LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C09-5-006

APPLICANT: Adapt, Inc.

PROJECT TITLE: Rape Counseling Program

PROJECT FUNDS :

FUND:	$ 38,066	80.00%	
MATCH:	$ 9,516	20.00%	
TOTAL:	$ 47,582	100.00%	

PROJECT DURATION: 12 months

START DATE: 10/01/2010

END DATE: 09/30/2011

Continuation of C90-5-006

PROJECT SUMMARY:

To continue to provide direct services to at least 35 victims of sexual assault; to continue to man the 24/7 crisis hotline whith trained victim advocates; to provide hospital and law enforcement escorts; individual, family and small group counseling and support; advocacy, emotional support, and accompainment during rape kit examinations and court proceedings, and to facilitate coordination of services with law enforcement, judicial, medical, social services, and other agencies on behalf of the victims.

RECOMMENDATION : **FUND** X **DENY** ___

SPECIAL CONDITIONS :

1. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.
2. CONSULTANT RATE NOT TO EXCEED $56.25 PER HOUR OR $450 PER 8-HOUR DAY UNLESS JUSTIFIED AND APPROVED BY LCLE PRIOR TO OBLIGATION OR EXPENDING OF SUCH FUNDS.
3. NO RELEASE OF FUNDS BY LCLE FOR CONTRACTUAL SERVICES UNTIL SIGNED, EXECUTED CONTRACT(S) ARE SUBMITTED TO LCLE AND APPROVED.
4. SUBGRANTEE AGREES TO MAINTAIN ITS NONPROFIT STATUS IN "GOOD STANDING" WITH THE LOUISIANA SECRETARY OF STATE'S COMMERCIAL DIVISION FOR THE DURATION OF THE SUBGRANT PERIOD.
5. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.
6. ALL PAID PERSONNEL MUST WORK HOURS WHICH DO NOT CONFLICT OR OVERLAP WITH OTHER PAID HOURS OR OTHER JOBS. IF PAYMENT FOR ANY PERSONNEL IS ON AN OVERTIME, HOURLY BASIS, THE RATE OF PAY MAY NOT EXCEED 1 AND 1/2 TIMES THE EMPLOYEE'S REGULAR HOURLY RATE OF PAY.
7. NO RELEASE OF FUNDS BY LCLE UNTIL PRIOR PROJECT C08-5-016 IS FINALIZED.

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: C09-5-006 CVA Purpose Area:

1. TITLE OF PROJECT
Rape Counseling Program

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: C08-5-016

3. PROJECT DURATION
Total Length: 12 Months (*Not to exceed 12 Months*)
Desired Start Date: 10/1/2010
Desired End Date: 9/30/2011

4. PROJECT FUNDS

Federal Funds:	$38,066
Cash Match	$0
In-Kind Match:	$9,517
Total Project:	**$47,583**

5A. APPLICANT AGENCY INFORMATION
Agency Name: ADAPT, INC.
Physical Address: 216 Memphis Street
City: Bogalusa, LA Zip: 70427-3844
Mailing Address: 216 Memphis Street
City: Bogalusa, LA Zip: 70427-3844
Phone: (985) 732-4961 FAX: (985) 735-0970
Email: adapt_inc@bellsouth.net

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: Sandra Bloom
Title: Vice-President
Agency Name: ADAPT,INC.
Address: 216 Memphis Street
City: Bogalusa, LA Zip: 70427-3844
Phone: (985) 732-4961 FAX: (985) 735-0970
Email: adapt_inc@bellsouth.net

Fed Employer Tax Id: 72 - 1274844 DUNS: 966950370 - CCR CAGE/NCAGE: 5ZUY2 CCR Expiration Date: 5/11/2011

6. IMPLEMENTING AGENCY
Name: Sandra Bloom
Title: Vice-President, Board of Directors
Agency: ADAPT, INC
Address: 216 Memphis Street
City: Bogalusa, LA Zip: 70427-3844
Phone: (985) 732-4961 FAX: (985) 735-0970
Email: adapt_inc@bellsouth.net

7. PROJECT DIRECTOR
Name: Charlette Fornea
Title: Project Director
Agency: ADAPT,INC
Address: 216 Memphis Street
City: Bogalusa, LA Zip: 70427-3844
Phone: (985) 735-4961 FAX: (985) 735-0970
Email: adapt_inc@bellsouth.net

8. FINANCIAL OFFICER
Name: Michelle Knight
Title: Treasurer
Agency: ADAPT, INC.
Address: 216 Memphis Street
City: Bogalusa, LA Zip: 70427-3844
Phone: (985) 732-4961 FAX: (985) 735-0970
Email: adapt_inc@bellsouth.net

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

The Washington Parish Sexual Assault Center/ADAPT, Inc. is requesting continuation funding for its "Rape Counseling Program" in order to continue providing direct services to at least 35 victims of sexual assault. We will continue to man the 24/7 crisis hotline with trained victim advocates. We will provide hospital and law enforcement escorts; individual, family and small group counseling and support; advocacy, emotional support, and accompainiment during rape kit examinations and court proceedings We will facilitate coordination of services with law enforcement, judicial, medical, social services, and other agencies on behalf of the victims.

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):	
☒	Sexual Assault
☐	Domestic Abuse
☐	Child Abuse
☐	Previously Underserved
State Type of Previously Underserved:	

PROJECT BUDGET SUMMARY

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

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

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

Person Completing Budget Section: Charlette Fornea Title: Project Director
Phone: (985) 735-0160 Fax: (985) 735-0970 E-Mail: adapt_inc@bellsouth.net

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$22,931	$0	$9,517	$32,448
SECTION 200. FRINGE BENEFITS	$2,475	$0	N/A	$2,475
SECTION 300. TRAVEL	$1,380	$0	$0	$1,380
SECTION 400. EQUIPMENT	$0	$0	$0	$0
SECTION 500. SUPPLIES	$842	$0	$0	$842
SECTION 600. CONTRACTUAL	$670	$0	N/A	$670
SECTION 700. RENOVATION COSTS	$0	$0	$0	$0
SECTION 800. OTHER DIRECT COSTS	$9,768	$0	$0	$9,768
TOTAL:	**$38,066**	**$0**	**$9,517**	**$47,583**

Provide Source of *Cash* Match: 0.00

Provide Source of *In-Kind* Match: Trained volunteers will man the 24/7 crisis hotline and provide hospital and law enforcement escorts to victims for a total of 1,189.63 hours at a value of $8/hour for a total of $9,517.00 to be used as in-kind match.

SECTION 100. PERSONNEL

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

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
Case Manger/VolunteersCoord	Melissa Creel	FT	$1,793.00	48.00%	12.00	$10,327.68	☒	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						$10,327.68	F = Fed Funds C = Cash Match	

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
Project Director	Charlette Fornea	PT	$28.00	40.00	21.64%	52.00	$12,603.13	☒	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							$12,603.13	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
Man 24/7 crisis hotline; provide hospital/ law enforcement escorts	1,189.63	$8.00	$9,517.04
			$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			$9,517.04

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	$22,931
CASH MATCH	
IN-KIND MATCH	$9,517
PERSONNEL TOTAL	$32,448

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:

There are no new positions or overtime compensations. The positions remain the same except that we will contract individual, family and group couseling instead of funding a couselor's position, as this may be a more effective use of the funding.

1. The Director position is needed in order to provide direct services to victims, such as therapy and emtional support: to promote interagency coordination among law enforecement, medical, and judicial systems on behalf of the victim; to ensure emergency care and proper evidence collection; and to train and supervise staff and volunteers.
2. The Case Management/Advocate position is needed to provide duties such as hospital/law enforement/judicial escorts, crisis management, telephone hotline advocae, follow-up calls, scheduling services, interagency coordination for support services, information, consultation referral, coordination of volunteers, and assiting with the 24-hour hotline.
3. In-Kind Match: Volunteers are needed to provide direct services to victims of sexual assault by assisting the staff in manning the 24-hour Crisis Line and provide 24-hour hospital/law enforcement escorts.

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

There are no new positions.

C) Project duties of each position requested:

1. The Director's project duties will include couseling victims, promote interagency coordination among law enforecement, medical, and judicial systems on behalf of the victim, ensure emergency care and proper evidence collection, assistance in filing for crime victims reparations, train and supervise staff and volunteers, and complete required program documentation and reporting.
2. The Case Management/Advocate's project duties include hospital/law enforcement/judicial escorting, crisis management, telephone hotline advocate, follow-up calls, scheduling volunteers and victim services, interagency coordination for support services, information, consultation referral, coordination of volunteers, and assisting with the 24-hour hotline.

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.]

1. The Director's position is existing and has been backfilled. Mrs. Charlette Fornea is the existing director and has successfully served as Director to the Rape Crisis Center for the past nineteen (19) years.
   She is also the founder of this organization. She is a Licensed Professional Counselor who is an experienced therapist and is qualified by the state to provide supervision to mental health professionals.
2. The Case Management/Advocate's position is existing and backfilled. Mrs. Melissa Creel has served in the capacity since July, 2006. She has been trained to anser the telephone crisis line; to provide hospital/law enforcement escorting; provide crisis intervention services, and to provide follow-up services. We are requesting that she continue in this capacity.

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. Charlette Fornea	.062		$12,603	$781	5.	.062			$0
2. Melissa Creel	.062		$10,328	$640	6.	.062			$0
3.	.062			$0	7.	.062			$0
4.	.062			$0	8.	.062			$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Charlettte Fornea	.0145		$12,603	$182	5.	.0145			$0
2. Melissa Creel	.0145		$10,328	$149	6.	.0145			$0
3.	.0145			$0	7.	.0145			$0
4.	.0145			$0	8.	.0145			$0
HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1. N/A				$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. Charlette Fornea	0.024		$12,603	$302	5.				$0
2. Melissa Creel	0.024		$10,328	$247	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. Charlette Fornea	.0129	CHECK TYPE:	$7,000	$90	5.		CHECK TYPE:		$0
2. Melissa Creel	0.012		$7,000	$84	6.				$0
3.		☐ FUTA		$0	7.		☐ FUTA		$0
4.		☒ SUTA		$0	8.		☐ SUTA		$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1. N/A				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1. N/A				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
			FRINGE BENEFITS TOTAL (A):	$2,475				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): $2,475

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$2,475
CASH MATCH	$0
TOTAL FRINGE BENEFITS	$2,475

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: Staff/Volunteers TITLE: Victim advocates PURPOSE: Provide services and to attend training for direct services	$0.48	2,875.00	$1,380.00	☒	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
SUBTOTAL FOR LOCAL TRAVEL:			$1,380.00			

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: FROM	TO	PAID WITH F	C	IK
NAME: TITLE: PURPOSE:				☐	☐	☐
NAME: TITLE: PURPOSE:				☐	☐	☐
NAME: TITLE: PURPOSE:				☐	☐	☐

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	☐	☐	☐
NAME:			$0.00							$0.00	☐	☐	☐
NAME:			$0.00							$0.00	☐	☐	☐
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										$0.00			

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

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	$1,380
CASH MATCH	$0
IN-KIND MATCH	$0
TRAVEL TOTAL	$1,380

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
Basic Office Supplies:			$0.00	☐	☐	☐
Paper	6.00	$37.99	$227.94	☒	☐	☐
Ink	5.00	$16.20	$81.00	☒	☐	☐
Postage	10.00	$44.00	$440.00	☒	☐	☐
Toner	1.00	$92.99	$92.99	☒	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
SUBTOTAL OF SECTION A SUPPLIES:			$841.93	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

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

Basic Office supplies and postage are needed to coordinate services with and on behalf of the victims; for example, follow-up letters, logs counseling notes, files, computer ink, envelopes, paper, flyers,announcements,etc.

B) Its relationship to this project.

These items will be used to enhance and expand direct victim services.

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	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
SUBTOTAL OF SECTION B SUPPLIES:				$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

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	$842
CASH MATCH	
IN-KIND MATCH	
SUPPLIES TOTAL	$842

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	PAID WITH C
Name: Title: Social Worker/ Counselor Agency: ADAPT, INC.	Faciliate individual, family and/or group counseling	10	$35.00	$350.00	☒	☐
Name: Title: Crisis line/hospital escort Agency:	Answer crisis hotline and/or victim advocacy at hospital or with law enforcement proceedings	40.00	$8.00	$320.00	☒	☐
Name: Title: Agency:				$0.00	☐	☐
Name: Title: Agency:				$0.00	☐	☐
			SUBTOTAL OF CONTRACTUAL COSTS	$670.00	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	PAID WITH C
NAME:			$0.00							$0.00	☐	☐
NAME:			$0.00							$0.00	☐	☐
NAME:			$0.00							$0.00	☐	☐
									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:

We shall contract with a social worker or counselor to provide individual, family, and/or group counseling to victims of sexual assault or attempted sexual assault in case there is a conflict of interest with the staff counselor or services must be provided off-site. We will contract with a trained volunteer(s) for up to 40 hours at $8/hour to ensure that the crisis line and victim escorts are available 24/7 including weekends and holidays.

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

This is necessary in order to keep the crisis line manned 24/7 and to have a back-up counselor for special needs. It is cost effective because most of the crisis line time is donated. This token payment helps to serve as an incentive to our crisis line workers. The pay for the counselor is below the norm for this type of work.

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

The basis for determing the rate of pay is based on the availability and qualification. Because of financial constraints we have set the contract rate for counselor at $35/Hour which is low for this type of work. The $8 contract fee for a trained volunteer to man the crisis line and provide hospital escort is merely an incentive for volunteers and is below the national volunteer average of $10.

SECTION 600. CONTRACTUAL SUMMARY	
FEDERAL FUNDS	$670
CASH MATCH	
CONTRACTUAL TOTAL	$670

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	PAID WITH C	PAID WITH IK
Telephone,fax, internet, cable	24% of total cost.	12.00	$168.00	$2,016.00	☒	☐	☐
Newspaper Advertisement- CVA	Determined by local newspaper.	1.00	$100.00	$100.00	☒	☐	☐
Water/ Garbage	58% of $586/yr cost.	12.00	$29.00	$348.00	☒	☐	☐
Liability Insurance	28% of cost, pro-rata share	1.00	$996.00	$996.00	☒	☐	☐
Bookkeeping	22% of $5,500 total cost	12.00	$100.00	$1,200.00	☒	☐	☐
Rent	29% of 2,860sq.ft.	866.68	$3.00	$2,600.04	☒	☐	☐
Electricity	54%of $3,912/yr total cost	12.00	$176.00	$2,112.00	☒	☐	☐
Gas	57% of $689/yr total cost	12.00	$33.00	$396.00	☒	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
			SUBTOTAL OF OTHER DIRECT COSTS.	$9,768.04	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

A) Need for each type listed; and

1. Telephone services are needed to maintain the 24-hour crisis line and to provide direct services to victims and their families and to coordinate services on their behalf.
2. An advertisement Ad is needed to describe services offered to victims of seual assualt and to cite the Sheriff's Offce and a contact point for Crime Victims Reparations Funds.
3. Utilities: Electricity, Gas, Water, and Garbage cost is needed to enable the Rape Crisis Center to provide services to victims of seual assualt. Utilities for the entire office space av erages $5.187/year of which we are asking a total of $2,850 (55%). This is less than the pro-rata share of 75% which is utilized by the Center.

B) Its relationship to project.

(con't from (A)

4. The Rape Crisis Center utilizes approximately 75% of the total office space in the building (3/4 of 2860 sq. ft.=2.145 ft). The rent for our office is $900/year of which we are requesting $2,600 to help offset this expense (approx. 29%)
5. Liability Insurance will be maintained on staff, volunteers, and the building.
6. Bookkeeping/accounting services are needed to assist with filing required by state/federal reports & taxes. payroll, software support and monthly statement at 22% of the actual cost.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	$9,768
CASH MATCH	
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	$9,768

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.

These services are desperately needed to continue in our parish. There is a sexual perpetrator prisoner release half-way house here that is causing many problems in the community because of repeat offending. Plans are to increase the number of beds to 46 and to relocate prisoners from the neighboring states here. These parolees are not adaquately supervised, and I can only see many more sexual assaults in the future.

Presently the Washington Parish Crisis Ceter is the only agency in Washington Parish whose sole purpose is to help victims of rape or attempted rape.

Washington Parish is comprised of two small towns and a number of small communities with a total population of approximately 43,926 (2000 census). Due to the high risk make-ups of the parish, rural, high unemployment (13.2%), single-parent families, economically deprived (72%) idenfied by the local school system), the area suffers a lare number of citizens who experience major crisis in their lives. The lack of available services produces people who contemplate suicides, running away, substance abuse, and breaking the law. Sometimes frustration and anger cause people to commit sexual assault. Often times, sexual assault causes running away, suicide, or substance abuse in the lives of the victims. The teen pregnancy rate is 16.6%; 42% of all births in Washington Parish are to teen mothers.

Nineteen (19) years ago, before the existence of the Rape Crisis Center, only 20 rapes or attempted rapes were reported to parish law enforcement agencies. In the past year, we have assisted over 120 victims, including recent assault and incest survivors. Over one-third of the victims were sixteen (16) and younger. Secondary victims were also assisted through crisis counseling, referral, advocacy, information, and the crisis line. Obviously, the problem of sexual assault is growing. The presence of a rape crisis center and the help it represents defintely encourages victims to report. However, many other victims fail to press charges for personal reasons, or because there is no evidence due to poor evidence collection. Currently, we have one full-time and 2 part-time staff members, 1 part-time contractual couselor and 11 active volunteers.

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 no other agency in Washington Parish that specifically responds to victims of sexual assault or attempted sexual assault. These victims needed advocacy at the hospital and throughout law enforcement procedures and ensuing court. They needed interagency coordination. They needed a watchdog to make agencies accountable to their victim's rights and to ensure timeliness. Before ADAPT/Washington Parish Sexual Assult Center was formed, sexual assault victims were reluctant to report because of lack of services in our parish and because of lack of victim sensitivity on behalf of both law enforcement and medical service providers. Furthermore, these victims then had no follow-up services that would help restore them to their previous levels of functioning. There were no counseling services available, nor crisis hot-line, nor hospital/law enforcement advocate escorts. The Washington Parish Sexual Assult Center has tried to fill these gaps in services through this very much needed funding.

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: Assist 35 sexual assault victims with coping and surmounting the trauma from the crime.

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: Provide individual/family counseling and/or group support for 35 victims of sexual assault or attempted sexual assault.

Objective 2: Provide information, referrals, and crisis intervention to 35 sexual assault victims.

D. ACTIVITIES / METHODS

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

Oct. 1, 2010 Schedule staff and volunteers to man crisis hotline 24/7 using monthly calendar logs.
Schedule staff and volunteers to provide 24/7 hospital/law enforcement escort advocacy using monthly calendars
Oct. 15, 2010 (on-going)-Sept. 2011 Counseling services scheduled and provided; schedule maintained and documentation maintained
Oct. 2010-Sept. 2011 Train new volunteers as needed
Contract with social worker/counselor to provide counseling on case by case basis
Attend monthly Multidisciplinary Team Meeting to coordinate services and follow-ups

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

E. DEMOGRAPHICS

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

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

2. Type of Organizations:

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

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

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

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

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

F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

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

NAME: Pam Helton PHONE: (985) 735-0160 EMAIL: adapt_inc@bellsouth.net

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

NAME: PHONE: ( ) - EMAIL:

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

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

G. CRIME VICTIMS REPARATIONS (CVR)

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

NAME: Melissa Creel PHONE: (985) 735-0160 EMAIL: adapt_inc@bellsouth.net

☒ 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.)

ADAPT Washington Parish Sexual Assault Center has exceeded its previous goal of providing direct services to 25 victims of sexual assault. According to our on-going documentation and logs, our quarterly progress reports to LCLE, and our montly performance reports to LAFASA, we has assisted 80 new victims and 21 carryover victims within the past 12 months (101 total). In addition, we have provided a total of 746 hours of counseling, 24 victims with hospital escorts, and 36 with criminal justice advocacy. We have maintained a 24/7 crisis hotline, and have participated in monthly Multi-diciplinary Team Meetings with coordinating agencies to ensure that victims are provided appropriate and timely services.

2. Did the project work as expected? Explain.

Yes

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?

The data will be collected from sexual assult victims and/or their significant others.

2. When will the data be collected?

The data will be collected at first contact, intake, 6-weeks, and discharge.

3. Who will collect and analyze the data?

Data will be collected by Staff, Volunteers and Project Director. All data will be analyze by Project Director.

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

Name: Charlette Fornea Phone: (985) 732-4961 Email: cfornea_lpc@yahoo.com

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

After the data has been analyzed, the Project Director will make initiate necessary changes to project strategies as indicated. All revisions are data driven.

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 Director will administer the program and report to the Board of Directors. The Board of Directors will make any decisions regarding matters which involves the basic philosophy and/or policy of the program.

The Washington Parish Sexual Assault Crisis Center/ADAPT, Inc. will submit monthly expenditure reports and Quarterly Progress Reports on the prescribed forms to the Louisiana Commission on Law Enforcement. The ADAPT Board of Directors will also review quarterly financial and progress reports. the Louisiana Foundation Against Sexual Assault will receive monthly statistical progress reports.

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.

As long as VOCA Funds are available, the Washington Parish Sexual Assault Crisis Center will continue to apply to the Louisiana Commission on Law Enforcement for assistance with this program. In addition, ADAPT, Inc. will attempt to locate other sources of funding, such as United Way and the Louisiana Foundation Against Sexual Assault.

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.

Office space for the purpose of coordination, training and implementation of services to victims of rape or attenpted rape is leased by ADAPT, Inc. The Washington Parish Sexual Assault Crisis Center is located at 216 Memphis Street. Bogalusa, Louisiana, approximately 1 block from the Washington Parish Sheriff's Office substation and across the street from Bogalusa City Court. The suite consists of three offices, a large group therapy room, a play therapy room, a bathroom, and a storage room. The total amount of space allotted to the Sexual Assault Crisis Center is approximately 2,145 square feet.

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?

Trained volunteers will man the 24/7 crisis hotline and provide hospital and law enforcement escorts to victims for a total of 1,189.63 hours at a value of $8/hour for a total of $9,517.00 to be used as in-kind match.

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.

We will provide victims with pamphlets, brochures and other information that will give them guidnce on how to file for out-of-pocket expenses with the Louisiana Crime Victims Reparations Program. We will explain LCVRP services to them and connect them with the liason at the sheriff's office. We will follow-up to provide assistance with filing or with securing necessary services. We will coordinate with all law enforcement agencies to inform them of the availability of these services.

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.

We will coordinate our services with the criminal justice system, law enforcement, child's advocacy center, and other social service providers, public and private, through monthly Multi-Disciplinary Team meetings. We also provide information and referral to other agencies as needed. We staff and provide technical support to hospital, law enforcement, and other first responder personnel on a 24-hour availabilty. We work with the school-based health centers to assist and advise them on sexual assault cases as needed.
The Washington Parish Sexual Assault Crisis Center will work with all five law enforcement agencies and the two hospitals within Washington Parish by providing each agency with an escort duty calendar and trained escorts/counselors who will respond immediately upon notification of rape, attemped rape, or if a victim presents herself to us first and wished to report. We will make available rape evidence collection training and victim sensitivity training to both volunteers and law enforcement officials. We will make referrals to other social service agencies, and network so that no duplication of services will exist. Letters of support and cooperation are attached.

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.

All staff and volunteers are trained to encourage the victims to report to law enforcement. We encourage victims to report by offering the assistance of a victim's adocate to accompany them throughout the reporting and evidence collection. This a part of our ususal protocol.

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.

ADAPT, Inc./Washington Parish Sexual Assault Ceter will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate.