



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 Advocacy Program

2. NEW PROJECT

CONTINUATION PROJECT OF: C11-6-010

3. PROJECT DURATION

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

Desired Start Date: 1/1/2013

Desired End Date: 12/31/2013

4. PROJECT FUNDS

Federal Funds: \$64,818

Cash Match

In-Kind Match: \$16,205

Total Project: \$81,023

5A. APPLICANT AGENCY INFORMATION

Agency Name: Family and Youth Counseling Agency

Physical Address: 220 Louie Street

City: Lake Charles

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 CAGE/NCAGE: 52TY5

CCR Expiration Date: 02/27/2013

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: David Duplechian

Title: Vice President Advocacy

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: david@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.)

Children's Advocacy Center (CAC) a program of Family and Youth Counseling Agency, provides forensic interviewing for children victimized by sexual abuse. In 2011, 529 interviews of children were conducted on 505 children. January 1 through June 30, 2012, we conducted 238 interviews. Referrals and services continue to increase.

LA COMMISSION
LAW ENFORCEMENT
2012 AUG 20 PM 2:07

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:

	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: Deborah Bauman

Title: Assoc Ex Dir of 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	\$56,245	\$0	\$16,205	\$72,450
SECTION 200. FRINGE BENEFITS	\$8,573	\$0	N/A	\$8,573
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:	\$64,818	\$0	\$16,205	\$81,023

Provide Source of Cash Match:

Provide Source of In-Kind Match: Legal Counsel provides 60 hours @ \$100 per hour = \$6000

Medical Examiner provides 60 hours @ \$100 per hour = \$6000

Law Enforcement provides 60 hours @ \$53.23 per hour = \$3194, SANE Nurse provides 60 hours @16.85 hour = \$1011

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
Associate Executive Directo	David Duplechian	FT	\$4,819.37	10.00%	12.00	\$5,783.24	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CAC Senior Coordinator	Erika Simon	FT	\$2,708.33	85.45%	12.00	\$27,771.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CAC Coordinator	Cassi Grinton	FT	\$1,993.43	89.42%	12.00	\$21,390.30	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Executive Assistant	Terra Gauthreaux	FT	\$2,167.66	5.00%	12.00	\$1,300.59	<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"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$56,245.34	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
Legal Counsel - Assistant District Attorney serves on Multidisciplinary Team in an advisory capacity 60 hours @ \$100 hour Law Enforcement - serves on Multidisciplinary Team in an advisory capacity 60 hours @ 53.23 hour	60.00	\$153.23	\$9,193.80
Medical Examiner - a local physician serves on Multidisciplinary Team in advisory capacity for physical exams of abused children, medical analysis of physical examinations at team meetings 60 hours @ \$100 hour. SANE Nurse -local nurse serves on Multidisciplinary Team in advisory capacity 60 hours @ \$16.85 per hour	60.00	\$116.85	\$7,011.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$16,204.80

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$56,245
CASH MATCH	
IN-KIND MATCH	\$16,205
PERSONNEL TOTAL	\$72,450

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:

Associate Executive Director is needed to oversee implementation of the project and perform forensic interviews. CAC Senior Coordinator is needed to assist Associate Executive Director in coordinating activities within the center and conduct forensic interviews. CAC Coordinator is needed to coordinate activities within the center and assist family members. Executive Assistant is needed as an assistant outside the center to the Associate Executive Director and Coordinator to perform administrative tasks.

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

Pay rate used for all positions are in conformity with salary administration plan approved by Board of Directors and in accordance with Family Service America standards.

C) Project duties of each position requested:

Associate Executive Director coordinates and directs all activities of the CAC, develops, maintains and enhances interagency collaboration of case management for child abuse cases, staff the CAC Advisory Council and interagency review team, oversees reporting requirements of program grants, implements the system of quantitative information on the program and performs forensic interviews. Coordinators will schedule and interview victims, prepare rooms for interviews, perform intake of cases as needed, obtain information and maintain records on cases, handle inquiries about services, and assist interviewer as needed, welcome and orient victim and family members, before, during and following the interview, maintain program schedules and handle correspondence, track cases with follow-up and support services, track quality of program services using client surveys, assist in coordinating training of CAC Team, schedule and provide sexual abuse prevention education in the community. Executive Assistant will coordinate statistical reports, coordinate and maintain minutes of advisory council for presentation to the board, relief staff as needed.

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.]

Associate Executive Director, Senior Coordinator, CAC Coordinator and Executive Assistant are existing personnel from previous grant. Lateral moves within agency, vacated position backfilled in previous grant program.

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. David Duplechian	.062		\$5,783	\$358	5.	.062			\$0
2. Erika Simon	.062		\$27,771	\$1,721	6.	.062			\$0
3. Cassi Grinton	.062		\$21,390	\$1,326	7.	.062			\$0
4. Terra Gauthreaux	.062		\$1,300	\$80	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. David Duplechian	.0145		\$5,783	\$83	5.	.0145			\$0
2. Erika Simon	.0145		\$27,771	\$402	6.	.0145			\$0
3. Cassi Grinton	.0145		\$21,390	\$310	7.	.0145			\$0
4. Terra Gauthreaux	.0145		\$1,300	\$18	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. David Duplechian	200.00	12.00	10.00%	\$240	5.				\$0
2. Erika Simon	186.50	12.00	85.45%	\$1,912	6.				\$0
3. Cassi Grinton	186.70	12.00	89.42%	\$2,003	7.				\$0
4. Terra Gauthreaux	200.00	12.00	5.00%	\$120	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.		CHECK TYPE:		\$0	5.		CHECK TYPE:		\$0
2.				\$0	6.				\$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	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):				\$8,573	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): \$8,573

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$8,573
CASH MATCH	
TOTAL FRINGE BENEFITS	\$8,573

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?

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

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

A. Installation?

B. Staff training to use the computer equipment?

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

4. How will additional costs be supported?

SECTION 500. SUPPLIES

SECTION A: List items within this category by major type; e.g., office supplies (pens, pencils, paper, etc.), postage, blank cassette tapes, etc. Include tax and shipping costs in Unit Price. If office supplies average \$50 per month or less, i.e., \$600 for a 12-month grant period, do not itemize items. List as "Basic Supply Allowance" under "Type" and the dollar amount under "Total Cost". Please refer to application instructions for direction.

TYPE OF SUPPLIES	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"/>
			\$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 SECTION A SUPPLIES:			\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

BRIEFLY EXPLAIN:

A) Need for and use of each major supply type requested:

B) Its relationship to this project.

SECTION 500. SUPPLIES (Continued)

SECTION B: Use this section only for Publications, workbooks, curriculum guides, videotapes, etc. Under type choose: **P** – Publications; **W** – Workbooks; **CG** – Curriculum Guides; **V** – Videotapes; **O** – Other. Itemize each item separately. Include tax and shipping costs in Unit Price, when applicable.

TYPE	TITLE OF PUBLICATIONS/FILMS	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"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF SECTION B SUPPLIES:				\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

BRIEFLY EXPLAIN:
 A) The use of each request and its relationship to the project. Also explain the choice of materials, e.g. based on previous experiences or research showing its effectiveness, etc.:

SECTION 500. SUPPLIES SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
SUPPLIES TOTAL	\$0

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:

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

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

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			

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

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
				\$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:				\$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:
 A) Need for each type listed; and

B) Its relationship to project.

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

Child abuse and neglect continue to be a significant problem in the United States and Southwest Louisiana. Current, Louisiana statistics suggest that approximately 1 in 3 females and 1 in 6 males are sexually abused by the time they reach 18 years of age. 69% of teen assaults occurred in the residence of the victim, the offender, or another individual.* Failure to intervene in the lives of these children with timely, high quality assistance increases the severity of the psychological consequences suffered by these children as a result of the abuse.

In 2011, the Children's Advocacy Center performed 529 videotaped forensic interviews of 505 children who were sexually abused. Of those videotaped forensic interviews, 48 were from other parishes in SWLA. In the first half of 2012 (1/1/12 - 6/30/12), another 252 sexually abused children were interviewed (LACLE Grant C11-6-010). The Office of Community Services conducts child protective investigations on alleged child abuse, then referrals are made to the Children's Advocacy Center for forensic interviewing.**

Need:

Children who have been sexually abused need a safe, comfortable child-friendly place to be interviewed about their experience, receive support and long-term counseling. When victims are questioned repeatedly by law enforcement, doctors, lawyers and social workers, they are traumatized each time, increasing the severity of the psychological consequences. Taped forensic interviews greatly reduces the distress experienced as the tape of the interview can be used to relate the details of the abuse as often as needed. Children also need the comprehensive approach offered by a Multi-Disciplinary Team investigation to cases of child abuse, which ensures the provision of high quality direct assistance to victims soon after the abuse occurs.

* Louisiana Foundation Against Sexual Abuse (LAFASA) website.

**Data provided from in-house stats at Family and Youth Counseling Agency.

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

There is a need for a child friendly environment where victims of sexual abuse can feel safe in telling their story, begin the healing process, and minimize the psychological consequences they suffer. This need is currently not being met by any other agency. There is a need to maintain a (MDT) Multi-Disciplinary Team coordinated from a single location, which consist of prosecutors, law enforcement, social service workers, therapists, victim advocates, and medical professionals who work together to investigate allegations, reduce the psychological trauma for children reported as victims of sexual or severe physical abuse, and ensure that high quality direct assistance is provided soon after the abuse occurs. Currently there is no other team in this area that offers this service.

B. GOALS

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

Goal 1: To reduce the psychological consequences of abuse to child victims of sexual and severe physical abuse.

Goal 2: To ensure that victims receive high quality direct assistance through the criminal justice system, improving their willingness to cooperate with and restoring their faith in the criminal justice system.

C. OBJECTIVES

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

Goal 1

Objective 1: CAC will conduct a minimum of 300 interviews during grant year. All interviews will be conducted in safe child friendly environment at Family and Youth Counseling Agency, minimizing the psychological consequences to children who are victims of child sexual or severe physical abuse.

Objective 2: CAC will coordinate and host 24 bi-monthly Multi Disciplinary Team meetings that include law enforcement, child protection, medical and other agencies, reviewing each case that has come through CAC to ensure that victims receive high quality assistance soon after the abuse occurs.

Goal 2

Objective 1: At the time of the CAC interview, counseling services will be offered to 200 victims of child sexual and severe physical abuse.

Objective 2: MDT team members, with coordination from CAC, will conduct thorough investigations on behalf of victims of child sexual and severe physical abuse, including admissible CAC interviews, corroboration of evidence, etc., resulting in successful prosecution and closure of up to 75 cases per grant period.

D. ACTIVITIES / METHODS

List the specific activities and/or services to be provided that will accomplish the objectives. Must include a timetable for achieving the various components of your project. Timetable must cover entire grant period. This must relate back to the Goals and Objectives. If this is a training project, omit this page and complete D-2 Training Programs.

Goal 1:

Objective 1: Provide trained qualified forensic interviewers to conduct interviews for child abuse victims of SWLA. 300 recorded forensic interviews will be conducted in a safe child friendly environment at the Children's Advocacy Center. These interviews will be used by law enforcement, child protection workers and the courts to reduce the number of times the victim will retell their story, thereby reducing the severity of the psychological consequences.

Objective 2: (MDT) Multidisciplinary Team, with CAC coordination, shall meet 24 times during the grant period to review investigations of all child sexual and severe physical abuse cases within our judicial district, ensuring victims needs and appropriate services are identified.

Goal 2:

Objective 1: The CAC Coordinator will meet with all victim's and their families (if present) to assess needs, and will offer counseling services in each case to address those needs. (When working with child victims of sexual and severe physical abuse, counseling services can only be offered through the victim's legal guardian. If legal guardian is not present at the interview, counseling cannot be offered at that time.)

Objective 2: The Multi Disciplinary Team, with CAC coordination, shall meet 24 times to review investigations of child sexual and severe physical abuse, ensuring coordination of the investigation, proper utilization of investigative techniques, that all investigative needs are being performed, resulting in successful prosecution and closure of up to 75 cases per grant period.

All goals and objectives will be achieved during grant period beginning on 1/1/2013 and concluding on 12/31/2013.

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):

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.)

Goal 1 - Reflected through progress reports from 1/1/12 through 6/30/12:

Objective 1: 252 victims of child sexual and severe physical abuse were interviewed in a safe, child friendly environment, reducing the psychological consequences of the abuse they suffered.

Goal 1

Objective 2: Multidisciplinary Team met 12 times, reviewing all cases of children interviewed in the CAC due to sexual and severe physical abuse, ensuring that victims received high quality assistance soon after the abuse occurred.

Goal 2

Objective 1: Counseling services have been offered to 193 victims of child sexual abuse and severe physical abuse.

Goal 2

Objective 2: 35 cases of child sexual and severe physical abuse cases have been closed.

2. Did the project work as expected? Explain.

Yes. Law enforcement and DCFS recognizes the value of the Child Advocacy Program in minimizing trauma and psychological consequences to child victims of sexual and severe physical abuse. The increase in the number of children even confirms this.

3. Have the original goals and objectives been revised? Yes No

If Yes, explain what changes will be made in the continuation of this project and why?

I. EVALUATION AND DISSEMINATION OF REPORTING

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

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

Data will be collected from referral source and child sexual abuse victims and their families using pre and post test; workshop/speaker evaluation and client satisfaction survey.

2. When will the data be collected?

Data will be collected monthly, quarterly, annually.

3. Who will collect and analyze the data?

CAC Senior Coordinator will collect data and Project Director will analyze data.

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

Name: David Duplechian

Phone: (337) 436-9533

Email: david@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, CAC Advisory Council, and FYCA Board of Directors to decide whether updating/revising of project's strategy is warranted. If warranted, 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 Reports and Quarterly/Monthly Expenditure Reports as mandated with grant awards; Office of Community Services Children's Justice Act - Quarterly Progress Report; National Children's Alliance - Semi-Annual Statistical Reports; United Way of SWLA - Annual Report with Outcomes; CAC Community Advisory Council - monthly statistical reports; and FYCA Board of Directors - Annual Report.

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: Office of Community Services Children's Justice Act, National Children's Alliance, LA Commission of Law Enforcement, United Way of SWLA and private donations.

Funding will continue to be sought from the following: LA Children's Trust Fund, Children's Justice Act, National Children's Alliance, LCLE, United Way, IOLTA, Walmart Foundation, Office for Victims of Crime and private foundations.

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 occupies a 9000 square foot facility located at 220 Louie Street, Lake Charles, LA. The Child Advocacy Program is housed within the agency's facility but have their own entrance and parking area in order to provide privacy to clients. The facilities include a reception area, a conference room, and offices for program staff. Each office contains a desk, chair, 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 cameras and monitors.

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?

Physician from the area donates an average of 5 hours per month by providing medical analysis of physical examinations of abused children at Multidisciplinary Team Meetings.

Assistant District Attorney donates time by serving in an advisory capacity on the CAC Advisory Council for 5 hours each month.

Law Enforcement donates an average of 5 hours per month by serving on Multidisciplinary Team in an advisory capacity.

SANE Nuresse donates an average of 5 hours per month by serving on Multicisciplinary Team in an advisory 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 by providing client with a brochure about the program.

2. Describe how applicant has/will coordinate activities with other criminal justice system/private service providers in the community. If you have obtained cooperative agreements, a copy may be attached to the application in addition to the brief description.

Children's Advocacy Center of Family and Youth, along with the District Attorney's Office of Calcasieu and Cameron Parishes, Office of Community 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.

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. We work closely with these agencies to ensure that referrals are made and interviews conducted timely to minimize the psychological consequences and ensure that direct assistance is provided as soon as possible after the abuse occurs.

When speaking to groups about child abuse prevention, the Senior Coordinator 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 (LRS 15:587.1) as appropriate.