

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: M11-8-021

APPLICANT: Adapt, Inc.

PROJECT TITLE: Sexual Assault Program

PROJECT FUNDS :

FUND: \$ 9,821 100.00%

PROJECT DURATION: 12 months

MATCH: \$ 0 0.00%

START DATE: 05/01/2012

TOTAL: \$ 9,821 100.00%

END DATE: 04/30/2013

Continuation of M96-5-008

PROJECT SUMMARY:

ADAPT/Washington Parish Sexual Assault Center will enlarge and strengthen its victim service program by assisting at least 20 new women victims of sexual assault by maintaining a 24/7 crisis hotline and hospital emergency room law enforcement escort advocates, and by coordination victim services on their behalf. This will be accomplished by paying contracted crisis line/escort advocates a minimal incentive to ensure the 24/7 availability of services. The project director will provide services to or on behalf of sexual assault victims and their families including crisis intervention and counseling.

RECOMMENDATION : FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 08/03/2012 IS REVIEWED AND APPROVED BY LCLE STAFF.



LOUISIANA COMMISSION
ON LAW ENFORCEMENT
AND THE ADMINISTRATION
OF CRIMINAL JUSTICE

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

CFDA #16.588

FOR LCLE USE ONLY:

Project ID: M11.8.021

VAWA Purpose Area: 5

1. TITLE OF PROJECT Sexual Assault Program	2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: M10 - 8 - 021
3. PROJECT DURATION Total Length: 12 Months (<i>Not to exceed 12 Months</i>) Desired Start Date: <u>5/1/2012</u> Desired End Date: <u>4/30/2013</u>	4. PROJECT FUNDS Federal Funds: \$9,821 Cash Match: \$0 In-Kind Match: \$0 Total Project: \$9,821
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) 735-0160 FAX: (985) 735-0970 Email: <u>adapt_inc@bellsouth.net</u>	5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Sandra Bloom Title: Vice-President, Board of Directors Agency Name: ADAPT, Inc. Address: 216 Memphis Street City: Bogalusa, LA Zip: 70427-3844 Phone: (985) 735-0160 FAX: (985) 735-0970 Email: <u>adapt_inc@bellsouth.net</u>

Fed Employer Tax Id: 72 - 1274844

DUNS: 966950370 -

CCR CAGE/NCAGE: 5ZUY2

CCR Expiration Date: 6/2/2012

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) 735-0160 FAX: (985) 735-0970 Email: <u>adapt_inc@bellsouth.net</u>	7. PROJECT DIRECTOR Name: Charlette Fornea Title: Project Director Agency: ADAPT, Inc. Address: 216 Memphis Street City: Bogalusa, LA Zip: 70427-3844 Phone: (985) 735-0160 FAX: (985) 735-0970 Email: <u>cfornea_lpc@yahoo.com</u>	8. FINANCIAL OFFICER Name: Michelle Knight Title: Treasurer Agency: ADAPT, Inc. Address: 216 Memphis Street City: Bogalusa, LA Zip: 70427-3844 Phone: (985) 735-0160 FAX: (985) 735-0970 Email: <u>adapt_inc@bellsouth.net</u>
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9. BRIEF PROJECT DESCRIPTION: (*Please do not exceed space provided below.*)

ADAPT/Washington Parish Sexual Assault Center will enlarge and strengthen its victim service program by assisting at least 20 new women victims of sexual assault by maintaining a 24/7 crisis hotline and hospital ER room/law enforcement escort advocates, and by coordination victim services on their behalf. This will be accomplished by paying contracted crisis line/escort advocates a minimal incentive to ensure the 24/7 availability of services. The project director will provide services to or on behalf of sexual assault victims and their families including crisis intervention and counseling.

*Rec'd
6/12/2012*

VAWA PURPOSE AREAS

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

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

PROJECT BUDGET SUMMARY

INSTRUCTIONS: The Checklist is self-explanatory. In Project Summary, applicable budget category totals will be automatically entered from each of the Detailed Project Budget Summaries. Provide source of Cash and/or In-Kind Match. In last table, enter the percentage of STOP funds directed to each area that this project will address.

CHECKLIST:

- | | | |
|--|-------------------------------------|--------------------------|
| | 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 in each budget section.

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 CATEGORY	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100 PERSONNEL	\$6,916	\$0	\$0	\$6,916
SECTION 200 FRINGE BENEFITS	\$720	\$0	N/A	\$720
SECTION 300 TRAVEL	\$251	\$0	\$0	\$251
SECTION 400 EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500 SUPPLIES	\$145	\$0	\$0	\$145
SECTION 600 CONTRACTUAL	\$48	\$0	N/A	\$48
SECTION 800 OTHER DIRECT COSTS	\$1,725	\$0	\$0	\$1,725
TOTAL:	\$9,805	\$0	\$0	\$9,805

Provide Source of Cash Match: 0.00

Provide Source of In-Kind Match: None Required

USE OF STOP FUNDS IN PERCENTAGES

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

SECTION 100. PERSONNEL

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

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
		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"/>
		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:						\$0.00	F = Fed Funds C = Cash Match	

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH	
								F	C
Program Director	Charlette Fornea	PT	\$28.00	250.00	1.90%	52.00	\$6,916.00	<input checked="" 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:							\$6,916.00	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
N/A			\$0.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$0.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$6,916
CASH MATCH	\$0
IN-KIND MATCH	\$0
PERSONNEL TOTAL	\$6,916

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:

No positions are new. All have been backfilled. We do not pay for overtime. The director position is needed in order to provide counseling services to victims, to promote interagency coordination among law enforcement, 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.

Director will receive \$6,916

Total for 100 Personnel is \$6,916

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

1. The director of the Washington Parish Sexual Assault Center will be paid a monthly salary of \$576.33/Month for a total of twelve months during this grant period = \$6,916/Fund Year.
2. 2% of the Director's time (approximately 20.58 hours/month) shall be spent:
 - A. Providing direct services to sexual assault victims and their families
 - B. Providing coordination of services on victims' behalf
 - C. Providing training, evaluation, scheduling crisis line/hospital escorts, and monitoring victim services
3. Time & Attendance records shall be maintained.

C) Project duties of each position requested:

1. Director (backfilled):
 - A. Will provide supervision of staff and volunteers.
 - B. Will provide continuing education, training, & evaluation of staff and volunteers.
 - C. Will coordinate month-to-month schedules to assure manning of the 24/7 telephone crisis line.
 - D. Will collect, review, and analyze all agency reports and phone contacts.
 - E. Will maintain records which include names, duties, and functions performed, number of volunteer hours and dates worked, and value of duty performed.
 - F. Will assist in providing direct victim services; such as crisis intervention, intake, information, education, referral, counseling, advocacy, and emotional support.

D) Indicate if personnel will be new or existing personnel. If existing, indicate if position has been backfilled. If this is a continuation application, indicate the personnel's original status. [Existing personnel is an employee that currently works for the agency, but will now be working on grant activities. If so, the position from which the employee is moved must be filled. If employee is the same from the previous grant, indicate if the employee was originally hired for that position.]

We are requesting to continue funding the position of director of the Washington Parish Sexual Assault Center. This position is existing and has been backfilled. Mrs. Fornea is the existing director and has successfully served as Director of the Washington Parish Sexual Assault Center for the past twenty (20) years. She was also the founder of this organization. She is a Licensed Professional Counselor and a National Board Certified Counselor who is an experienced therapist and is qualified by the state to provide assessment, counseling and supervision of mental health professionals.

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 Fomea	.062		\$6,916	\$428	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.	Charlette Fomea	.0145		\$6,916	\$100	5.		.0145			\$0
2.		.0145			\$0	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 Fomea	0.024		\$6,916	\$165	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.	Charlette Fomea	0.012	CHECK TYPE:	\$2,301	\$27	5.			CHECK TYPE:		\$0
2.					\$0	6.					\$0
3.			<input type="checkbox"/> FUTA		\$0	7.			<input type="checkbox"/> FUTA		\$0
4.			<input checked="" type="checkbox"/> SUTA		\$0	8.			<input type="checkbox"/> 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.					\$0	5.					\$0
2.					\$0	6.					\$0
3.					\$0	7.					\$0
4.					\$0	8.					\$0
FRINGE BENEFITS TOTAL (A):					\$720	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): \$720

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$720
CASH MATCH	\$0
TOTAL FRINGE BENEFITS	\$720

SECTION 300. TRAVEL

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

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH		
				F	C	IK
NAME: Charlette Fornea/Staff/Volunteers TITLE: Project Director/Staff/Volunteers PURPOSE: Direct services for victims, coordination, training,	\$0.51	492.16	\$251.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$251.00	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	\$251
CASH MATCH	\$0
IN-KIND MATCH	\$0
TRAVEL TOTAL	\$251

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 Supply Allowance	1.00	\$145.00	\$145.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF SECTION A SUPPLIES:			\$145.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

BRIEFLY EXPLAIN:

- A) Need for and use of each major supply type requested:
1. Basic office supplies in form of pens, paper, folders, binders, and ink are needed:
 - A. To be used to coordinate services on behalf of sexual assault victims.
 - B. To train staff and volunteers to man the crisis line.
 - C. To perform hospital escorts.
 - D. For the implementation of direct services.
 2. Postage is needed in order to provide follow-up and victim coordination of services.

B) Its relationship to this project.
These supplies are much needed in order to facilitate services to victims of sexual assault. Each receipt for supplies or any other expense is attached to an expense authorization identifying the grant and expense category from which it is to be reimbursed. The check stub is attached to this authorization. The expense is recorded in a bookkeeping system that separates the expenses of each grant. Both electronic and physical records for each grant is kept separate and there is no co-mingling of grant funds with any other grant or source of income.

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	\$145
CASH MATCH	\$0
IN-KIND MATCH	\$0
SUPPLIES TOTAL	\$145

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: Crisis Line/Hospital Escort Agency:	Man crisis hotline and serve as hospital/law enforcement victim escorts/advocates	6.00	\$8.00	\$48.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF CONTRACTUAL COSTS:				\$48.00	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:

1. The purpose of Crisis Line Advocates and/or Hospital/Law Enforcement Escorts is to help answer the crisis line and to assist the victim throughout the rape kit examination and law enforcement reporting when a volunteer or regular staff member is not available. The Crisis Line Advocates and/or Hospital/Law Enforcement Escorts are much needed to enhance victim services. We provide over 8,760 hours of time on the crisis line each year. Only 1,189.5 hours of this time is being used as in-kind match for our VOCA grant; therefore, there is no co-mingling of federal funds. In this project we wish to compensate trained advocates for only 100 hours when they are not providing in-kind services. Time and attendance records are kept.

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

1. Crisis Line Advocates and/or Hospital/Law Enforcement Escorts are needed to man 24/7 crisis telephone line and assist the victim through the examination process and law enforcement reporting. This rate of compensation is reasonable and consistent with that paid for similar services. This small stipend is necessary and cost effective to ensure that services are provided during hard to fill times, such as on weekends and holidays when no in-kind volunteer time is scheduled.

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

1. Funds will be used to help offset the cost of manning the 24-hour crisis line and victim escorts. Trained advocates in good standing may choose to be placed on a rotation list for an incentive compensation at the rate of \$8.00/Hour for a limited number of hours. This is cost effective because the national value for this service is \$10/hour.

SECTION 600. CONTRACTUAL SUMMARY	
FEDERAL FUNDS	\$48
CASH MATCH	\$0
CONTRACTUAL TOTAL	\$48

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
Telephone/fax/internet	Pro-rata share is 5% of \$6,000	12.00	\$25.00	\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities: Elec., gas, etc.	Pro-rata share is 5% of \$6,900	12.00	\$28.75	\$345.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent	Pro-rata share is 5% of \$12,000	12.00	\$50.00	\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bookkeeping/CPA services	Pro-rata share is 5% of \$6,900	12.00	\$28.75	\$345.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liability Insurance	Pro-rata share is 5% of \$2,500	1.00	\$125.00	\$125.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washington Parish Commissio	Actual cost of dues	1.00	\$10.00	\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$1,725.00			

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

BRIEFLY EXPLAIN:

A) Need for each type listed; and
The pro-rata share of other direct costs for this project is 5% of the total estimated yearly expense. Telephone/fax/internet services is estimated at 5% of the total usage (\$6,000) in order to maintain crisis line and assist victims. All other costs are estimated at 5% of the pro rata share. Utilities (total cost \$6,900) & rent (\$12,000) are needed to provide a safe environment conducive to providing services to victims of sexual assault. Bookkeeping/CPA services (\$6,900) are needed to assist with filing required state and federal reports and taxes, and conducting mandatory audits, payroll and software support, and monthly statements. D&O, professional, and office liability insurance (\$2,500) is needed to protect our officers, staff, and the public.

B) Its relationship to project.
Membership in the Washington Parish Commission on Human Services (\$10) is needed in identifying community resources. All Other Direct Costs relate directly and are necessary in order to fulfill this project's goals and objectives. They ensure sexual assault victims a confidential, emotionally supportive environment in which they are most likely to benefit from coordination of services and to return to their former level of functioning before the crime was committed. Victims are more likely to report to law enforcement if they know that someone is available to guide them through the process.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$1,725
CASH MATCH	\$0
IN-KIND MATCH	\$0
OTHER DIRECT COSTS TOTAL	\$1,725

PROGRAM NARRATIVE

A. PROBLEM DEFINITION

1. Identify the nature and magnitude of the specific problem existing in your particular community that needs to be addressed through this proposed project. **Document the need, not the symptoms or solutions.** Be sure to include current **valid local data or state data, if local data is not available**, to support the justification. Give the source and date of your information. State the needs of your agency and the needs of the victims in your area as related to this problem and justify the need for the proposed project.

The M10-8-021 grant project assisted 59 new victims and 31 carryover victims during this past grant year. We had targeted 30 new victims. This includes both primary and secondary victims. This project deals only with women and adolescent victims of sexual assault and not children or male victims. On a whole, the WPRCC assisted an average of 8 new victims each month during the past year for a total of 90 new victims served. In addition, we assisted an average of 19 carry over victims each month. We assisted a total of approximately 128 victims during that time. We manned the telephone crisis line 24/7, receiving some 662 calls. In the past 12 months we have assisted 30 victims at the hospital with the rape kit examination. There are many more who chose not to report. We do all of this with three staff members with the approximate total of 2 FTE's and 4 very active volunteers. The problem is that we have very limited resources with which to fight the problem of sexual assault in our parish. In order to provide adequate follow-up and counseling services, we must maintain an office space conducive to healing the emotional wounds that sexual assault inflict. This means that we have other direct costs such as rent, telephone, utilities, insurance, supplies, and bookkeeping. We maintain memberships in several organizations in order to participate within the community in identifying gaps in services and researching resources. This is invaluable for interagency coordination for the benefit of victims of violent crime, such as sexual assault.

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

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 (10%), single-parent families, economically deprived (72% identified by the local school system), the area suffers a large 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.

Each year our funds are reduced, but the number of victims continues to increase.

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 Assault 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 Assault 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, BRIEFLY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

Goal 1: WPRCC's goal is to assist victims of sexual assault or attempted sexual assault throughout the reporting process and with follow-up services that will assist them in returning to the level of their functioning prior to the assault.

C. OBJECTIVES

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

Goal 1, Objective 1: To contract with at least one trained telephone crisis advocate to provide 6 hours of manning the hotline.

Goal 1, Objective 2: To provide emotional support and coordination of services to 20 women victims of sexual assault in order to assist them in returning to their former level of functioning as sensitively as possible.

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: Schedule and monitor the crisis line 24/7 (By May 1, 2012 ongoing through April 30, 2013)

Goal 1, Objective 2: Provide emotional support, counseling, interagency coordination, information, referral, and/or crisis intervention to 20 women victims of sexual assault. (June 1, 2012 ongoing through April 30, 2013)

D-2. TRAINING PROJECTS

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

1. Training Curriculum (topics to be included):

N/A

2. Type of personnel to be trained:

3. Number of personnel to be trained:

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

5. Dates and hours of training:

6. Location of training:

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

H. PRIOR RESULTS (For Continuation Projects Only)

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

ADAPT Washington Parish Sexual Assault Center has exceeded its previous goal of providing services to 30 women victims of sexual assault. According to our on-going documentation and logs, our quarterly progress reports to LCLE, and our monthly performance reports to LAFASA by assisting 59 women victims the year before. In addition, during the same period we provided 30 victims with hospital escorts, and 45 with criminal justice advocacy. We have maintained a 24/7 crisis hotline, and have participated in monthly Multi-disciplinary Team Meetings with coordinating agencies to ensure that victims are provided appropriate and timely services. Every year that we have provided these services, we have exceeded our target goals.

2. Did the project work as expected? Explain.

Yes. We know that it takes a coordinated effort of services in order to provide adequately for victims of sexual assault. Therefore, our project includes assistance to the 24/7 crisis hotline, 24/7 hospital/law enforcement victim advocacy, and for crisis intervention, emotional support, interagency coordination, and to a positive, sensitive victim environment. Because of this three-pronged approach, we have been very successful in helping victims to recover from the trauma of being raped or attempted rape.

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?

Primary data is collected from victims, their significant others, law enforcement, medical personnel, and other social services agencies. We encourage victims to complete satisfaction surveys on at least two occasions: at the beginning and at 1 month.(See enclosed.)

2. When will the data be collected?

Data is collected at first contact and on each subsequent contact. All contacts and the information gained each time are documented because the nature of the crime does not always reveal all the information at the very beginning of services. We encourage victims to complete a confidential survey on

3. Who will collect and analyze the data?

The Crisis Team collects data according to their job and function at the time of victim contact. The Project Director will analyze the data and make appropriate referrals to services, provide follow-up with the victim and other agencies as indicated.

4. Who will be responsible for submitting the data for the VAWA Annual Report: 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 complete and submit monthly expenditure reports, Quarterly Progress Reports, and an annual progress report 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 and copies of the quarterly progress reports.

Washington Parish Rape Crisis Center
ADAPT
Program Survey

DATE: _____

NAME: _____

Help us to improve our services by rating our programs. Please circle your answer to the questions.

1. **Did you receive the service(s) your requested?**
Yes No Partially
2. **How would you rate the overall service of WPRCC?**
Poor Fair Good Excellent
3. **Have our services helped you to meet your needs?**
Yes No Somewhat
4. **Are you enrolled in counseling at WPRCC**
Yes No
5. **Have the services of WPRCC helped to improve your self-esteem?**
Yes No
6. **Have the services of WPRCC helped to improve your family relationships?**
Yes No
7. **Have the services of WPRCC helped to improve your job/school performance?**
Yes No
8. **Would you recommend WPRCC to your friends?**
Yes No
9. **Comments (continue on the back if needed)**

J. CONTINUATION

- Yes No Do you plan to continue this project at the conclusion of federal support?
Since continued STOP funding is limited and not assured, alternate funding sources should be sought. Name the sources and potential sources of continued funding for this project at the conclusion of Federal support.

As long as VAWA 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 attempted 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 to be performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). If volunteers are used as match, their duties must directly relate to the focus of this project and information stated in Section 100 Personnel.

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

No match is required this fund year. In general, we utilize volunteers who man the 24/7 crisis hotline as our match.

N. CONSULTATION

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

We will continue to 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 and through on-site advocacy efforts on a case by case basis. 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 availability. 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, attempted 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.

Rutha Chatwood

From: Rutha Chatwood
Sent: Friday, August 03, 2012 2:10 PM
To: Charlette Fornea (cfornea_lpc@yahoo.com)
Subject: M11-8-021; "Sexual Assault Program"

Ms. Charlotte Fornea
ADAPT, Inc.
216 Memphis Street
Bogalusa, LA 70427-3844

RE: M11-8-021; "Sexual Assault Program"

Dear Ms. Fornea:

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 September 12 and 13, 2012, respectively.

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. Page 1, CCR Expiration Date – The agency's CCR Expiration Date of 06/02/2012 has expired. Please correct this date and provide a current printout of your CCR information for this project.
2. Page 3, Project Budget Summary – The total of all budget sections is \$9,805. Your federal allocation is \$9,821. Please verify the total of each budgeted section and adjust the budget accordingly.
3. Page 6, Section 200. Fringe Benefits – Please check the applicable box at the top of the page concerning the payment of fringe benefits.
4. Page 6, Section 200. Fringe Benefits, Unemployment Tax – The entire salary, \$6,916 may be charged in this section of fringe benefits because it is under \$7,000. Please correct, if applicable.
5. Page 15, Program Narrative, C. Objectives, Goal 1. Objective 1 – In the prior project, M10-8-021, 100 hours was to be provided to man the telephone crisis line and in this subgrant application, M11-8-021, only 6 hours to man the crisis line for twelve months. Is this correct?
6. Page 20, Program Narrative, I. Evaluation and Dissemination of Reporting, Section 2 – At the end of the question you stated: "We encourage victims to complete a confidential survey on " Please complete this statement.
7. Page 22, Program Narrative, M. Volunteers – "Yes" was checked for volunteer used as match. There is no match; please check "No".

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 LCLE. 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, August 17, 2012**. Please contact Ms. Judy Benitez at LaFASA if you have any questions.

Sincerely,

Rutha Chatwood

Victim Services Program Manager
LA Commission on Law Enforcement

Mailing Address:

P. O. Box 3133
Baton Rouge, LA 70821-3133

Physical Address:

602 North Fifth Street
Baton Rouge, LA 70802

Phone: 1-225-342-1625

Fax: 1-225-342-1846

Email: rutha.chatwood@lcle.la.gov

Hours: Tuesday - Friday, 7:00 a.m. – 5:30 p.m.