



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:

CVA Purpose Area:

1. TITLE OF PROJECT

Our House Shelter Program - Child Abuse

2. NEW PROJECT

CONTINUATION PROJECT OF: C11-2-004

3. PROJECT DURATION

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

Desired Start Date: 1/1/2013

Desired End Date: 12/31/2013

4. PROJECT FUNDS

Federal Funds: \$25,500

Cash Match \$6,375

In-Kind Match: \$0

Total Project: \$31,875

5A. APPLICANT AGENCY INFORMATION

Agency Name: Our House, Inc.

Physical Address: 205 Smith Avenue

City: Monroe Zip: 71203-

Mailing Address: P.O. Box 7496

City: Monroe Zip: 71211-7496

Phone: (318) 345-5556 FAX: (318) 345-5550

Email: our_house@comcast.net

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Ella Nimmers

Title: Executive Director

Agency Name: Our House, Inc.

Address: 205 Smith Avenue

City: Monroe Zip: 71203-

Phone: (318) 345-5556 FAX: (318) 345-5550

Email: enimmers@comcast.net

Fed Employer Tax Id: 72 - 1165751

DUNS: 832445493 -

CCR CAGE/NCAGE: 567R3

CCR Expiration Date:

6. IMPLEMENTING AGENCY

Name: Ella Nimmers

Title: Executive Director

Agency: Our House, Inc.

Address: 205 Smith Avenue

City: Monroe Zip: 71203-

Phone: (318) 345-5556 FAX: (318) 345-5550

Email: enimmers@comcast.net

7. PROJECT DIRECTOR

Name: Kristal Atkins-Hayman

Title: Clinical Director

Agency: Our House, Inc.

Address: 205 Smith Avenue

City: Monroe Zip: 71203-

Phone: (318) 345-5556 FAX: (318) 345-5550

Email: khayman79@comcast.net

8. FINANCIAL OFFICER

Name: Emily Brownlee

Title: Business Office Manager

Agency: Our House, Inc.

Address: 205 Smith Avenue

City: Monroe Zip: 71203-

Phone: (318) 345-5556 FAX: (318) 345-5550

Email: BrownleeEmily@comcast.net

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

Our House, Inc. provides emergency shelter, counseling, and other supportive services and referrals for runaway, homeless, and victimized youth ages 11-17 years old. Services also include transitional housing and life skills training for young adults ages 18-22 years old (with or without small children) who have also been victimized by sexual assault, domestic violence, and child abuse. Other program services include medical care, clothing, tutoring, transportation, 24-hour supervision for minor youth, and advocacy. Funding supports positions such as the counselor/case manager for the emergency shelter, transitional living case manager, and a percentage of operational costs (supplies and utilities).

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):	
<input type="checkbox"/>	Sexual Assault
<input type="checkbox"/>	Domestic Abuse
<input checked="" type="checkbox"/>	Child Abuse
<input checked="" type="checkbox"/>	Previously Underserved
State Type of Previously Underserved: adults molested and abused as children	

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: Ella Nimmers

Title: Executive Director

Phone: (318) 345-5556

Fax: (318) 345-5550

E-Mail: enimmers@comcast.net

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$23,608	\$4,160	\$0	\$27,768
SECTION 200. FRINGE BENEFITS	\$631	\$1,172	N/A	\$1,803
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$270	\$684	\$0	\$954
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$991	\$359	\$0	\$1,350
TOTAL:	\$25,500	\$6,375	\$0	\$31,875

Provide Source of Cash Match: The United Way of Northeast Louisiana

Provide Source of In-Kind 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
Project Director	Kristal Atkins-Hayman	FT	\$3,091.00	30.00%	12.00	\$11,127.60	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case manager	Melissa Kennedy-Williams	FT	\$2,600.00	25.00%	12.00	\$7,800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Direct Care Worker	Anjanette Reynolds	FT	\$1,560.00	25.00%	12.00	\$4,680.00	<input checked="" type="checkbox"/>	<input checked="" 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:						\$23,607.60		

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
			\$0.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$0.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$23,608
CASH MATCH	\$4,160
IN-KIND MATCH	\$0
PERSONNEL TOTAL	\$27,768

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:

The project director also serves as the counselor/case manager and works with youth residing in the shelter to develop individualized service plans, provides counseling for transitional living and shelter residents, monitors resident's progress, works with families to resolve issues relevant to the youth's progress, and ensures that the client's needs are properly identified and addressed. This position is a vital part of the services provided to victims. A strong relationship with child protective services is necessary for the shelter counselor/case manager.

The transitional living case manager works closely with residents who are traumatized from childhood abuse, neglect, and domestic violence. The primary goal is to address the resident's immediate needs for safety and to make necessary referrals to assist residents in accessing services to help them move forward. Support and advocacy are key in helping the victims report crimes and access reparations.

The direct care staff person is responsible for the daily care and safety of child abuse victims residing in the shelter.

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

The salary requested for the project director is comparable to wages for similar positions in the local area for a licensed professional counselor. The case management position is also comparable for a bachelor's degreed employee in a human services related field with 5+ years experience. The direct care staff position is comparable for staff with the required certifications, training and education working with abused, neglected, and homeless youth populations.

C) Project duties of each position requested:

Project Director: Responsible for completing psychosocial interviews, development of individual service plans, referrals and follow-up for psychiatric evaluations, counseling, monitoring client's progress, and collaboration with direct care specialists to ensure clients needs are met properly. This also includes making appropriate referrals, and accompanying residents to necessary appointments. The counselor documents client's progress and assists them with accessing services to include applying for benefits, arranging for therapeutic appointments, and school enrollment. Maintains a close relationship with child protective services.

Case manager: Completes intake assessments and follow-up with appropriate referrals to address specific needs of the youth. Works closely with residents to develop a service plan that address the goals of self-sufficiency and recovery from the trauma of victimization.

Direct Care Staff: Responsible for the daily supervision and care of youth residing in the emergency shelter. Provides transportation to doctor's appointments, therapy appointments, and school.

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.]

Personnel in the position of project director has worked with this project for four years and was originally hired for this position.

The case manager has worked with this project for almost 7 years, and was originally hired in this position.

The direct care staff person has worked in this position for 8 months and was originally hired for this position.

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.	Kristal Atkins-Hayma	.062		\$11,128	\$689	5.		.062			\$0
2.	Melissa Williams	.062		\$7,800	\$483	6.		.062			\$0
3.	Anjanette Reynolds	.062		\$4,680	\$290	7.		.062			\$0
4.		.062			\$0	8.		.062			\$0
MEDICARE		RATE		SALARY	TOTAL	MEDICARE		RATE		SALARY	TOTAL
1.	Kristal Atkins-Hayma	.0145		\$11,128	\$161	5.		.0145			\$0
2.	Melissa Williams	.0145		\$7,800	\$113	6.		.0145			\$0
3.	Anjanette Reynolds	.0145		\$4,680	\$67	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):					\$1,803	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): \$1,803

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$631
CASH MATCH	\$1,172
TOTAL FRINGE BENEFITS	\$1,803

SECTION 300. TRAVEL

Itemize travel expenses of project personnel. Mileage is unallowable in agency owned vehicles. Charges are not to exceed established agency travel rates, but in no case can this exceed current Louisiana Travel Guideline rates. *Only 50% of out-of-state travel reimbursement and requires prior approval from LCLE.*

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH		
				F	C	IK
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE) NAME/POSITION TITLE/PURPOSE OF TRAVEL	TRAVEL DESTINATION	TRAVEL DATES:		PAID WITH		
		FROM	TO	F	C	IK
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$0

SECTION 400. EQUIPMENT

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

TYPE OF EQUIPMENT	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
				F	C	IK
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF EQUIPMENT:			\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

BRIEFLY EXPLAIN:

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

B. Indicate procurement method; and
N/A

C. Relationship to this project:
N/A

SECTION 400. EQUIPMENT SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
EQUIPMENT TOTAL	\$0

SECTION 400. COMPUTER QUESTIONNAIRE

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

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

N/A

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

N/A

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

A. Installation?

N/A

B. Staff training to use the computer equipment?

N/A

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

N/A

4. How will additional costs be supported?

N/A

SECTION 500. SUPPLIES (Continued)

SECTION B: Use this section only for Publications, workbooks, curriculum guides, videotapes, etc. Under type choose: **P** – Publications; **W** – Workbooks; **CG** – Curriculum Guides; **V** – Videotapes; **O** – Other. Itemize each item separately. Include tax and shipping costs in Unit Price, when applicable.

TYPE	TITLE OF PUBLICATIONS/FILMS	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF SECTION B SUPPLIES:				\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

BRIEFLY EXPLAIN:

A) The use of each request and its relationship to the project. Also explain the choice of materials, e.g. based on previous experiences or research showing its effectiveness, etc.:

N/A

SECTION 500. SUPPLIES SUMMARY	
FEDERAL FUNDS	\$270
CASH MATCH	\$684
IN-KIND MATCH	\$0
SUPPLIES TOTAL	\$954

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: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF CONTRACTUAL COSTS				\$0.00	F = Federal Funds 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 C = Cash Match	

BRIEFLY EXPLAIN:

A) Purpose of each consultant or other contractual service requested:

N/A

B) Why the service requested is necessary and cost effective:

N/A

C) Method of procurement and basis for determining rate of pay:

N/A

SECTION 600. CONTRACTUAL SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
CONTRACTUAL TOTAL	\$0

SECTION 700. RENOVATION

Note: Do not budget this category unless LCLE gives prior approval for proposed renovations – even if funded as In-Kind Match.

Is your building registered or does your building qualify with the National Historic Society? YES NO

If yes, you must meet the requirements set forth by Section 106 of the National Historic Preservation Act (16. U.S.C. Section 470, et. seq., as amended. List planned renovations and itemized costs explain the need for each.

PRE-APPROVED RENOVATIONS	TOTAL COST	PAID WITH		
		F	C	IK
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF RENOVATION COSTS:	\$0			

F = Federal Funds
C = Cash Match
IK = In-Kind Match

SECTION 700. RENOVATION COSTS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
RENOVATION COSTS TOTAL	\$0

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
Utilities	15% of \$750/month	12.00	\$112.50	\$1,350.00	<input checked="" 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"/>
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SUBTOTAL OF OTHER DIRECT COSTS:				\$1,350.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

BRIEFLY EXPLAIN:

A) Need for each type listed; and
 Administrative offices for the emergency shelter and transitional living programs are in the same location. Utilities are also shared by these two programs. The cost reflects 15% of the agency's monthly utility bill.

B) Its relationship to project.
 Victims, after entering the program, benefit from utility services at both the emergency shelter and the transitional living scattered site apartments and community houses.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$991
CASH MATCH	\$359
IN-KIND MATCH	\$0
OTHER DIRECT COSTS TOTAL	\$1,350

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.

Our House, Inc. is the only shelter in Region VIII that provides emergency shelter for self-referring, non-adjudicated, victimized youth ages 11-17 years old and transitional housing for homeless young adults (and their accompanying small children) 18-22 years old. In addition to the basic needs of food, clothing, shelter, and medical attention, these youth need the guidance and support of responsible adults. With growing numbers of victims needing assistance, additional funding is needed to support the positions of the transitional living program case manager, project director, and direct care staff person. The Runaway and Homeless Youth Act defines homeless youth as: "individuals who are unable to live in a safe environment with a relative and who lack safe alternative living arrangements. Therefore, in 2011, Our House emergency teen shelter provided shelter, basic needs, and supportive services for 57 victimized and/or runaway youth while the transitional living program served 49 young adults (ages 18-22) and their 20 accompanying small children. These youth come to Our House having suffered abuse as children. Many are parents who are at risk of abusing their own children. Intensive services are necessary to counteract the consequences of their victimization.

The National Alliance to End Homelessness recently reported an increase in crimes against the homeless. At the end of 2009, 43 homeless people were killed making it the deadliest year for the homeless according to the National Coalition for the Homeless. Statistics for the city of Monroe reports a violent crime rate of 967 incidents per 100,000 people in 2008. Monroe ranks in the 92nd percentile nationally for violent crime. Consequently, Monroe Police Department officials agree that the homeless are indeed victims of crime as evidenced by reports of being robbed and assaulted while living on the street. (Northeast Homeless Coalition 2008 Annual Report) Prevent Child Abuse Louisiana also reports that in FY 2009 there were 522 valid cases of child abuse in Ouachita parish. Unfortunately, these statistics tell only part of the story. It is estimated that for every report of child abuse, two or three similar situations go unreported.

In addition, the point-in-time survey for 2012 by the Region VIII Homeless Coalition revealed that of the 257 persons housed in area shelters in a 24-hour period, 27.6% stated that their homelessness was a result of domestic abuse. Over half of the women residing in the transitional living program at Our House reported experiencing physical abuse and/or sexual assault and over 80% of all residents report experiencing abuse and/or neglect as a child.

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

Our House, Inc. has for the last 22 years, been identified as the only agency in Northeast Louisiana serving a population of youth who are able to directly access help. Although there are dozens of youth service organizations in Region VIII, they do not offer shelter to unaccompanied youth without a referral from juvenile justice or child protective services. Reluctance to report these crimes for fear of further victimization often leaves these young people feeling hopeless. Law enforcement officials repeatedly turn to Our House as a source of safe shelter for youth they encounter on the street who have not committed any crimes and cannot return home. They report that there is no place else to take them especially now with the closure of two well known residential group homes in Ouachita parish.

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: Safely shelter young victims of criminal activity who cannot immediately return to their homes; preventing them from further victimization.

Goal 2: Assist victimized youth served in the emergency shelter and transitional living program with overcoming the traumatization of the crime and provide direct services.

C. OBJECTIVES

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

Goal 1, Objective 1: Allocate three beds in the emergency shelter for abused youth ages 12-17 years old; preventing them from further victimization.

Goal 1, Objective 2: Maintain three beds in the transitional living program for victimized young adults, 18-22 years old.

Goal 2, Objective 1: Provide individual and group counseling, referrals, case management, and other direct services to 35 victimized youth over a 12 month period.

Goal 2, Objective 2: Provide individual and group counseling, referrals, comprehensive case management, and other direct services to 20 victimized young adults over a 12 month period.

Direct services include medical care, tutoring, transportation, and supervision of youth otherwise would not be able to access. Emergency shelter is based on a 21 day stay; transitional housing is based on a 3-21 month stay. During this time permanent safe housing is sought.

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: Safely shelter young victims of criminal activity who cannot immediately return to their homes; preventing them from further victimization.

Objective 1: Allocate three beds in the emergency shelter for abused youth, ages 11-17 years old; preventing them from further victimization.

Objective 2: Maintain three beds in the transitional living program for victimized young adults, 18-22 years old.

Activities/Methods: Using the agency's outreach coordinator, activities (i.e. school and community presentations) and safe place sites, victims and referring agencies(including law enforcement) will receive information about Our House emergency and transitional living beds available for the target population. Self-referring victims and/or victims referred by other agencies will be assigned to beds according to eligibility. Direct care staff will provide adult 24-hour supervision and care for youth residing in the emergency shelter. The project is ongoing and will operate from January 1, 2013 through December 31, 2013.

Goal 2: Assist victimized youth served in the emergency shelter and transitional living program with overcoming the traumatization of the crime and provide direct services.

Objective 1: Provide individual and group counseling, referrals, case management, and other direct services to 35 victimized youth over a 12 month period.

Objective 2: Provide individual and group counseling, referrals, comprehensive case management, and other direct services to 20 victimized young adults over a 12 month period.

Activities/Methods: The counselor will meet with residents within 72 hours of entering into the shelter to provide initial counseling and develop an individual service plan.

The counselor will provide individual counseling services with each resident twice a week at a minimum and by resident request for approximately 6-10 hours of individual counseling based on a 3-week stay.

Group counseling will be provided weekly by the counselor and/or counseling intern (volunteers) from the local university for a total of 1 per session.

The counselor will assist youth in the emergency shelter with accessing community resources based on the service plan and act as an advocate in specific situations.

Direct care staff will supervise youth at all times and provide transportation, recreational and cultural activities, tutoring, and other direct services. The project is ongoing and will operate from January 1, 2013 through December 31, 2013.

The case manager in the transitional living program will assist young adults in identifying goals and developing a service plan that will lead to self-sufficiency.

The case manager will assist residents with accessing community resources such as FITAP, food stamps, WIC, child support, child care assistance, medical and dental care, transportation, life skills training and other victim's assistance services.

The case manager and other TLP staff are trained to act as advocates for residents when addressing circumstances of their victimization. Counseling interns in the final stages of the master's program at the local university will provide weekly individual counseling under the supervision of a master's level counselor and/or LPC.

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):

N/A

2. Type of personnel to be trained:

N/A

3. Number of personnel to be trained: N/A

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

N/A

5. Dates and hours of training: N/A

6. Location of training: N/A

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

N/A

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.)

During the first two quarters of the project (at this time only the 1st and 2nd quarters have been completed) 56 victims of crime were assisted: 31 in the emergency youth shelter and 25 in the transitional living program. All residents were provided counseling, case management and referral services. Other services included direct care and supportive services that were provided according to individual needs.

2. Did the project work as expected? Explain.

The project has continued to work as expected. Victims access assistance directly through the safe place outreach and other community referrals. Participants receive assistance with safe shelter and other basic needs while they work with the counselor and case manager to overcome the circumstances of their victimization. Over seventy percent of victims were willing to report their situations to law enforcement and/or protective services.

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

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

I. EVALUATION AND DISSEMINATION OF REPORTING

A COPY OF YOUR EVALUATION FORMS USED FOR THIS PROJECT MUST BE INCLUDED.

1. From who will the data be collected – what is the source?

Data will be collected from clients, referral agencies, and counselors and case managers assisting clients with direct services. Using the DHHS Runaway and Homeless Youth Information System (RHYMIS) and HUD ServicePointe data systems, Our House staff will track the number and services of victimized youth and young adults sheltered by the agency.

2. When will the data be collected?

Upon entering the program, residents will undergo an intake evaluation to determine eligibility and services required. Our House staff will meet weekly (youth at the shelter) and monthly (young adults in transitional living) to evaluate progress of clients through case management and goal attainment as outlined in the service plan.

3. Who will collect and analyze the data?

The project director will collect and analyze data to evaluate the effectiveness of the program as related to the individual client's needs and as evidenced by safe exit to a stable environment.

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

Name: Kristal Atkins-Hayman

Phone: (318) 345-5556

Email: khayman79@comcast.net

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

Following evaluation, the Project Director and the agency's Executive Director will convene a committee to explore adjustments to the project to achieve greater project outcomes as necessary based on available data. The committee will comprise project staff and members of the resident advisory board to consider project effectiveness and areas for improvement.

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.

Project reports will be given monthly to the agency's Board of Directors in the form of statistical data. Quarterly reports will be given to the Louisiana Commission on Law Enforcement and semi-annual reports will be shared with DHHS and HUD for the Basic Center and Transitional Living programs.

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.

Fundraising activities, agency membership drives, donations from corporate and/or private foundations and individuals, as well as other grants will be sought to ensure the continued funding of this ongoing 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.

Emergency youth shelter: 11 beds

Transitional living scattered site apartments: 4 two-bedroom apartments and 1 three-bedroom apartment for a total of 11 beds

2 trailers for emergency adult youth shelter: total of 4 beds

Educational facility: multi-purpose room including 3 computers and space for tutoring; arts and crafts, exercise and recreation, large group activities, meetings, and training.

Large outdoor area

Administrative offices equipped with computers with internet access, photo copiers, and fax capability

Three minivans and one sedan for agency and resident transportation needs

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 6/2012
2. Dates covered by last audit: 1/1/2011-12/31/2011
3. Date of next audit: 6/2013
4. Dates to be covered by next audit: 1/1/2012-12/31/2012
5. Date next audit will be forwarded to LCLE: 8/1/2013

- 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 screened in the same manner as regular paid employees. This includes finger print based criminal background checks and central registry disclosure.

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.

Through the development of the individual service plan, the counselors and case managers will identify victims eligible for victim compensation benefits. The clients will be assisted in making contact with the Sheriff's claims investigator, filing required paperwork, and attending meetings or appointments. These services will be included as a part of the service plan.

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.

Local law enforcement personnel use Our House as an alternative to incarcerating non-offending teens or to ensure their safety when necessary. Our House provides shelter and services to DCFS clients during investigations into abuse/neglect or while awaiting foster care placement. Our House collaborates with other agencies to provide shelter as needed by their clients as well. Referrals are received from school resource officers, teachers, counselors as well as agencies such as Volunteers of America, the Salvation Army, and the Wellspring Alliance.

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.

As mandated reporters, Our House personnel report suspected child abuse or other crimes to the authorities as warranted. Adult clients are encouraged to report victimization and criminal activity. After a client feels safe and trusts the agency personnel will stand by him/her, there is greater likelihood of reporting. The establishment of a trusting relationship is a day by day process and includes direct care staff, the counselor, case managers, and program directors all supporting clients during and after the crisis. If a crime is committed either at the emergency youth shelter or the transitional living facilities, staff or residents immediately contact the police. Police officers are routinely invited to the shelter as part of the life skills course to teach personal safety and to establish positive rapport with the youth.

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.

All prospective employees must submit to a criminal background check through the Department of Children and Family Services in compliance with the Louisiana Child Protection Act and as required by the Louisiana Bureau of Licensing. All employees also complete a state central registry disclosure form as required by the state of Louisiana.