

APPLICATION NUMBER: M11-8-024

APPLICANT: Child Advocacy Services, Inc.

PROJECT TITLE: Sexual Assault Program

PROJECT FUNDS :

FUND: \$ 13,271 100.00%

PROJECT DURATION: 12 months

MATCH: \$ 0 0.00%

START DATE: 01/01/2012

TOTAL: \$ 13,271 100.00%

END DATE: 12/31/2012

Continuation of NEW

PROJECT SUMMARY:

Provide clinical services to victims of sexual assault through the 21st JDC. Services will be provided in regional locations to ensure availability to all victims.

RECOMMENDATION : FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 01/09/12 IS REVIEWED AND APPROVED BY LCLE STAFF.



**LOUISIANA COMMISSION
ON LAW ENFORCEMENT
AND THE ADMINISTRATION
OF CRIMINAL JUSTICE**

**S.T.O.P. VIOLENCE AGAINST
WOMEN FORMULA GRANT
PROGRAM**

CFDA #16.588

FOR LCLE USE ONLY: Project ID: ML-8-024 VAWA Purpose Area: 8

1. TITLE OF PROJECT Sexual Assault Program
S.T.O.P. Violence Against Women

2. NEW PROJECT
 CONTINUATION PROJECT OF: M - -

3. PROJECT DURATION
Total Length: 12 Months (Not to exceed 12 Months)
Desired Start Date: 1/1/2012
Desired End Date: 12/31/2012

4. PROJECT FUNDS
Federal Funds: \$13,271
Cash Match: \$0
In-Kind Match: \$0
Total Project: \$13,271

5A. APPLICANT AGENCY INFORMATION
Agency Name: Child Advocacy Services
Physical Address: 1504 W. Church Street
City: Hammond Zip: 70401-2901
Mailing Address: 1504 W. Church Street
City: Hammond Zip: 70401-2901
Phone: (985) 902-9583 FAX: (985) 345-4689
Email: rcarlisle@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: 70401-2901
Phone: (985) 902-9583 FAX: (985) 345-4689
Email: rcarlisle@childadv.net

Fed Employer Tax Id: 72 - 1262466 DUNS: 179442926 - CCR CAGE/CAGE: 49BQ4 CCR Expiration Date: 4/17/2012

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
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9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)
Child Advocacy Services will be providing clinical services to victims of sexual assault throughout the 21st JDC. Services will be provided in regional locations to ensure availability to all victims.

2011 DEC -8 - 3:00 PM

LA COMMISSION
ON LAW ENFORCEMENT

VAWA PURPOSE AREAS

Check the VAWA Purpose Area(s) that this project will address. You will be required to report performance on each chosen purpose area.

- 1. Training law enforcement officers, judges, other court personnel, and prosecutors to more effectively identify and respond to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence.
- 2. Developing, training, or expanding units of law enforcement officers, judges, other court personnel, and prosecutors specifically targeting violent crimes against women, including sexual assault and domestic violence.
- 3. Developing and implementing more effective police, court, and prosecution policies, protocols, orders, and services devoted to preventing, identifying, and responding to violent crimes against women, including the crimes against women, including sexual assault and domestic violence.
- 4. Developing, installing, or expanding data collection and communication systems, including computerized systems, linking police, prosecutions, and the courts or for the purpose of identifying and tracking arrests, protection orders, violations of protection orders, prosecutions, and convictions for violent crimes against women, including the crimes of sexual assault and domestic violence, including the reporting of such information to the National Instant Criminal Background Check System.
- 5. Developing, enlarging, or strengthening victim services programs, including sexual assault and domestic violence, and dating violence programs; developing or improving the delivery of victim services to underserved populations; providing specialized domestic violence court advocates in courts where a significant number of protection orders are granted; and increasing reporting and reducing attrition rates for cases involving violent crimes against women, including sexual assault and domestic violence.
- 6. Developing, enlarging, or strengthening programs addressing stalking.
- 7. Developing, enlarging, or strengthening programs addressing the needs and circumstances of Indian tribes dealing with violent crimes against women, including the crimes of sexual assault and domestic violence.
- 8. Supporting formal and informal statewide, multi-disciplinary efforts, to the extent not supported by state funds, to coordinate the response of state law enforcement agencies, prosecutors, courts, victim services agencies, and other state agencies and departments, to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence.
- 9. Training of sexual assault forensic medical personnel examiners in the collection and preservation of evidence, analysis, prevention, and providing expert testimony and treatment of trauma related to sexual assault.
- 10. Developing, enlarging, or strengthening programs to assist law enforcement, prosecutors, courts, and others to address the needs and circumstances of older and disabled women who are victims of domestic violence or sexual assault, including recognizing, investigating, and prosecuting instances of such violence of assault and targeting outreach and support, counseling, and other victim services to such older and disabled individuals.
- 11. Providing assistance to victims of domestic violence and sexual assault in immigration matters.
- 12. Maintaining core victim services and criminal justice initiatives while supporting complementary new initiatives and emergency services for victims and their families.
- 13. Provide for special victim assistants in law enforcement agencies to serve as liaisons between victims and law enforcement in order to improve the enforcement of protection orders. (Jessica Gonzales Victim Assistants)
- 14. Improving responses to police-perpetrated domestic violence. (Crystal Judson Domestic Violence Protocol Program)

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, enter the percentage of STOP funds directed to each area that this project will address.

CHECKLIST:

Are all budgeted items allowable per Program Guidelines?	YES: <input checked="" type="checkbox"/>	NO: <input type="checkbox"/>
Were instructions followed to determine allowable personnel/contractual costs?	<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 in each budget section.
 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 CATEGORY	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100 PERSONNEL	\$3,230	\$0	\$0	\$3,230
SECTION 200 FRINGE BENEFITS	\$807	\$0	N/A	\$807
SECTION 300 TRAVEL	\$1,734	\$0	\$0	\$1,734
SECTION 400 EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500 SUPPLIES	\$0	\$0	\$0	\$0
SECTION 600 CONTRACTUAL	\$7,500	\$0	N/A	\$7,500
SECTION 800 OTHER DIRECT COSTS	\$0	\$0	\$0	\$0
TOTAL:	\$13,271	\$0	\$0	\$13,271

Provide Source of Cash Match:

Provide Source of In-Kind Match:

USE OF STOP FUNDS IN PERCENTAGES

Type of Victimization Served:	Percentage of STOP Funds Used:
Sexual Assault	95%
Domestic Violence/Dating Violence	5%
Stalking	0%
Total (must equal 100 percent)	100%

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
Director of Clinical Service	Joelle Henderson	FT	\$3,846.25	3.50%	12.00	\$1,615.42	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clinical Services Coordinato	Christine Roy	FT	\$3,256.00	4.13%	12.00	\$1,613.67	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$3,229.09		

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	\$3,230
CASH MATCH	\$0
IN-KIND MATCH	\$0
PERSONNEL TOTAL	\$3,230

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 Director of Clinical Services position is needed to provide program supervision and to ensure that victims receive the highest quality services from program staff and consultants. Further, the Director of Clinical Services aggregates data on victims served to evaluate victim needs and plan for future services. The Clinical Services Coordinator position is needed to provide onsite consultation and collaboration with the contract counselor who serves the victims assisted through this project.

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

The Director of Clinical Services' and Clinical Services Coordinator's salaries were determined based on job qualifications and comparison to other similar positions of responsibility in our area. Child Advocacy Services maintains a Board of Director's-approved employee salary schedule which is compared to outside public and private organizations, and is reviewed annually. The salary range for the Director of Clinical Services is \$35,000-\$55,000. The salary range for the Clinical Services Coordinator is \$30,000-\$40,000.

C) Project duties of each position requested:

The Director of Clinical Services is responsible to hire and supervise the Clinical Services Coordinator and contract counselor; to provide referrals and facilitate linkage; to monitor case progress; to maintain appropriate networking affiliations; to foster positive relationships among team members; and to promote consistency of case data collection and management.

The Clinical Services Coordinator is responsible to facilitate case coordination and collaboration; to provide referrals and facilitate linkage; to monitor case progress; to keep necessary and appropriate client records; to compile monthly reports based on case statistics; to maintain appropriate networking affiliations; and to foster positive relationships among team members.

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 is moved must be filled. If employee is the same from the previous grant, indicate if the employee was originally hired for that position.]

The Clinical Services Coordinator position will be filled by existing staff. Because this project constitutes less than 5% of an FTE, there was no need to hire a new employee to participate on the project. No federal or state funding was replaced by the funding for this project.

The Director of Clinical Services position will be filled by existing staff. Because this project constitutes less than 4% of an FTE, there was no need to hire a new employee to participate on the project. No federal or state funding was replaced by the funding for this project.

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. Joelle Henderson	.062		\$1,615	\$100	5.	.062			\$0
2. Christine Roy	.062		\$1,615	\$100	6.	.062			\$0
3.	.062			\$0	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Joelle Henderson	.0145		\$1,615	\$23	5.	.0145			\$0
2. Christine Roy	.0145		\$1,615	\$23	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTH LIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH LIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1. Joelle Henderson	695.25	12.00	3.50%	\$292	5.				\$0
2. Christine Roy	487.38	12.00	4.13%	\$241	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1. Joelle Henderson	0.009		\$1,615	\$14	5.				\$0
2. Christine Roy	0.009		\$1,615	\$14	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL
1.		CHECK TYPE:		\$0	5.		CHECK TYPE:		\$0
2.				\$0	6.				\$0
3.		<input type="checkbox"/> RUTA		\$0	7.		<input type="checkbox"/> RUTA		\$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):				\$807	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): \$807

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$807
CASH MATCH	\$0
TOTAL FRINGE BENEFITS	\$807

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. *Out-of-state travel 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: Crystal DeVaux TITLE: Contract Counselor PURPOSE: Travel to Tangipahoa to meet victims (68 miles x 50 trips)	\$0.51	3400.00	\$1,734.00	<input checked="" 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:			\$1,734.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

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

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	\$1,734
CASH MATCH	\$0
IN-KIND MATCH	\$0
TRAVEL TOTAL	\$1,734

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: Crystal DeVaux TITLE: Contract Counselor Agency:	Provide counseling services to victims of sexual assault.	250.00	\$30.00	\$7,500.00	<input checked="" 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:				\$7,500.00	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:
The contract counselor provides counseling services to victims of sexual assault.

B) Why the service requested is necessary and cost effective:
Counseling services are necessary to help victims effectively deal with the results of trauma caused by sexual assault.

C) Method of procurement and basis for determining rate of pay:
Contract counselor was located through networking and through matching the skills and experience needed with the services to be provided. The rate of pay was determined by the going rate (\$25-50 per unit) for similar services in the local area.

SECTION 600. CONTRACTUAL SUMMARY	
FEDERAL FUNDS	\$7,500
CASH MATCH	\$0
CONTRACTUAL TOTAL	\$7,500

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 or state data, if local data is not available, 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.

Despite increased statewide attention surrounding sexual assault and victimization, our local communities, schools, and professionals seem blinded by the reality and need for further prevention and intervention efforts. Victim services are critical to enhance awareness and the overall education on the need to prevent child abuse and victimization. Very few intervention or clinical services are readily accessible to victims who have experienced incidents of sexual assault.

In 2010, the CAC program conducted 461 interviews for victims who disclosed sexual assault or severe physical abuse. Also during this time period, 150 primary and secondary victims were served by the Tri-Parish Rape Crisis Center.

The need for clinical services is essential. Child Advocacy Services has provided clinical services to Livingston, St. Helena, Tangipahoa Parishes through our partnership with the Counseling Department at Southeastern Louisiana University. Counselor interns have provided clinical services to victims in this Tri-Parish region. Even through this partnership, clinical services are limited and inconsistent.

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 maintains CAC services in two regional offices within the 21st JDC. Livingston, St. Helena, and Tangipahoa 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. Although we continue to provide clinical services to victims through our partnership with SLU, these services are limited and inconsistent due to the frequent transitions of counselor interns and scheduled school breaks.

B. GOALS

GOALS: The primary mission of all projects is to have a positive impact on the victims, not just to accumulate statistics on how many are served. Based on the problem identified, BRIEFLY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

Goal 1: To decrease the impacts of trauma caused by crimes of sexual assault.

C. OBJECTIVES

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

Objective 1: To provide clinical services to victims of sexual assault.

Objective 2: To provide clinical services in locations convenient to victims.

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.

OBJECTIVE 1: A trained counselor will provide weekly counseling to clients who have been victims of sexual assault. The counselor will accept clients referred to the program through sources such as the Children's Advocacy Center, the Tri-Parish Rape Crisis Program, and community referrals.

OBJECTIVE 2: A trained counselor will provide victims' services at the Child Advocacy Services regional offices most convenient to the victim.

The activities undertaken to achieve the goals and objectives are on-going throughout the grant period of 01/01/2012 to 12/31/2012.

E. DEMOGRAPHICS

1. This project serves the following Congressional District(s)
 1 2 3 4 5 6 7 All (Statewide Project)

2. Type of Organizations:
Applicant Agency: Law Enforcement Prosecution Court Non-Profit Organization Tribal Government
Check the one answer that best describes the organization receiving VOCA Formula Grant Program funds.

- | | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Court | <input type="checkbox"/> Sexual Assault Program |
| <input type="checkbox"/> Domestic Violence Program | <input type="checkbox"/> Sexual Assault State Coalition |
| <input type="checkbox"/> Domestic Violence State Coalition | <input type="checkbox"/> Tribal Coalition |
| <input type="checkbox"/> Dual Program (Sexual Assault and Domestic Violence) | <input type="checkbox"/> Tribal Government |
| <input type="checkbox"/> Dual State Coalition (Sexual Assault and Domestic Violence) | <input type="checkbox"/> Tribal Sexual Assault and/or Domestic Violence Program |
| <input type="checkbox"/> Government Agency (Department of Human Services, Bureau of Health) | <input type="checkbox"/> Unit of Local Government |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> University/School |
| <input type="checkbox"/> Probation, Parole, or Other Correctional Agency | <input type="checkbox"/> Other (Specify): |

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

F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

1. Name of the individual responsible for assisting victims in regard to accessing and using the LAVNS system:
NAME: Joelle Henderson 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](http://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>

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 the 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 at the end of the calendar year. Stakeholder and program partners are also asked to complete satisfaction survey.

3. Who will collect and analyze the data?

Director of Clinical Services

4. Who will be responsible for submitting the data for the VAWA Annual Report: 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. Modifications 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.

J. CONTINUATION

Yes No

Do you plan to continue this project at the conclusion of federal support?
Since continued STOP 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.

The Administrative office for the CAC is rented by Child Advocacy Services. The forensic interviewing facility in Hammond is owned by CAS and the facility in Denham Springs is rented.

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 | 2/9/2011 |
| 2. Dates covered by last audit: | 1/1/2010 - 12/31/2010 |
| 3. Date of next audit: | March 2012 |
| 4. Dates to be covered by next audit: | 1/1/2011 - 12/31/2012 |
| 5. Date next audit will be forwarded to LCLE: | April 2012 |

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

M. VOLUNTEERS

Yes No Are you using volunteers as match?
If yes, describe the duties and functions to be performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). If volunteers are used as match, their 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. CONSULTATION

Law enforcement, prosecution, the courts, probation and parole agencies and victim services providers must consult with each other. Briefly describe the process used to consult, coordinate, and collaborate with each agency. Attach original current letters of support and/or written cooperative agreements indicating awareness and cooperation/role with this project.

The CAC has an established written agreement with the 21st JDC Tri-Parish Rape Crisis Program.

Kathy Guidry

From: Kathy Guidry
Sent: Monday, January 09, 2012 9:13 AM
To: Joelle Henderson; Bonnie Kreamer
Cc: 'Judy Benitez'
Subject: M11-8-024, Child Advocacy Services, Sexual Assault Program - AMENDED

Ms. Joelle Henderson
Child Advocacy Services
1504 West Church Street
Hammond, LA 70401-2907

RE: M11-8-024; "Sexual Assault Program"

Dear Ms. Henderson:

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 February 29 and March 1, 2012, respectively. The information regarding the location of the meetings is yet to be determined. Since this application is for a new project and is more than \$10,000, you will be required to attend both meetings.

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,
 - a. #1 Title of Project – The official title is "Sexual Assault Program".
 - b. The complete zip code +4 is required—70401-2907.
 - c. #9 Brief Project Description – Need to include the regional locations where services will be available.
2. Pg. 5, Section 100 Personnel #D – Was local funding replaced?
3. Pg. 7, Section 300 Travel – Travel on contractors needs to be moved to Section 600 Contractual.
4. Pg. 12, Section 600 Contractual – If this project serves the three parishes within the 21st Judicial District, are residents of Livingston and St. Helena required to travel to Tangipahoa for services from the contractor? How will these victims be addressed if unable to travel to Tangipahoa?
5. Pg. 14, A. Problem Definition #1 – 2010 data was provided. Since this project is new, is there any 2011 data that can be provided and used as your baseline?
6. Pg. 15, C. Objectives – Using your 2011 data (if available otherwise use 2010) as your baseline, objectives must be measurable in absolute numbers, not percentages. Please consider revising Objective #2.
7. Pg. 16, D. Activities/Methods – Please adjust to reflect the stated objectives, if applicable.
8. Pg. 20, I. Evaluation and Dissemination of Reporting
 - a. #1 – What other data is collected besides the evaluation form.
 - b. #2 – Please state how often the data is collected.

- c. #6 – Need to state LCLE will receive quarterly progress reports and expenditure reports quarterly/monthly, as applicable to the report.
9. Pg. 21, L. Audit Requirements – Remember to submit your most current audit to LCLE.
10. Pg. N. Consultation – Please explain the coordination between CAC and LAFASA. It appears that the MOU between CAC and LAFASA is for the SASP Program. Is there one for the VAWA funds? If so, please provide one that coincides with this project.
11. An organization chart is needed.

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. 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 Friday, January 20, 2012. Please contact Judy Benitez or me 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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Email: kathy.guidry@lcle.la.gov