be provided to members of the Sexual Assault Response Team and the Sexual Assault Nurse Examiners regarding the collection of evidence from and compassionate treatment of adults who have been victims of sexual assault.

Objective 1.1: A minimum of 40 new SANEs will be trained.

Objective 1.2: A minimum of 10 law enforcement officers, 10 victim advocates, and 4 prosecutors will be trained regarding SANE/SART team systems and the role of each team member.

Goal 2: Technical assistance will be provided to developing and operational SANE/SART programs across the state.

Objective 2.1: At least 10 instances of technical assistance will be provided, documented via copies of letters, emails and faxes, telephone logs, meeting minutes, and the like.

## 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):

Statewide SANE Conference - agenda in development; will be provided as available

SANE agendas vary slightly from course to course, but generally included topics are:

- Evolution of Sexual Assault Nursing
- Role & Responsibility of SANE
- IAFN (International Association of Forensic Nursing) Standards of Practice
- Cultural Diversity/Sensitivity; • Domestic Violence; • The Effects of Abuse
- Components of the Medical/Forensic Exam; • Consent – When is it OK?;
- History Taking/Medical Interview
- Medical Screenings – Distracting Injuries; • Male Sexual Assault; • Anatomy & Physiology – Female/Male
- Head-to-toe Assessment/Documentation of Injuries; • Detailed Genital Exam/Documenting Injuries
- Consensual vs. Non-consensual Injuries; • Anal Exam/Dilation – Normal Vs. Abnormal Findings
- Adolescent/Pediatric Genital Exam Estrogenized vs. Non-estrogenized Hymens
- Photo Documentation; • Basic Fundamentals of Evidence Collection
- Analysis Of Evidence Collection/Role of the Crime Lab
- Rape Trauma Syndrome; • Role of Advocate;
- Forensics & Trauma
- Suspect Exams; • Perpetrator Behavior
- Lab- Speculum Insertion, TB dye, Foley Catheter Method;
- Pregnancy Prophylaxis and Sexually Transmitted Infection Prophylaxis; • Discharge Planning
- Rape Survivor's Story; • Practice taking history
- Drug-Facilitated Assaults; • Crime Victims Reparations Program
- Strangulation; • Role of Law Enforcement; • Role of the Prosecutor; • Courtroom Professionalism
- Vulnerable/Special Populations
- Crime Lab Tour; • Courtroom Tour

2. Type of personnel to be trained:

Nurses, law enforcement officers, advocates, prosecutors

3. Number of personnel to be trained: 64

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

statewide

5. Dates and hours of training: 1 8-hour conference, 4 to 5 40-hour trainings 6. Location of training: SANE conference - New Orleans; 40-hour trainings - TBD

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

The 40-hour SANE training is designed to prepare Registered Nurses or above (Nurse Practitioners, Medical Doctors, etc.) to become certified Sexual Assault Nurse Examiners. A SANE is trained to provide competent, compassionate care to sexual assault victims, tending to their health care needs while documenting any injuries that may have been sustained during the assault. As previously described, communities using the SANE model have consistently reported victims who are more likely to continue cooperating with the criminal justice system and less likely to feel revictimized by the exam itself. These communities also report increased rates of prosecution for sexual assault cases, which not only improves criminal justice outcomes but provides validation and a sense of safety to the victim.

The 40-hour class is also open to allied professionals who comprise the SART team: law enforcement officers, advocates, and prosecutors. Although these professionals may not participate in the entire class, having them on hand, or even having them provide specific sections of the training effectively begins or enhances the collaboration that is key to a community's SART response.

The 8-hour (one-day) SART conference has been held in New Orleans for the past several years. It brings together SANEs and related professionals from around the state to learn about new developments that impact SARTs and SANE programs.

## 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.

- |   |   |
|---|---|
| <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 checked="" type="checkbox"/> Sexual Assault State Coalition              |
| <input type="checkbox"/> Domestic Violence State Coalition                                  | <input type="checkbox"/> Tribal Coalition                                       |
| <input 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: Misty Noble-Hodge PHONE: (985) 345-5995 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](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 225-923-6159. NOTE: More information regarding the CVR program, including applications and other forms, can be found at: <http://lcle.la.gov/programs/cvr.asp>.

#### II. MAJOR 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.)

This project has consistently served the projected number of professionals trained during Sexual Assault Nurse Examiner (SANE) trainings. Additionally, the introduction of Pediatric SANE training has proven invaluable to local communities, where SANE nurses are available now to perform forensic examinations on children. A total of 62 healthcare providers, law enforcement, victim advocates, DA's office were trained in adult and/or pediatric classes.

2. Did the project work as expected? Explain.

Yes, see above

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?

#### III. EVALUATION AND DISSEMINATION OF RESULTS

##### 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 on the Statewide SANE conference and the 40-hour SANE training courses are gathered from the entities hosting those events, which vary. Data on TA provided to existing and developing SART teams is gathered from LaFASA's staff.

2. When will the data be collected?

quarterly

3. Who will collect and analyze the data?

Martha Angelette

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

Name: Martha Angelette

Phone: (985) 345-5995

Email: martha@lafasa.org

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

Any updating of the project's strategy will be done in conjunction with the SANE programs throughout the state, which generally host the 40-hour SANE courses. The SANE program in New Orleans hosts the annual Statewide SANE training.

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.

LaFASA will submit the required CVA Quarterly Progress Report and expenditure reports to LCLE by the due dates each quarter. LaFASA's Board of Directors also receives information on the status and progress of this project.

**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.

We continue to try to raise non-federal funds and seek other grants and sources of funding for this project.

**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.

The facility to be used for this project is the agency's office at 1250 SW Railroad Avenue, Suite 170, Hammond, LA. Training facilities are located across the state; classroom settings are used at a variety of hospitals and universities, usually at no cost.

**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: 12/1/10
- 2. Dates covered by last audit: 7/1/09-6/30/10
- 3. Date of next audit: 12/1/11
- 4. Dates to be covered by next audit: 7/1/10 - 6/30/11
- 5. Date next audit will be forwarded to LCLE: 2/1/2012

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/A

**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 trainings include information for future SANE examiners on the Crime Victims Reparations Program. SANES provide this information to victims at the conclusion of the exam. Because of the amount of information being given to victims/patients, the information is provided in writing.

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.

LaFASA for many years has coordinated activities with both statewide and local criminal justice and private sector victim service providers. This agency has always and will continue to avoid duplicating services offered by either another statewide victim service agency or a local sexual assault crisis center. On this project in particular, we strive to collaborate closely with the SANE programs across the state by helping to publicize their events and providing some of the funding for their trainings through this subgrant.

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.

The SANE/SART program is designed to encourage victims to work with the criminal justice system by ensuring that they receive a coordinated and compassionate response. The SANE/SART Coordinator will assist local SANE/SART programs with the development of such a response, and will also encourage them to work with their local media to let victims know that the program has been implemented and that they will receive positive and effective treatment

4. State that the applicant will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate. The Louisiana Child Protection Act refers to screening prospective employees, NOT reporting instances of child abuse.

The agency complies with the Louisiana Child Protection Act (LRS 15:587.1) in screening potential employee