



LOUISIANA COMMISSION
ON LAW ENFORCEMENT
AND THE ADMINISTRATION
OF CRIMINAL JUSTICE

CRIME VICTIM ASSISTANCE
FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY:

Project ID:

CVA Purpose Area:

1. TITLE OF PROJECT

Child Abuse Victim Assistance Program

2. NEW PROJECT

CONTINUATION PROJECT OF: C11-2-001

3. PROJECT DURATION

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

Desired Start Date: 7/1/2012

Desired End Date: 6/30/2013

4. PROJECT FUNDS

Federal Funds: 122,899

Cash Match: \$30,725

In-Kind Match:

Total Project: \$153,624

5A. APPLICANT AGENCY INFORMATION

Agency Name: The Center for Children and Families

Physical Address: 622 Riverside Drive

City: Monroe Zip: 71201-

Mailing Address: P.O. Box 9493

City: Monroe Zip: 71211-9493

Phone: (318) 398-0945 FAX: (318) 398-0099

Email: cmurray@cfcfnela.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Cynthia Murray

Title: CEO

Agency Name: The Center for Children and Families

Address: 622 Riverside Drive

City: Monroe Zip: 71201-

Phone: (318) 398-0945 FAX: (318) 398-0099

Email: cmurray@cfcfnela.org

Fed Employer Tax Id: 72 - 1436720

DUNS: 149279098 -

CCR CAGE/NCAGE: 4BM79

CCR Expiration Date: 1/3/2013

6. IMPLEMENTING AGENCY

Name: Cynthia Murray

Title: CEO

Agency: Center for Children and Families

Address: 622 Riverside Drive

City: Monroe Zip: 71201-

Phone: (318) 398-0945 FAX: (318) 398-0099

Email: cmurray@cfcfnela.org

7. PROJECT DIRECTOR

Name: Greg Guthrie

Title: CAC Director

Agency: CAC of Northeast Louisiana

Address: 622 Riverside Drive

City: Monroe Zip: 71201-

Phone: (318) 398-0945 FAX: (318) 398-0099

Email: gguthrie@cfcfnela.org

8. FINANCIAL OFFICER

Name: Anna Grimmatt

Title: Financial Coordinator

Agency: Center for Children and Families

Address: 622 Riverside Drive

City: Monroe Zip: 71201-

Phone: (318) 398-0945 FAX: (318) 398-0099

Email: agrimmatt@cfcfnela.org

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

The Children's Advocacy Center (CAC) serves victims of child abuse and neglect by being a one stop shop for child sexual abuse. A trained forensic interviewer supported by a multidisciplinary team will interview children and adolescents who have been sexually abused. The team will consist of law enforcement, social services, medical, mental health and other professionals. The primary purpose will be to reduce the number of times a child is interviewed in order to reduce the trauma to the child. Members of the team will watch the interview in a separate room. Counseling and family advocacy will be provided to the child and family. The interview will be videotaped and a copy given to law enforcement. The forensic interviewer is crucial to the success of this project. A job description for the position of Forensic Interviewer and Therapist is attached. The CAC requests \$122,899.00 in federal funds in order to fully support two forensic interviewers and a part time therapist.

2012 SEP 24 PM 2:15

LA COMMISSION
LAW ENFORCEMENT

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: Rural parishes in 5 th , 6 th , and 37 th JDC	

PROJECT BUDGET SUMMARY

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

CHECKLIST:

	YES:	NO:
Are all budgeted items allowable per Program Guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were instructions followed to determine allowable personnel/contractual costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all line item computations correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do line items add to category totals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have category totals been rounded to nearest dollar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Person Completing Budget Section: Greg Guthrie

Title: Director

Phone: (318) 398-0945

Fax: (318) 398-0099

E-Mail: gguthrie@cfcfnela.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$99,528	\$25,164	\$0	\$124,692
SECTION 200. FRINGE BENEFITS	\$17,210	\$4,303	N/A	\$21,513
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$0	\$1,258	\$0	\$1,258
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$6,161	\$0	\$0	\$6,161
TOTAL:	\$122,899	\$30,725	\$0	\$153,624

Provide Source of Cash Match: Cash match is provided by the Center for Children and Families general fund which among other things is funded by annual community events.

Provide Source of In-Kind Match: N/A

SECTION 100. PERSONNEL

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

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Forensic Interviewer	Jessica Bryant	FT	\$3,118.00	100.00%	2.00	\$6,236.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Forensic Interviewer	Jennifer Graves	FT	\$2,984.00	100.00%	2.00	\$5,968.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Forensic Interviewer	Jennifer Graves	FT	\$3,118.00	100.00%	10.00	\$31,180.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Forensic Interviewer	Tiffany O'Neal	FT	\$2,984.00	100.00%	10.00	\$29,840.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Therapist	Karissa Humphries	FT	\$2,192.00	100.00%	12.00	\$26,304.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Therapist	Karissa Humphries	FT	\$641.00	100.00%	12.00	\$7,692.00	<input type="checkbox"/>	<input checked="" 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:						\$107,220.00	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
Director	Greg Guthrie	PT	\$32.00	10.50	100.00%	52.00	\$17,472.00	<input type="checkbox"/>	<input checked="" 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:							\$17,472.00	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	\$99,528
CASH MATCH	\$25,164
IN-KIND MATCH	
PERSONNEL TOTAL	\$124,692

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 three personnel funded by this grant are Professional Forensic Interviewer positions and a Licensed Family Therapist. These positions are front line direct service positions that make this service to victims possible. Part of the Therapist position is covered under the cash match. The Director position is funded with cash match but is still a critical position. This agency is based on a multidisciplinary team approach that cannot be facilitated without the Director. The Director helps facilitate interviews via audio/video feed with law enforcement and Children and Family Services personnel. He also facilitates the Multidisciplinary team and collaborative agencies within the community that make this program possible. The Children's Advocacy Center (CAC) provides interviews free of charge to law enforcement agencies and DCFS offices in 9 parishes. The closest alternative CAC is in Shreveport which makes our presence even more critical to this area.

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

The salaries offered are in line with state and national salary surveys for social work and therapist positions taking into account the level of training and years of experience that each of our interviewers and therapist have.

C) Project duties of each position requested:

See attached job description for Forensic Interview and Therapist position.

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.]

One of the Forensic Interviewer positions has changed but the total payroll amounts has stayed the same. (See payroll chart above for details) We also added a Therapist position this year.

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. Jessica Bryant	.062		\$6,236	\$386	5.	.062			\$0
2. Jennifer Graves	.062		\$37,148	\$2,303	6.	.062			\$0
3. Tiffany O'Neal	.062		\$29,840	\$1,850	7.	.062			\$0
4. Karissa Humphries	.062		\$26,304	\$1,630	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Jessica Bryant	.0145		\$6,236	\$90	5.	.0145			\$0
2. Jennifer Graves	.0145		\$37,148	\$538	6.	.0145			\$0
3. Tiffany O'Neal	.0145		\$29,840	\$432	7.	.0145			\$0
4. Karissa Humphries	.0145		\$26,304	\$381	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. Jessica Bryant	400.00	2.00	100.00%	\$800	5.				\$0
2. Jennifer Graves	400.00	12.00	100.00%	\$4,800	6.	0.00	0.00		\$0
3. Tiffany O'Neal	400.00	10.00	100.00%	\$4,000	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL
1.	0.00	CHECK	\$0	\$0	5.		CHECK		\$0
2.		TYPE:	\$0	\$0	6.		TYPE:		\$0
3.		<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0
4.		<input type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> SUTA		\$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.	0.040		\$0	\$0	5.				\$0
2.	0.040		\$	\$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):				\$17,210	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): \$17,210

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$17,210
CASH MATCH	\$4,303
TOTAL FRINGE BENEFITS	\$21,513

SECTION 300. TRAVEL

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

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH		
				F	C	IK
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$0.00	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	
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$0

SECTION 400. EQUIPMENT

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

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

BRIEFLY EXPLAIN:

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

B. Indicate procurement method; and

C. Relationship to this project:

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

SECTION 400. COMPUTER QUESTIONNAIRE

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

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

N/A

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

N/A

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

A. Installation?

N/A

B. Staff training to use the computer equipment?

N/A

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

N/A

4. How will additional costs be supported?

N/A

SECTION 600. CONTRACTUAL

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

INDIVIDUAL CONSULTANT	TYPE OF SERVICE OR TASK	HOURS DEVOTED	RATE PER HOUR	TOTAL COST	PAID WITH	
					F	C
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF CONTRACTUAL COSTS				\$0.00	F = Federal Funds C = Cash Match	

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

BRIEFLY EXPLAIN:

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

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

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

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

SECTION 700. RENOVATION

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

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

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

PRE-APPROVED RENOVATIONS	TOTAL COST	PAID WITH		
		F	C	IK
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF RENOVATION COSTS:		\$0		<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>

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

SECTION 800. OTHER DIRECT COSTS

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

TYPE OF OTHER DIRECT COST	METHOD OF DETERMINING COST	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
electricity and telephone	stand alone elect and ph avg.	12.00	\$513.42	\$6,161.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$6,161.04	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

BRIEFLY EXPLAIN:

A) Need for each type listed; and

The Children's Advocacy Center operates for the purpose of providing a child friendly environment for children who have been sexually and physically abused to be interviewed in that they can feel at ease and have the opportunity to tell their story one time only. A stand alone facility allows the CAC to provide this type of space to the children in a way that facilitates a professional interview with the discretion and dignity deserved by each client.

B) Its relationship to project.

This building hosts the interview and viewing rooms used in the forensic interview process as well as the offices of the interviewers themselves and the therapist that work with the CAC clients. There is also two waiting rooms and a therapy room in the facility.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$6,161
CASH MATCH	
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	\$6,161

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 abuse cross all socio-economic and class boundaries. They are found wherever one might look. However, The Northeastern part of Louisiana which includes the poverty stricken Mississippi delta region we serve continues to not only have one of the highest rates of child abuse in our state but in the nation as a whole. According to the National Children's Alliance, 1 in 4 girls and 1 in 6 boys are sexually abused before the age of 18. The Children's Advocacy Center has consistently averaged over two hundred interviews a year for the past several years and is currently on track to do many more this year.

The Children's Advocacy Center of Northeast Louisiana is designed to provide a unified approach to confront the problem of child abuse and the devastation it has on so many families within our community. The Children's Advocacy Center is a child-focused program where representatives from many disciplines meet to discuss and make decisions about investigation, treatment, prosecution, and the healing of children and families subjected to physical and sexual abuse. The organizations also work together to prevent further victimization of children through counseling and safety education. As stated above, this program is the only choice in our area for victims who desperately need these services.

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

When it comes to victims of child abuse the Children's Advocacy Center is the only organization that actively works with law enforcement, District attorneys, medical personnel, the Department of Children and Family Services, and mental health professionals as a Multidisciplinary Team in the nine parishes within which it operates. The CAC holds quarterly meetings with all of the interested parties in order to get on the same page about the child's path within the justice system and ensuring proper services are offered and that the overall process is expedited. Before the CAC of Northeast Louisiana was in place, all of the involved agencies interactions were on a "as needed" basis and there was not one organization bringing everyone to the same table to ensure prompt, child friendly services were offered to victims of child abuse.

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.

The overarching goal of this project is to lesson trauma for child victims of abuse. Children do not have to capacity to deal with these traumatic situations the way adults would. They can also have limited abilities to tell about or describe the abuse depending on their age. Highly trained interviewers can handle the children correctly and obtain facts that otherwise would not be obtained. Without our services there will be multiple interviews, questions, and retelling of the abuse that accured which adds to the trauma and abuse the child feels. Prosecution efforts can also be weakened so that the perpitrator may not be prosecuted. Our one controlled, professional forensic interview by well trained and experienced staff will serve to limit this ongoing reliving of the incident and also aide law enforcement in prosecution of these cases.

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: Lesson trauma a child abuse victims.

Objectives:

1. Perform professional forensic interview and follow up services for 250 children.
2. Meet with multidisciplinary agency representatives each quarter. Thi sis a case by case review, update, and ongoing strategy session with Law Enforcement, Child and Family Services, and other appropriate collaterals to improve outcomes for the child victims we serve.

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 one will be achieved by having the CAC open each day from 8:30 to 4:30 for potential interviews. This is accomplished by appointment only with our normal schedule with the exception of emergency situations which we will go out of our way to accommodate for the sake of the victim. We will continue to contact and collaborate with law enforcement and social services and other collaborative agencies in the nine parishes we serve so that it is known that we offer quality services and that access and availability is known by all agencies that have a potential need to serve victims of child abuse. The CAC's trained forensic interviewers will serve as the lead interviewer for each case. Law enforcement, the Department of Children and Family Services, and other appropriate staff will observe the interview in an adjacent room with closed circuit televisions. The interviewer can be contacted during the interview with an earpiece controlled by a team member.

The CAC will facilitate all Multidisciplinary Team meeting to accomplish objective number two. Law enforcement, The Department of Children and Family Services, District attorneys office, and Medical personnel will be notified of upcoming Multi Deciplinary Team meetings prior to each meeting. We will have a facility available for these meetings and the CAC Director will be responsible for facilitating the meeting and ongoing case review of previous and current clients.

All of the above activities and methods are ongoing and in place at this time. Activities will be provided during the project period of July 1, 2012 through June 30, 2013.

D-2. TRAINING PROJECTS

Complete this page in lieu of Section D – Activities/Methods. This page is to be completed only if this application is for the training of individuals involved in the criminal justice system. DO NOT use this for in-house training.

1. Training Curriculum (topics to be included):

N/A

2. Type of personnel to be trained:

3. Number of personnel to be trained:

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

5. Dates and hours of training:

6. Location of training:

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

H. PRIOR RESULTS (For Continuation Projects Only)

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

During the project time frame this past year the forensic interviewers funded by this grant performed 355 interviews. The CAC also provided mental health services to 65 children and their families free of charge. The CAC also maintains a good working relationship with all of the law enforcement, District Attorney, and DCFS in the nine parish service area.

2. Did the project work as expected? Explain.

Thanks to this project the CAC was able to exceed the goals established at the beginning of the year. This project and agency operated without incident for the entire year. This was our seventh year of operation and the number of forensic interviews as well as the number of therapy sessions offered to clients was higher than ever. We feel like our services and our relationships with collateral agencies and the community are stronger than ever before. Each time this project is renewed we serve more children than the previous year and we have a stronger relationship with our working partners. We continue to have a very good reputation so that our services are an asset to victims and the agencies dealing with these difficult cases.

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 goals and objectives were just clarified to reflect the outcome goals, current projections and to better quantify results for tracking purposes.

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?

Caregivers who bring children to the CAC, all agency personnel who are involved in a specific case.

2. When will the data be collected?

Caregiver information collected at the time of the interview. Agency information is collected both before and after the case is brought to the CAC, and is periodically updated at the Multi Disciplinary Team meetings.

3. Who will collect and analyze the data?

Program Director, Greg Guthrie

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

Name: Jennifer Graves

Phone: (318) 398-945

Email: jgraves@cfcfnela.org

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

Updating of the project strategy or the methods used for data collections would be administered by the project director, Greg Guthrie. This process is ongoing. Specifically the CAC of Northeast Louisiana could have to change methods and strategies to ensure compliance with the National Children's Alliance accreditation. To the best of our knowledge no changes are at this time.

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 CAC turns in it's project results to the LCLE quarterly and will turn in it's monthly expenditure reports to LCLE as well. The CAC also submits bi-annual reports to the National Children's Alliance as well as the Children's Trust Fund. The project results are presented in an annual report to the Board of Directors each year.

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.

The Center for Children and Families is an umbrella organization that currently funds all expenses that are not covered by the VOCA funds and have done so for the past six years. They do this through the use of fundraiser dollars, as well as the use of general funds created by contract based programs throughout Northeast Louisiana.

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 CAC has access to the Center for Children and Families (CFCF) main office which includes copy machines, supply closets with general office supplies, etc. the CAC also benefits from the CEO, a leadership team, and other support staff.

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: December 2011
- 2. Dates covered by last audit: 7/1/2010-6/30/2011
- 3. Date of next audit: September 2012
- 4. Dates to be covered by next audit: 7/1/2011-7/30/2012
- 5. Date next audit will be forwarded to LCLE: January 2013

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

M. VOLUNTEERS

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

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

N. REQUIRED COMPONENTS

1. Subgrantees are required to help victims apply for victim compensation. Describe a specific plan on how applicant has or will interface with the Louisiana Crime Victims Reparations Program.

The CAC actively gives out the CVR program information to each of its clients. We also offer victims advocacy services to each client and can help them contact their local CVR representative. The CAC is aware of the contact information for each of these representatives that is on the LCLE website.

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.

The CAC maintains an updated MOU with agencies from nine different parishes. One of the main roles of the CAC is to coordinate a Multidisciplinary Team which includes many members from each parish including LE, District Attorneys, medical personell, mental health professionals and the Department of Children and Family Services. See attached MOU.

3. Indicate how the applicant will address the issue of encouraging the victims to report to law enforcement. Policies and procedures may be attached to the application in addition to the brief description.

The nature of the CAC involves interacting with children and families who are already in contact with law enforcement. however it is also a part of the forensic interview to do a safety talk the encourages children to report any further abuse to a responsible adult or law enforcement agent.

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

The CAC will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate.