

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C10-6-008

APPLICANT: Family And Youth Counseling Agency

PROJECT TITLE: Child Abuse Counseling Program

PROJECT FUNDS :

FUND: \$ 23,376 80.00%

PROJECT DURATION: 12 months

MATCH: \$ 5,844 20.00%

START DATE: 07/01/2011

TOTAL: \$ 29,220 100.00%

END DATE: 06/30/2012

Continuation of C01-6-010

PROJECT SUMMARY:

Child Abuse Counseling Program will provide victims of child abuse and their families with counseling, education, and community resources to reduce the risk of recurring abuse.

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) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 04/06/11 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: C10-6-008 CVA Purpose Area: 3

1. TITLE OF PROJECT
Child Abuse Counseling

2. NEW PROJECT
 CONTINUATION PROJECT OF: C09-6-009

3. PROJECT DURATION
Total Length: 12 Months (*Not to exceed 12 Months*)
Desired Start Date: 7/1/2011
Desired End Date: 6/30/2012

4. PROJECT FUNDS
Federal Funds: \$23,376
Cash Match
In-Kind Match: \$5,844
Total Project: \$29,220

5A. APPLICANT AGENCY INFORMATION
Agency Name: Family and Youth Counseling Agency
Physical Address: 220 Louie Street
City: 220 Louie Street Zip: 70601-7250
Mailing Address: 220 Louie Street
City: Lake Charles Zip: 70601-7250
Phone: (337) 436-9533 FAX: (337) 439-9941
Email: julio@fyca.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: Julio R. Galan
Title: President & CEO
Agency Name: Family and Youth Counseling Agency
Address: 220 Louie Street
City: Lake Charles Zip: 70601-7250
Phone: (337) 436-9533 FAX: (337) 439-9941
Email: julio@fyca.org

Fed Employer Tax Id: 72 - 0688561 DUNS: 786877720 - CCR CAGENCAGE: 52TY5 CCR Expiration Date: 11/5/2011 ✓

6. IMPLEMENTING AGENCY
Name: Julio R. Galan
Title: President & CEO
Agency: Family and Youth Counseling Agen
Address: 220 Louie Street
City: Lake Charles Zip: 70601-7250
Phone: (337) 436-9533 FAX: (337) 439-9941
Email: julio@fyca.org

7. PROJECT DIRECTOR
Name: Stephanie Legendre
Title: Advocacy Counselor
Agency: Family and Youth Counseling Agen
Address: 220 Louie Street
City: Lake Charles Zip: 70601-7250
Phone: (337) 436-9533 FAX: (337) 439-9941
Email: stephanie@fyca.org

8. FINANCIAL OFFICER
Name: Deborah Bauman
Title: Vice President Finance
Agency: Family and Youth Counseling Agen
Address: 220 Louie Street
City: Lake Charles Zip: 70601-7250
Phone: (337) 436-9533 FAX: (337) 439-9941
Email: deborahb@fyca.org

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

Child Abuse Counseling Program will provide victims of child abuse and their families with counseling, education, and community resources to reduce the risk of recurring abuse.

LA COMMISSION
ON LAW ENFORCEMENT
11 FEB 28 AM 12:20

VOCA PURPOSE AREAS

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

<input type="checkbox"/>	Sexual Assault
<input type="checkbox"/>	Domestic Abuse
<input checked="" type="checkbox"/>	Child Abuse
<input type="checkbox"/>	Previously Underserved

State Type of Previously Underserved:

PROJECT BUDGET SUMMARY

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

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 shown on Pages 3 through 11.

Person Completing Budget Section: Deborah Bauman Title: Vice President Finance
Phone: (337) 436-9533 Fax: (337) 439-9941 E-Mail: deborahb@fyca.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$23,376	\$0	\$5,844	\$29,220
SECTION 200. FRINGE BENEFITS	\$0	\$0	N/A	\$0
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$0	\$0	\$0	\$0
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$0	\$0	\$0	\$0
TOTAL:	\$23,376	\$0	\$5,844	\$29,220

Provide Source of Cash Match:

Provide Source of In-Kind Match: Medical Doctor donates 25 hours @ \$100 = \$2500
Volunteers donate 334.4 hours @ \$10 = \$3344

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
Counselor	Stephanie Legendre	FT	\$2,380.00	81.85%	12.00	\$23,376.36	<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:						\$23,376.36	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"/>
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
Medical Doctor—case consultations and medical case management	25.00	\$100.00	\$2,500.00
Volunteers—voice for abused child in court, attend to special needs of child, and consultation in an advisory capacity	334.40	\$10.00	\$3,344.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$5,844.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$23,376
CASH MATCH	
IN-KIND MATCH	\$5,844
PERSONNEL TOTAL	\$29,220

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:

Counselor is needed to provide victims of child abuse and their families with counseling, education and community referrals.

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

Pay rate used for counselor is in conformity with the salary administration plan approved by the FYCA Board of Directors and in accordance with Family Service America Standards.

C) Project duties of each position requested:

Counselor duties include: rendering direct casework assistance, counseling, guidance and education to victims of child abuse and their families.

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.]

Counselor was hired for this position.

SECTION 200. FRINGE BENEFITS (Employer's Share Only)

Enter the Individual Name(s) of the employees receiving fringe benefits for each position funded through this grant. There are two sets of each benefit below to allow budgeting for eight employees. For further information and direction, please refer to the application instructions.

Check: All Fringe Benefits Will Be Paid by Applicant Agency Additional Fringe Benefits Will Be Paid by Applicant Agency

EMPLOYEES' NAMES					EMPLOYEES' NAMES: (Continued)						
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL		
1. Stephanie Legendre	.062			\$0	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. Stephanie Legendre	.0145			\$0	5.	.0145			\$0		
2.	.0145			\$0	6.	.0145			\$0		
3.	.0145			\$0	7.	.0145			\$0		
4.	.0145			\$0	8.	.0145			\$0		
HEALTHLIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTHLIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL		
1. Stephanie Legendre				\$0	5.				\$0		
2.				\$0	6.				\$0		
3.				\$0	7.				\$0		
4.				\$0	8.				\$0		
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL		
1.				\$0	5.				\$0		
2.				\$0	6.				\$0		
3.				\$0	7.				\$0		
4.				\$0	8.				\$0		
UNEMPLOYMENT TAX Based on \$9,700 or Less	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on \$9,700 or Less	RATE	TYPE	SALARY	TOTAL		
1.		CHECK TYPE:		\$0	5.		CHECK TYPE:		\$0		
2.				\$0	6.				\$0		
3.		<input type="checkbox"/> FLTA		\$0	7.		<input type="checkbox"/> FLTA		\$0		
4.		<input type="checkbox"/> SJTA		\$0	8.		<input type="checkbox"/> SJTA		\$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):					\$0	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): \$0

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

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: There is a need for a counselor to provide counseling to victims of child abuse. Children who have been abused and their families need to receive therapy to help them cope with the psychological trauma that may result from sexual abuse. When sexually abused boys are not treated, society must later deal with the resulting problems, including crime, suicide, drug use and more sexual abuse according to Dr William C. Holmes of the University of Pennsylvania School of Medicine. If a child victim does not resolve the trauma, sexuality may become an area of adult conflict.* In 2010, the Children's Advocacy Center performed 494 interviews of children who were sexually abused.** Once the Children's Advocacy Center has completed an interview of an abused child, they will refer the victim and family for counseling.

Need: There is a need for crisis intervention and sexual abuse education programs for families of victims. Many times when a child is interviewed at the Children's Advocacy Center, a discovery is made that one or more siblings in the family have also been abused. Early identification of sexual abuse victims appears to be crucial to the reduction of suffering of abused youth and to the establishment of support systems for assistance in pursuing appropriate psychological development and healthier adult functioning. With crisis intervention and sexual abuse education, the counselor can increase family stability and reduce the risk of recurring abuse.

*Source: Bagley, 1992 Prevent Child Abuse Now website

**LCLC Grant #CO9-6-010

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

More often than not, children who have been abused, and their families, do not receive the counseling support needed to deal with such a traumatic experience. There is a need for crisis intervention and sexual abuse education programs for families of victims. Many times when a child is interviewed at the Children's Advocacy Center, a discovery is made that one or more siblings in the family have also been abused. Early identification of sexual abuse victims appears to be crucial to the reduction of suffering of abused youth and to the establishment of support systems for assistance in pursuing appropriate psychological development and healthier adult functioning.

As we learn more about why child abuse and neglect occur, more organizations, agencies, and communities are recognizing that the best way to promote prevention is to provide parents with the skills and resources they need to understand and meet their children's emotional, physical and developmental needs, in order to protect them from harm. Addressing the needs of the clients is of the utmost importance. With crisis intervention and sexual abuse education, counseling can increase family stability and reduce the risk of recurring 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, 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: To assist victims of child abuse in coping with the psychological trauma that may result from sexual abuse.

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: The counselor will facilitate community resource referrals on behalf of client/family that will increase family stability and reduce the risk of recurring abuse.

Objective 2: The counselor will provide therapy to 30 child victims and/or their families during the grant period. 15 of these clients will demonstrate improvement as demonstrated as the "Client Report of Progress" and the "Client Treatment Plan."

Objective 3: The counselor will provide crisis intervention services to a minimum of 60 families whose child has been a victim of sexual abuse during grant period. Of the 60 families provided services, 40 of the families will display family change to avoid future sexual abuse victimization.

Objective 4: The counselor will provide sexual abuse education information to a minimum of 100 families whose child has been a victim of sexual abuse during grant period. Of the 100 families contacted; 80 of the families will display family change to avoid future sexual abuse victimization.

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: The counselor will work with the Children's Advocacy Center to facilitate referrals on behalf of the client/family.

Objective 2: Upon referral to the program by the Children's Advocacy Center, a counselor will interview the child and family, conduct an assessment and develop a comprehensive, multi-disciplinary treatment plan. Individual and family counseling techniques include cognitive, behavioral and affective systems therapy, reality therapy, and client-centered therapy, which deal with efforts to stabilize the victim's life and assist in managing practical problems caused by victimization. The counselor will perform these counseling techniques consistent with acceptable counseling practices. Length of counseling will be determined after first sessions of counseling with the family and upon consultation with counselor's supervisor. The Children's Advocacy Center will refer at least 15 victims of child abuse upon completion of interview per grant year. Counselor will complete client report of progress to show client demonstrated improvement. These objectives will continue during grant period.

Objective 3: The counselor will meet with the non-offending family members of the child victims while the child is being interviewed at the Children's Advocacy Center. The counselor will provide crisis intervention, as needed throughout the grant period.

Objective 4: The counselor will meet with the non-offending family members of the child victims to assess the risk of recurring abuse. Information and education will be provided to the child and family, along with the development of a safety plan, when appropriate during the grant period.

All objectives will be tracked through sign-in records through grant period. All activities will begin on July 1, 2011 and will continue throughout the life of the program ending on June 30, 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 type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Court | <input checked="" 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: Stephanie Legendre PHONE: (337) 436-9533 EMAIL: stephanie@fyca.org

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.)

Goal 1

Objective 1: In current program C09-6-009, the Child Abuse Counseling program provided therapy to 55 child victims and/or their families. 100% of these clients demonstrated improvement according to the "Client Report of Progress" and the "Client Treatment Plan."

Goal 2

Objective 1: The counselor provided crisis intervention services to 300 families whose child was a victim of sexual abuse. 100% of the families exhibited family plan changes in which sexual abuse has not reoccurred.

Objective 2: The counselor provided sexual abuse education information to 300 families whose child was a victim of sexual abuse during the grant period. 100% of the families exhibited family plan changes in which sexual abuse victimization has not reoccurred.

2. Did the project work as expected? Explain.

Yes, the project worked as expected. Counseling was provided to 55 child victims and their families with 100% demonstrating improvements. Further, 300 families have received crisis intervention and sexual abuse education for victims having 100% demonstrate improvements and family plan changes in which victimization no longer occurred.

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?

Revision of goal and objectives were made to provide accurate measurable objectives for reporting purposes.

I. EVALUATION AND DISSEMINATION OF RESULTS

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

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

Data will be collected from referral source (the Children's Advocacy Center) and will show how many were provided therapy. Counselor will retain and track the progress of each client through case notes, reports and computer software. Clients will also be administered a pre and post evaluation for self-report on a regular basis throughout therapy.

2. When will the data be collected?

Data will be collected for each referral and at each session throughout the grant period; daily, monthly and quarterly.

3. Who will collect and analyze the data?

The Counselor/Project Director will collect the data and it will be analyzed by Counselor/Projector with the President and CEO.

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

Name: Candis Carr Phone: (337) 436-9533 Email: candis@fyca.org

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

Data will be compiled and presented to the President and CEO, The Counseling Center Advisory Council and FYCA Board of Directors to decide whether updating/revising of project's strategy is warranted. If warranted, it will be incorporated in the program.

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.

Program results will be reported to the following agencies according to their requirements: LA Commission on Law Enforcement CVA Quarterly Progress Report and expenditure reports quarterly/monthly as rewarded within program awards, United Way of SWLA Annual Report with Outcomes, and FYCA President & CEO and Board of Directors Monthly Reports and Annual Report. Quarterly progress reports, expenditure report, grant adjustments and any other documents related to program will also be provided to Southwest District LEPC for review/approval.

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.

Program currently receives funding from: LA Commission on Law Enforcement and United Way of SWLA.

Funding will be sought from foundations and other grant sources on a continued basis to ensure long term support of the program.

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.

Family and Youth Counseling Agency occupies a 9000 square foot facility located at 220 Louie Street, Lake Charles, LA. The Children's Advocacy Center facilities are housed within the agency's building but have their own entrance and parking area in order to provide privacy to the clients. The CAC facilities include a reception area, a conference room and offices for the President & CEO and Counselor. Each office contains a desk, chairs, filing cabinets, telephone and computer equipment. Other amenities include two interview rooms and a surveillance room for law enforcement and other collaborating agencies to observe interviews via camera and monitor.

L. AUDIT REQUIREMENTS

All applications must check one:

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

M. VOLUNTEERS

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

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

A medical doctor provides 25 hours of case consultation and medical case management.

Volunteers provide 334.40 hours to be a voice for abused child in court, attend to special needs of child and consultation in an advisor capacity.

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.

Family and Youth Counseling Agency will refer clients from our program to the LA Crime Victims Reparations Program as appropriate through the Calcasieu Parish 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.

CAC of Family and Youth along with the District Attorney Offices of Calcasieu and Cameron Parishes, Department of Children and Family Services Region V and the 14th Judicial District Court have developed a cooperative team approach to the investigation of child sexual abuse. Each participant has specific responsibilities as outlined in the guidelines for the treatment, protection, investigation and handling of child victims. The team was formed to enhance cooperation and coordination among those involved in the protection of children. This CAC centralizes the interviews of child victims and therefore greatly reduces the number of interviews performed with each victim. Tapes of interviews are utilized by members of the team for prosecuting offenders. The counselor may be on this team.

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.

Law enforcement, Child Protection or the District Attorney's Office must first refer the abused children to be interviewed by the Children's Advocacy Center.

When speaking to groups about child abuse prevention, the counselor addresses the issue of reporting child abuse and the procedures that should be followed.

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.

Family and Youth Counseling Agency will comply with the LA Child Protection Act - LA R.S. 15:587.1 as appropriate.

Rutha Chatwood

From: Rutha Chatwood
Sent: Wednesday, April 06, 2011 12:55 PM
To: SWDLEPC@aol.com
Cc: julio@fyca.org
Subject: C10-6-008; Family and Youth Counseling Agency; "Child Abuse Counseling Program"

April 6, 2011

Mr. Julio Galan
Family and Youth Counseling Agency
c/o Ms. Bonnie Vaughn
Southwest District LEPC, Inc.
PO Box 1543
Lake Charles, LA 70602

RE: C10-6-008; Family and Youth Counseling Agency; "Child Abuse Counseling Program"

Dear Mr. Galan:

This office has received the above referenced application. The application will be presented at the Victim Services Advisory Board and the Commission meetings scheduled for May 25, and 26, 2011, respectively. Since this application request is to continue this project and is over \$20,000, you are required to attend both the Victim Services Advisory Board and Commission meetings.

Based on my review of the application, the following issues must be addressed and resolved. Additional issues may arise between the review process and the Advisory Board and 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. Subgrant Award Report: Please complete Sections 1 and 10 on this report.

Please email or mail **ONLY** the changes as directed on the appropriate application pages and return only those pages for which changes or additional information was requested to the District Office. Please do not fax replies, as they are not always legible. All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. This information is due to LCLE by Friday, April 22, 2011. Please contact the District Office if you have any questions.

Sincerely,

Rutha Chatwood
Victim Services Program Manager
LA Commission on Law Enforcement
P. O. Box 3133
Baton Rouge, LA 70821-3133
Phone: 1-225-342-1625
Fax: 1-225-342-1846
Email: rutha.chatwood@lcle.la.gov