LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C10-7-009

APPLICANT: Child Advocacy Services, Inc.

PROJECT TITLE: Child Abuse Counseling Program

PROJECT FUNDS :

FUND:	$ 13,671	80.00%	PROJECT DURATION:	12 months
MATCH:	$ 3,418	20.00%	START DATE:	01/01/2011
TOTAL:	$ 17,089	100.00%	END DATE:	12/31/2011

Continuation of C00-7-024

PROJECT SUMMARY:

To provide clinical services for children and families who are victims of child abuse. These services include advocacy, individual, family and group counseling and prevention education on a referral basis to victims and non-offending family members. Referrals and services are offered through our existing CASA and Children's Advocacy Center (CAC) Programs and local community partnerships.

RECOMMENDATION : FUND X **DENY** ___

SPECIAL CONDITIONS :

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

LOUISIANA COMMISSION ON LAW ENFORCEMENT AND THE ADMINISTRATION OF CRIMINAL JUSTICE

CRIME VICTIM ASSISTANCE FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY: Project ID: C10-7-009 CVA Purpose Area: 1, 3

1. TITLE OF PROJECT
Child Abuse Counseling Program

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: C08-7-013

3. PROJECT DURATION
Total Length: 5 Months (*Not to exceed 12 Months*)
Desired Start Date: 1/1/2011
Desired End Date: 5/31/2011

4. PROJECT FUNDS

Federal Funds:	$13,671
Cash Match	$918
In-Kind Match:	$2,500
Total Project:	**$17,089**

5A. APPLICANT AGENCY INFORMATION
Agency Name: Child Advocacy Services
Physical Address: 1504 W. Church Street
City: Hammond Zip: 70401-
Mailing Address: 1504 W. Church Street
City: Hammond Zip: 70401-
Phone: (985) 902-9583 FAX: (985) 345-4689
Email: drichardson@childadv.net

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: Rob Carlisle
Title: Chief Executive Officer
Agency Name: Child Advocacy Services
Address: 1504 W. Church Street
City: Hammond Zip: 70401-
Phone: (985) 902-9583 FAX: (985) 345-4689
Email: rcarlisle@childadv.net

Fed Employer Tax Id: 72 - 1262466 DUNS: 179442926 - CCR CAGE/NCAGE: 49BQ4 CCR Expiration Date: 1/29/2011

6. IMPLEMENTING AGENCY
Name: Rob Carlisle
Title: Chief Executive Officer
Agency: Child Advocacy Services
Address: 1504 W. Church Street
City: Hammond Zip: 70401-
Phone: (985) 902-9583 FAX: (985) 345-4689
Email: rcarlisle@childadv.net

7. PROJECT DIRECTOR
Name: Joelle Henderson
Title: Director of Clinical Services
Agency: Child Advocacy Services
Address: 1504 W. Church Street
City: Hammond Zip: 70401-
Phone: (985) 902-9583 FAX: (985) 345-4689
Email: jhenderson@childadv.net

8. FINANCIAL OFFICER
Name: Bonnie Kreamer
Title: Chief Financial Officer
Agency: Child Advocacy Services
Address: 1504 W. Church Street
City: Hammond Zip: 70401-
Phone: (985) 902-9583 FAX: (985) 345-4689
Email: bkreamer@childadv.net

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

This project will provide clinical services for children and families who are victims of child abuse. These services include advocacy, individual/family/group counseling, and prevention education on a referral basis to victims and non-offending family members. Referrals and services are offered through our existing CASA and Children's Advocay Center (CAC) Programs and local community partnerships.

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):

☒	Sexual Assault
☐	Domestic Abuse
☒	Child Abuse
☐	Previously Underserved

State Type of Previously Underserved:

PROJECT BUDGET SUMMARY

INSTRUCTIONS: The Checklist is self-explanatory. In Project Summary, applicable budget category totals will be automatically entered from each of the Detailed Project Budget Summaries. Provide source of Cash and/or In-Kind Match. In last table, check the type of victimization types that this project will address.

CHECKLIST:	YES:	NO:
Are all budgeted items allowable per Program Guidelines?	☒	☐
Were instructions followed to determine allowable personnel/contractual costs?	☒	☐
Are all line item computations correct?	☒	☐
Do line items add to category totals?	☒	☐
Have category totals been rounded to nearest dollar?	☒	☐

Each category amount listed in the table below must equal category totals shown on Pages 3 through 11.

Person Completing Budget Section: Bonnie Kreamer Title: Chief Financial Officer
Phone: (985) 902-9583 Fax: (985) 345-4689 E-Mail: bkreamer@childadv.net

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$10,585	$0	$0	**$10,585**
SECTION 200. FRINGE BENEFITS	$3,086	$0	N/A	**$3,086**
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	$918	$2,500	**$3,418**
TOTAL:	**$13,671**	**$918**	**$2,500**	**$17,089**

Provide Source of *Cash* Match: Non-grant contributions.

Provide Source of *In-Kind* Match: Donated use of office space.

SECTION 100. PERSONNEL

Enter Position Titles and Names of the employees for each position funded through this grant. For further information and direction, please refer to the application instructions.

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
Clinical Services Coordinat	Nicole Gaidos	FT	$2,750.00	76.98%	5.00	$10,584.75	☒	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						$10,584.75	F = Fed Funds C = Cash Match	

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							$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	$10,585
CASH MATCH	$0
IN-KIND MATCH	$0
PERSONNEL TOTAL	$10,585

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:

Services of a Clinical Services Coordinator are needed to provide therapeutic counseling to children and families who have been victims of child abuse. A Clincial Services Coordinator maintains a Master's Degree and has either obtained or is working towards securing their clinical licensure through direct supervision.

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

The severity and potential long term effects of child abuse (physical, sexual and mental) demand a trained and qualified social/mental health professional with a Master's degree; consequently the salary requested herein is comparable to similar positions in the surrounding community. Child Advocacy Services maintains a Board of Directors approved employee salary range which is compared to both outside public and private organizations and reviewed annually. The salary range for this position is $30,000 - $40,000.

C) Project duties of each position requested:

The Clinical Services Coordinator provides direct services through individual and family counseling for victims referred to our agency. Duties of the CSC directly involve client issues ranging from children and family victimization issues experienced by divorce, abuse, family seperation, substance abuse, sexual and/or physical abuse, neglect, social impacts, mental health problems, or other dysfunctional behaviors. Additionally, prevention education will be offered in the local community through collateral resource material distribution. The CSC will conduct community workshops on topics such as parenting. The counselor will also participate in community partnerships to strengthen services to child victims.

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.]

This position will be filled by existing staff member who fills the same position under the current grant (Sub-grant # C08-7-013).

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. Nicole Gaidos	.062		$10,585	$656	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. Nicole Gaidos	.0145		$10,585	$153	5.	.0145			$0
2.	.0145			$0	6.	.0145			$0
3.	.0145			$0	7.	.0145			$0
4.	.0145			$0	8.	.0145			$0
HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1. Nicole Gaidos	520.65	5.00	76.98%	$2,003	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. Nicole Gaidos	0.010		$10,585	$105	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. Nicole Gaidos	0.022	CHECK TYPE:	$7,700	$169	5.		CHECK TYPE:		$0
2.				$0	6.				$0
3.		☐ FUTA		$0	7.		☐ FUTA		$0
4.		☒ SUTA		$0	8.		☐ SUTA		$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
OTHER	RATE		SALARY	TOTAL	OTHER	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
			FRINGE BENEFITS TOTAL (A):	$3,086				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): $3,086

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$3,086
CASH MATCH	
TOTAL FRINGE BENEFITS	$3,086

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
Rent	Estimated monthly value	5.00	$500.00	$2,500.00	☐	☐	☒
Utilities	Average monthly bill	5.00	$183.60	$918.00	☐	☒	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
			SUBTOTAL OF OTHER DIRECT COSTS:	$3,418.00			

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

BRIEFLY EXPLAIN:

A) Need for each type listed; and

Utility costs provide telephone, internet, and electricity to the Luling Office to provide services to victims of child abuse.

B) Its relationship to project.

The Luling Office space is directly used to provide interview and counseling space to child victims of abuse.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	$0
CASH MATCH	$918
IN-KIND MATCH	$2,500
OTHER DIRECT COSTS TOTAL	$3,418

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.

PROBLEM:
Despite increased statewide attention surrounding child abuse and victimization, our local communities, schools, and professionals seem blinded by the reality and need for further prevention and intervention efforts. Continued services are critical to enhance awareness and the overall education on the need to prevent child abuse and victimization. Most often, child protection and victim safety is focused on existing mandated reporters and those professionals already in the field. Little or no resources are in place to target specifically other adults, family, and general community citizens as to their individual responsibilities to assist in preventing these incidents. Additionally, very few intervention or clinical services are readily accessible to children and families who have experienced incidents of abuse and neglect. Over the last twenty-four months, we have recognized a significant increase in the request for mental health services and prevention education for children and families in St. Charles and St. John Parishes.

According to Prevent Child Abuse of Louisiana (PCAL), in 2006, 17,063 cases were reported; in 2007, 23,911 cases were reported; in 2008, 21,240 cases were reported and documented a continued increase in reported cases of child abuse and neglect. Research literature shows that nine out of every ten abused children goes unreported. (Department of Children and Family Services, 2009).

In the service area for this proposal (St. Charles, St. John, and St. James Parishes), 474 new cases of child abuse were reported compared to 458 in 2003. Each year this number increases and cases become more severe. This office currently provides counseling for 17 open cases resulting from child abuse, either physical or sexual. During the past year, 74 cases were successfully completed and discharged.

NEED:
The need for clinical services is essential. Child Advocacy Services has provided services to St. Charles, St. John, and St. James for over five years and has demonstrated the infrastructure to carry out these services in these local communties. Our full time Child Services Coordinator provides counseling to abused children and their non-offending caregivers at no charge to the client(s). Counseling is provided for as long as the family is in need. Through this LCLE proposal, Child Advocacy Services will be able to continue offering counseling services to answer the local needs for children and families.

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

Child Advocacy Services serves as the single service source in the 29th and 40th Judicial Districts for the Court Appointed Special Advocates (CASA) programs and ancillary services to the local Children's Advocacy Center (CAC) program. CAS maintains CAC services as an accredited center in four additional outlying areas to this region. St. Charles, St. John, and St. James Parishes are very unique to one another and the gaps which exist are related to the rural make-up, geographic distances, and lack of local services in each of these areas. These gaps create several challenges for any services to continue routinely. Recently, economic strains have increased these challenges even more and many services are no longer available in these local communities. Since many families cannot afford to travel further distances to metropolitan areas to receive services, they often do not pursue them. CAS has a proven record for being able to continue these services through our existing structure and local programming efforts. We offer resources, clinical services, and advocacy to children and family victims of abuse and neglect. Additionally, prevention education is offered to offer a balance to our intervention efforts and potentially reduce the need for increased intervention services.

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: To provide 300 counseling/therapy units to families and victims of child abuse by May 31, 2011.

GOAL 2: To educate over 3,000 adults on methods to prevent victim incidents and/or child abuse by May 31, 2011.

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 300 units of counseling to assist with recovery from the effects of trauma resulting from abuse by May 31, 2011 .
OBJECTIVE 2: Provide 300 units of counseling to individuals and families to assist with coping tools to address issues in the client's life that may re-emerge related to past trauma by May 31, 2011.

GOAL 2:
OBJECTIVE 1: Provide 1,500 handouts, literature, and other resources to adults and families by May 31, 2011.
OBJECTIVE 2: Provide 15 prevention education workshops including parenting classes, abuse education, and prevention programs for the general public by May 31, 2011.

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: To offer 300 counseling/therapy units to families and victims of child abuse.

OBJECTIVE 1: A trained counselor will provide weekly counseling to clients who have been victims of abuse. The counselor will accept clients referred to the program through sources such as the Department of Children and Family Services, law enforcement, and local schools.

OBJECTIVE 2: Families of victims will receive counseling and resources on strategies for dealing with victim's issues as well as those confronting families of the abused.

GOAL 2: To educate over 3,000 adults or families regarding issues of child abuse.

OBJECTIVE 1: Literature will be available for distribution to schools, hospitals, and other agencies. The counselor will provide group therapy and support groups for parents and children who have been victims of abuse. The group sessions are intended to help the healing of families.

OBJECTIVE 2: Weekly presentations and counseling resources will be made to community organizations, social groups, and civic clubs.

E. DEMOGRAPHICS

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

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

2. Type of Organizations:

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

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

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

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

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

F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

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

NAME: Joelle Henderson, LPC PHONE: (985) 902-9583 EMAIL: jhenderson@childadv.net

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

NAME: PHONE: ( ) - EMAIL:

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

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

G. CRIME VICTIMS REPARATIONS (CVR)

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

NAME: PHONE: ( ) - EMAIL:

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

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

H. PRIOR RESULTS (For Continuation Projects Only)

1. Based on the objectives of the previous application, what were the measurable outcomes? (Refer to the previous project's performance stated in the quarterly progress reports and other additional information.)

In 2009, in partnership with the Children's Advocacy Center (CAC) Program, this project assisted in the achievement of several postive outcomes. Over 115 children and families received nearly 272 hours of clinical services. Additionally, 2616 adults received information regarding services to prevent child abuse and victimization.

2. Did the project work as expected? Explain.

Child Advocacy Services monitors and evaluates its services through our Client Satisfaction Survey. Surveys in these communities indicated a high favorability for the project services being offered. Additionally, referrals and requests for services have continued to be made and exceed our resource capacity. Our ongoing partner and stakeholder relationships also have continued to demonstrate great success. The services offered through this project continue to demonstrate effectiveness as a valuable services component in these communities.

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?

Victims will complete a client satisfaction survey and self-report progress upon service completion. Of 300 victims anticipated to receive counseling, a random sample will be selected to report services satisfaction. It is expected that 70% will report service satisfaction.

2. When will the data be collected?

Clients and adults receiving services will be provided a survey upon their termination or at their end of service period. Additionally, surveys are randomly submitted to clients and adults at the end of the calendar year. Stakeholder and program partners are also asked to complete satisfation surveys in each service area.

3. Who will collect and analyze the data?

Director of Clinical Services

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

Name: Joelle Henderson Phone: (985) 902-9583 Email: jhenderson@childadv.net

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

Client satisfaction and program service outcomes are reported to the organization's CEO. The CEO reports this data to the Board of Directors for further review and consideration. Modifcations or revisions to programming are made subject to local trends, community need, and further assessments made from survey evaluations.

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 results of this project will be made to the Louisiana Commission on Law Enforcement in the form of required and requested reports and documentation. Necessary and relevant information will be made to the agency's Board of Directors and to any other appropriate funding agency.

Evaluation Form

CAS
Child Advocacy Services

Satisfaction Survey

Please circle or write the program/service you are evaluating: _____

CAC CHILDREN'S ADVOCACY CENTER CASA

Please indicate your opinion on the following areas by rating them on this scale:
4 = Excellent, 3 = Satisfactory 2 = Average, 1 = Poor

Setting/ Environment	Scale				
Comfortable	1	2	3	4	
Organized	1	2	3	4	
Appropriate	1	2	3	4	
Functional	1	2	3	4	
Service Provider	**Scale**				
Helpful	1	2	3	4	
Knowledgeable	1	2	3	4	
Professional	1	2	3	4	
Open to Questions and Feedback	1	2	3	4	
Services Rendered	**Scale**				
Valuable	1	2	3	4	
Informative	1	2	3	4	
Supportive to Personal Needs	1	2	3	4	
Met expectations	1	2	3	4	
Handouts/Materials/Slides	1	2	3	4	N/A

In the space below or on back, please share any additional comments you may have:

_____

_____

_____

_____

Please complete the following OPTIONAL information to help us better evaluate our services:

Age:	
Gender:	
Service:	
Program:	Provider:

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.

Prior to conclusion of federal support for this program, every effort will be made to secure funding from other sources. These include local and state governments, local and regional funding agencies, foundations, individuals and corporations as well as special fundraising events.

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.

A 2,000 sq. ft. facility has been completely renovated and furnished as a child friendly place where this project can be implemented. This facility was donated by a local family to the local Sheriff's Office to be utilized for community services. The Sheriff's Office allows CAS to occupy this facility through a partnership agreement to serve the local community. Equipment is in place for staff and volunteers to carry out their designated duties.

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 2/3/2010
2. Dates covered by last audit: 1/1/2009 - 12/31/2009
3. Date of next audit: March 2011
4. Dates to be covered by next audit: 1/1/2010 - 12/31/2010
5. Date next audit will be forwarded to LCLE: April 2011

☐ 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. 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.

Child Advocacy Services is aware of the Crime Victim's Reparation program administered by the Louisiana Commission on Law Enforcement and locally by the sheriff's office. Each victim will be informed of the services available for crime victims through each sheriff's office.

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.

Child Advocacy Services has established a cooperative inter-agency agreement with Law Enforcement, Department of Children and Family Services, District Attorney's Office, and medical and mental health representatives.

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.

Child Advocacy Services will encourage all victims to report all offenses to law enforcement. Generally it is expected that law enforcement will be aware of the situation prior to agency involvement. Should this not be the case, victims will be encouraged to report the offense and the agency will comply with the Juvenile Code insofar as is mandated.

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 volunteers and staff are required to sign a release that allows program staff to request criminal records checks from the Louisiana State Crime Lab and a Child Abuse Registry check by the Department of Children and Family Services. Child Advocacy Services does not accept applicants if they have been convicted of, or have charges pending for, a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or to the program's credibility.