

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C11-3-007

APPLICANT: Rapides Children's Advocacy Center, Inc.

PROJECT TITLE: Child Advocacy Program

PROJECT FUNDS :

FUND: \$ 129,467 80.00%  
MATCH: \$ 32,367 20.00%  
TOTAL: \$ 161,834 100.00%

PROJECT DURATION: 12 months

START DATE: 05/01/2012

END DATE: 04/30/2013

Continuation of C96-3-005

PROJECT SUMMARY:

The Children's Advocacy Program will employ a trained professional staff to include a full-time Forensic Interviewer to arrange and conduct interviews of child victims of physical and sexual abuse and a full time mental health therapist to provide trauma focused therapy services to child victims of physical and sexual abuse. All interviews will be done in compliance with the LA Children's Code in an effort to minimize the number of times a child abuse victim is forced to tell his/her account of abuse. A full time Program Director will coordinate training(s) and assist in serving the eight parishes encompassed in the project area. In addition, a full time Executive Director will serve as administrative support staff. This program and its entire staff will facilitate a comprehensive multidisciplinary team involving all agencies in a child abuse case to serve the best interests of the child abuse victim.

RECOMMENDATION : FUND  DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.



LOUISIANA COMMISSION  
ON LAW ENFORCEMENT  
AND THE ADMINISTRATION  
OF CRIMINAL JUSTICE

CRIME VICTIM ASSISTANCE  
FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY:

Project ID: C11-3-007

CVA Purpose Area: 3

1. TITLE OF PROJECT

Child Advocacy Program

2.  NEW PROJECT

CONTINUATION PROJECT OF: C10-3-010

3. PROJECT DURATION

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

Desired Start Date: 5/1/2012

Desired End Date: 4/30/13

4. PROJECT FUNDS

Federal Funds: \$129,467

Cash Match 32368

In-Kind Match: 0

Total Project: \$161,835.00

5A. APPLICANT AGENCY INFORMATION

Agency Name: Rapides Children's Advocacy Center, Inc.

Physical Address: 1506 Albert Street

City: Alexandria Zip: 71301-6439

Mailing Address: 1506 Albert Street

City: Alexandria Zip: 71301-6439

Phone: (318) 448-4006 FAX: (318) 446-6427

Email: wbond@rapidescac.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Wade Bond

Title: Executive Director

Agency Name: Rapides Children's Advocacy Center, Inc.

Address: 1506 Albert Street

City: Alexandria Zip: 71301-6439

Phone: (318) 448-4006 FAX: (318) 448-6427

Email: wbond@rapidescac.org

Fed Employer Tax Id: 72 - 1299269

DUNS: 964981 - 542

CCR CAGE/NCAGE: 5zch7

CCR Expiration Date: 1/19/2013

6. IMPLEMENTING AGENCY

Name: Wade Bond

Title: Executive Director

Agency: Rapides Children's Advocacy Cen

Address: 1506 Albert Street

City: Alexandria Zip: 71301-6439

Phone: (318) 446-4006 FAX: (318) 446-6427

Email: wbond@rapidescac.org

7. PROJECT DIRECTOR

Name: Wade Bond

Title: Executive Director

Agency: Rapides Children's Advocacy Cent

Address: 1506 Albert Street

City: Alexandria Zip: 71301-6439

Phone: (318) 446-4006 FAX: (318) 446-6427

Email: wbond@rapidescac.org

8. FINANCIAL OFFICER

Name: Stephanie Holloway

Title: Finance Director

Agency: Rapides Children's Advocacy Cent

Address: 1506 Albert Street

City: Alexandria Zip: 71301-6439

Phone: (318) 445-5678 FAX: (318) 445-7220

Email: sholloway@rapidescac.org

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

The Children's Advocacy Center will employ a trained professional staff to include a full time Forensic Interviewer to arrange and conduct interviews of child victims of physical and sexual abuse and a full time mental health therapist to provide trauma focused therapy services to child victims of physical and sexual abuse. All interviews will be done in compliance with the Louisiana Children's Code in an effort to minimize the number of times a child abuse victim is forced to tell his/her account of abuse. A full time Program Director will coordinate training(s) and assist in serving the eight parishes encompassed in the project area. In addition, a full time executive director will serve as administrative support staff. This program and its entire staff will facilitate a comprehensive multidisciplinary team involving all agencies in a child abuse case to serve the best interests of the child abuse victim.

**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 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.

<b><u>CHECKLIST:</u></b>	<b>YES:</b>	<b>NO:</b>
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: Wade Bond Title: Executive Director  
 Phone: (318) 446-4006 Fax: (318) 446-4006 E-Mail: wbond@rapidescac.org

**PROJECT BUDGET SUMMARY**

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$119,467.00	\$26,778.00	\$0.00	\$146,245.00
SECTION 200. FRINGE BENEFITS	10000	5590	N/A	15590
SECTION 300. TRAVEL	0	0	0	0
SECTION 400. EQUIPMENT	0	0	0	0
SECTION 500. SUPPLIES	0	0	0	0
SECTION 600. CONTRACTUAL	0	0	N/A	0
SECTION 700. RENOVATION COSTS	0	0	0	0
SECTION 800. OTHER DIRECT COSTS	0	0	0	0
<b>TOTAL:</b>	<b>\$129,467.00</b>	<b>\$32,368.00</b>	<b>\$0.00</b>	<b>\$161,835.00</b>

**Provide Source of Cash Match:** Unrestricted agency dollars and United Way dollars will be utilized as source for Cash match.

**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
Interview Program Director	Vacant	FT	\$3,500.00	100.00%	12.00	\$42,000.000	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Forensic Interviewer	Annelise Eaglin	FT	\$2,822.25	100.00%	12.00	\$33,867.000	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Forensic Interviewer	Ashley Honor	FT	\$2,805.00	100.00%	12.00	\$33,660.000	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Metal Health Therapist	Michelle Hunt	FT	\$3,250.00	25.49%	12.00	\$9,941.1000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Executive Director	Wade Bond	FT	\$4,463.00	50.00%	12.00	\$26,778.000	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		FT				0	<input type="checkbox"/>	<input type="checkbox"/>
		FT				0	<input type="checkbox"/>	<input type="checkbox"/>
		FT				0	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$146,246.10	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	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
							0	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							0	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
			0
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			0

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$119,467
CASH MATCH	\$26,778
IN-KIND MATCH	\$0
<b>PERSONNEL TOTAL</b>	<b>\$146,245.00</b>

SECTION 10. PERSONNEL (Continued) – BRIEFLY PLAIN

Yes    No   Are job descriptions for each position attached? If not, explain:

Yes    No   Are resumes for each position attached? If not, explain: Interview Program Director position is currently vacant

A) Need for each position shown above; justify need for overtime:

Interview Program Director: Communication and coordination between RCAC and law enforcement, OCS, and other community agencies in Rapides and outlying parishes; Facilitates and conducts trainings; Interviews child victims of sexual and/or severe physical abuse (backup)

Forensic Interviewer: Interviews child victims of sexual and/or severe physical abuse

Mental Health Therapist: Provides trauma therapy to child victims of sexual and/or severe physical abuse

Executive Director: Administrative time required to complete VOCA-required documentation, reports, financial documentation, statistics, records, and time and attendance sheets

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

Salaries for each position shown are determined using, but not limited to, the following criteria:

- 1) Extensiveness and/or difficulty of duties,
- 2) Educational and/or previous requirements, and
- 3) Comparison to similar positions in similar organizations in the same geographic region and/or state.

The following salary ranges are reviewed and approved by RCAC's Board of Directors.

Interview Program Director: \$28,000 to \$47,500

Forensic Interviewer: \$28,000 to \$39,500

Mental Health Therapist: \$38,000 to \$45,000

Executive Director: \$35,000 to \$70,000

C) Project duties of each position requested:

Interview Program Director: Coordinate outreach/education to staff of community agencies/general public in Rapides/outlying parishes; Facilitate ongoing communication/coordination of law enforcement/OCS participation from Rapides/outlying parishes; Gather case information for tracking case resolution; Assist with case management, program evaluation, community education, and advocating for child abuse victims; Coordinates program activities/planning; Supervises day to day program operations; Collect/compile necessary data concerning referrals, case outcomes; Assists and/or substitutes for Forensic Interviewer as needed.

Forensic Interviewer: Coordinate/schedule/conduct child victim interviews; Coordinate/participate in multidisciplinary team (MDT) meetings; Testifying on behalf of and/or instead of victims in juvenile court/criminal proceedings re: videotaped interviews.

Mental Health Therapist: Provide Trauma Focused Cognitive Behavioral Therapy, Participate in multidisciplinary team (MDT) meetings

Executive Director: Ensures/maintains cooperative agreement between participating agencies; Monitors achievement of program goals; Administers/interprets program evaluation; Completes/approves VOCA-required time/attendance sheets, program documentation, reports and statistics; Ensures all grant reporting requirements are fulfilled timely; Prepares end-of-year report documenting annual program statistics; Ensures all grant requirements are executed timely and all financial reporting requirements are fulfilled; Maintains donor/volunteer records needed for planning/control; Ensures implementation of policies regarding finances; Prepares end-of-year report documenting annual financial report and future projection.

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.]

Interview Program Director: VACANT

Forensic Interviewers: Existing - Continuing position

Mental Health Therapist: Continuing, Originally hired for position

Executive Director: Continuing, Originally hired for 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. IP Director	.062		\$42,000	\$2,604.000	5. Wade Bond	.062		\$26,778	\$1,660.236	
2. Annelise Eaglin	.062		\$33,867	\$2,099.754	6.	.062			0.0	
3. Ashley Honor	.062		\$33,660	\$2,086.920	7.	.062			0.0	
4. Michelle Hunt	.062		\$39,000	\$2,418.000	8.	.062			0.0	
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL	
1. IP Director	.0145		\$42,000	\$609.0000	5. Wade Bond	.0145		\$26,778	\$388.2810	
2. Annelise Eaglin	.0145		\$33,867	\$491.0715	6.	.0145			0.0	
3. Ashley Honor	.0145		\$33,660	\$488.0700	7.	.0145			0.0	
4. Michelle Hunt	.0145		\$19,940	\$289.1300	8.	.0145			0.0	
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. IP Director				0	5. Wade Bond	224.00	12.00	50.00%	1344	
2. Annelise Eaglin				0	6.				0	
3. Ashley Honor				0	7.				0	
4. Michelle Hunt				0	8.				0	
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	
1. IP Director	0.006		42000	252	5. Wade Bond	0.006		\$26,778	\$160.668	
2. Annelise Eaglin	0.006		33867	203.202	6.				0	
3. Ashley Honor	0.006			0.0	7.				0	
4. Michelle Hunt	0.006		0	0.0	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. IP Director	0.020	CHECK TYPE:	7000	140	5. Wade Bond	0.020	CHECK TYPE:	\$3,500	\$70.000	
2. Annelise Eaglin	0.020		7000	140	6.				0	
3. Ashley Honor	0.020	<input checked="" type="checkbox"/> FUTA	7000	140	7.		<input type="checkbox"/> FUTA		0	
4. Michelle Hunt	0.020	<input checked="" type="checkbox"/> SUTA	300	6	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):				\$11,967.14	FRINGE BENEFITS TOTAL (B):				\$3,623.185	

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

**Fringe Benefits Total (A+B): \$15,590.325**

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	10000
CASH MATCH	5590
<b>TOTAL FRINGE BENEFITS</b>	<b>15590</b>

## 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.

Child victims of sexual and physical abuse are often subjected to multiple interviews by law enforcement, child protection investigators, prosecutors and other professionals who work on child abuse cases. This forces the child victim to tell his/her account of the abuse repeatedly, causing additional trauma. According to Child Welfare League of America, in 2009 5.1 children per 1,000 were abused within the state. This constituted a 6% increase in substantiated abuse reports from 2006.

Additional problems relating to child abuse cases in our region include children not having resources for counseling following the abuse, a lack of a thorough case tracking process for each case of abuse and additional training for the rural members of our region concerning the collaborative, interagency approach to investigating and prosecuting abuse cases.

This grant will enable us to increase the usage of the Center with our referring agencies, particularly those in the rural areas, through the provision of forensic interviews and trauma focused therapy.

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

There is a gap in community resources with regards to abuse investigations and therapeutic interventions for child sex abuse victims and their families. The gaps have been identified by learning of the concerns and needs of child sex abuse victims and their families and through communicating with multiple parish agencies. It has been identified that specific therapy services are not readily available to child sex abuse victims.

## B. GOALS

**GOALS:** The primary mission of all projects is to have a positive impact on the victims, not just to accumulate statistics on how many are served. Based on the problem identified, 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: Minimize the number of times a child abuse victim is forced to tell their account of abuse, thereby reducing the trauma experience by the victim.

Goal 2: Assist Rapides Parish and the seven surrounding parishes in utilizing the Center to conduct forensic interviews of child abuse victims.

Goal 3: Provide Trauma focused therapy to child abuse victims and their family

## 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: Provide a forensic interviewer to coordinate and conduct interviews for a minimum of 300 victims of child abuse.

Objective 2: Conduct interviews of at least 270 of the children referred to the Center within 48 hours.

Objective 3: Of the qualified children interviewed at the Center, all will receive referrals for appropriate counseling services through the Crime Reparations Program.

Goal 2:

Objective 1: Provide a minimum of one training opportunity regarding child abuse investigation and prosecution utilizing the multidisciplinary team approach.

Objective 2: A minimum of 120 of all interviews conducted at the Center, annually, will originate from rural parishes.

Objective 3: Coordinate monthly MDT meetings to track case progression, outcomes and victim services.

Goal 3:

Objective 1: Provide Trauma Focused Cognitive Behavioral Therapy to child sex abuse victims who have been seen through our agency

Objective 2: Utilize the UCLA PTSD index to measure reduction in trauma symptoms during course of therapy services

## 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: Timetable: Daily/Ongoing

Objective 1: Maintain an accurate database of all interviews conducted by the Forensic Interviewer and report total interviews at least bi-annually.

Objective 2: Record the time of each referral and the time of each interview to track compliance with 48 hour benchmark.

Objective 3: Document each interview file with information pertaining to referral for counseling through the Crime Reparations Program.

### Goal 2: Timetable: Month/ Ongoing

Objective 1: MDT participants attending training will complete a satisfaction survey

Objective 2: Our database will track the referring agency of each child interviewed.

Objective 3: Attendance sheets and notes will be kept for each MDT meeting

### Goal 3: Timetable: Weekly/Ongoing

Objective 1: Therapist will attend clinical supervision and model consultation to ensure clinical adherence

Objective 2: The UCLA PTSD index will be administered prior to start of treatment and at minimum one time during the course of treatment.

All activities will begin 5/1/12 and continue through 4/30/13.



**H. OR RESULTS (For Continuation Projects) (V)**

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.)

Goal 1:

Objective 1: 526 children interviewed

Objective 2: 526 children were interviewed within 48 hours of initial referra

Objective 3: 526 out of 526 received notification to appropriate services through Crime Victims Reparation Program

Goal 2:

Objective 1: RCAC agreement protocol and guidelines have been established

Objective 2: 250 referrals originated in outlying rural parishes

Objective 3: MDT team met 20 times to track case progression, outcomes, and victim services

2. Did the project work as expected? Explain.

Yes. All referring agencies and this agency worked collaboratively to address the needs of child sex abuse victims. Coordination of services and referrals increased this year due to effectiveness of interagency collaboration.

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?

The original goals have been revised to add an additional goal to provide therapy services, as this is a new component to our project.

## 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 law enforcement, DCFS workers, victims and their non offending family members.

2. When will the data be collected?

Data is collected at the time of referral. Therapy data is collected prior to start of therapy and during the course of therapy.

3. Who will collect and analyze the data?

Data pertinent to the forensic interview process will be collected by Interview Program Director. Data collected for therapy purposes will be collected by the mental health therapist.

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

Name: Wade Bond

Phone: (318) 446-4006

Email: [wbond@rapidescac.org](mailto:wbond@rapidescac.org)

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

The Executive Director and Interview Program Director will review, analyze, and evaluate data on an ongoing basis. The Executive Director will have final decision making control over revising or updating the projects strategy.

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.

The Rapides Children's Advocacy Center will submit the Quarterly Progress Reports, Expenditure Reports and all other required forms on a monthly or quarterly basis as described in the award.

Quarterly Progress Reports are submitted to the Louisiana Commission on Law Enforcement

Quarterly Expenditure Reports are submitted to the Louisiana Commission on Law Enforcement

Monthly review of Program and Financial report are reviewed by Board of Directors

**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.

Our agency is a United Way Member agency of Central Louisiana and receive funding through them. We also seek additional foundation dollars and fundraising initiatives to cover the cost of operating the center.

**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 center is located at 1506 Albert Street in a building that has been provided to the agency. The building is a one story home like setting that has one kitchen, two waiting rooms, a forensic interview room, a therapy room, a monitoring room, and two additional office spaces. In 2011, the agency introduced a mobile cac bus to the center to provide additional resources to the surrounding parishes.

**L. AUDIT REQUIREMENTS**

All applications must check one:

- This organization/agency expends \$500,000 or more in federal funds (during the fiscal year of the organization/agency from any and all sources including the amount of this application) **AND MUST SUBMIT THE FOLLOWING INFORMATION:**
  1. Date of last audit
  2. Dates covered by last audit:
  3. Date of next audit:
  4. Dates to be covered by next audit:
  5. Date next audit will be forwarded to LCLE:

This organization/agency expends less than \$500,000 in federal funds from all sources during the fiscal year of the organization/agency.

**M. VOLUNTEERS**

Yes  No Are you using volunteers as match?  
If yes, describe the duties and functions performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). Volunteers' duties must directly relate to the focus of this project and information stated in Section 100 Personnel.

Yes  No Are volunteers screened in compliance with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate?

Multidisciplinary Team (MDT) Members (a minimum of one representative from the following agency/discipline will attend 11 meetings/year @ 1 hour each).

Prosecution: District Attorney's Office Representative.

Law Enforcement: 1 Rapides Parish Sheriffs Office Detective; 1 Alexandria Police Department Detective ; 1 Pineville POLice Department Detective.

Child Welfare: 1 Department of Child and Family Services employee.

The purpose of the MDT team is to review investigative cases in which the Child Advocacy Program was utilized.

## 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.

All victims are screened at time of interview to determine if there are specific needs. Those who are in need of applying for victim compensation are identified by staff and provided contact information on Louisiana Crime Victims Reparations Program.

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.

Our agency coordinates activities with other criminal justice/ private service providers in the community through the implementation of our protocol. A copy is included.

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.

Our agency encourages victims to report to law enforcement through fostering increased communication between victim and law enforcement and through providing advocacy services on behalf of the victim.

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.

Our agency complies with the Louisiana Child Protection Act (LRS 15:587.1).

## Kathy Guidry

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**From:** Kathy Guidry  
**Sent:** Wednesday, April 18, 2012 7:31 AM  
**To:** Ken Walker; Sybil Richards; Jeremy Edwards  
**Subject:** C11-3-007, Rapides Children's Advocacy Center, Inc., Child Advocacy Program

Mr. Wade Bond  
Rapides Children's Advocacy Center, Inc.  
c/o Red River Delta LEPD, Inc.  
615 Main St.  
Pineville, LA 71360-6935

RE: C11-3-007, Child Advocacy Program

Dear Mr. Bond:

This office has received the above application. This application will be presented at the Victim Services Advisory Board and the Commission meetings, which are scheduled for May 23<sup>rd</sup> and May 24<sup>th</sup>, 2012, respectively. The information regarding the location of the meetings is yet to be determined. Since this is a continuation project, you will be required to attend only the Victim Services Advisory Board meeting unless there are issues that arise during the Victim Services Advisory Board meeting.

Based on the preliminary review of the referenced application, the following issues must be addressed and resolved. Additional issues may arise between the agency review process and the Advisory Board/Commission meetings. If so, you will be given every opportunity and assistance to address and/or resolve any additional issues to avoid delaying the application to be presented.

1. Pg. 1 – Please provide verification of the DUNS and CCR CAGE/NCAGE and expiration date.
2. Pg. 3, Section 100 Personnel – Resumes and job descriptions for each position are required. The job description must include the duties required to perform, required education, work experience, any other special requirements and the minimum and maximum salary range. A special condition will be placed withholding the funds for the Interview Program Director is filled. You must submit a subgrant adjustment along with the resume immediately upon hire.
3. Pg. 5, Section 200 Fringe Benefits –
  - a. You checked "All Fringe Benefits Will Be Paid by Applicant Agency"; however, you entered amounts under Fringe Benefits. Is this correct, or should you have checked "Additional Fringe Benefits Will Be Paid by Applicant Agency". Please correct this.
  - b. Fringe benefits for Michelle Hunt should be based on \$9,941.
4. Pg. 14, A Problem Definition #1 – Please provide current local statistics that supports the problem that this project will address.
5. Pg. 15, C Objectives – Each objective must be stated in measureable terms. See Goal 1 Objective 3, Goal 3 Objectives 1 and 2.
6. Pg. 19, H Prior Results
  - a. #1 – Please refer to the previous project, C10-3-010. You need to list all objectives with the data.
  - b. #3 – It states the goals and objectives were revised; however, the goals and objectives are the same as stated in C10-3-010. Please clarify.

7. Pg. 20, I Evaluation and Dissemination of Reporting – Please provide a copy of your evaluation form that you have clients complete once services have been provided.
8. Pg. 22, N Required Components – At least three (3) letters of support are required.
9. Subgrant Award Report #10B – This amount should reflect the federal funds allocated to this project.
10. Need to Supply. Organization Chart.

Please email or mail ONLY the changes as directed on the appropriate application pages and return only those pages for which changes or additional information was requested to the District Office. Please do not fax replies, as they are not always legible.

All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. This information is due to LCLE **by Monday, April 30, 2012**. Please contact the District Office if you have any questions pertaining to this letter.

Sincerely,

***Katherine C. Guidry***

Federal Programs Section Manager  
LA Commission on Law Enforcement  
602 N. 5th St., 1st Floor

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