LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C10-3-008

APPLICANT: Family Counseling Agency, Inc.

PROJECT TITLE: Rape Counseling Program

PROJECT FUNDS :

FUND:	$ 22,718	80.00%	PROJECT DURATION:	12	months
MATCH:	$ 5,680	20.00%	START DATE:	11/01/2010	
TOTAL:	$ 28,398	100.00%	END DATE:	10/31/2011	

Continuation of C94-3-001

PROJECT SUMMARY:

The Rape Crisis Program seeks to assist victims of sexual abuse and assault in recovering from the trauma they have experienced by providing counseling and advocacy services. Services are provided by volunteers and professional staff. Victims are encouraged to report the crime and seek assistance through the Crime Victims Reparation Board. We seek to work cooperatively and coordiante service with other victim programs, as well as other service providers in the community. Services are provided at no charge to the victim.

RECOMMENDATION : FUND X **DENY** ___

SPECIAL CONDITIONS :

1. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.
2. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.

LOUISIANA COMMISSION ON LAW ENFORCEMENT AND THE ADMINISTRATION OF CRIMINAL JUSTICE

CRIME VICTIM ASSISTANCE FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY: **Project ID:** C10-3-008 **CVA Purpose Area:**

1. TITLE OF PROJECT
Rape Counseling

2. ☐ **NEW PROJECT**
☒ **CONTINUATION PROJECT OF: C09-3-007**

3. PROJECT DURATION
Total Length: **12** Months *(Not to exceed 12 Months)*
Desired Start Date: 11/1/2010
Desired End Date: 10/31/2011

4. PROJECT FUNDS

Federal Funds:	$22,718
Cash Match	
In-Kind Match:	$5,680
Total Project:	**$28,398**

5A. APPLICANT AGENCY INFORMATION
Agency Name: Joseph W. Franklin
Physical Address: 1404 Murray Street
City: Alexandria Zip: 71301-
Mailing Address: 1404 Murray Street
City: Alexandria Zip: 71301-
Phone: (318) 448-0284 FAX: (318) 448-0284
Email: famcounsel@aol.com

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: Joseph W. Franklin
Title: Executive Director
Agency Name: Family Counseling Agency, Inc.
Address: 1404 Murray Street
City: Alexandria Zip: 71301-
Phone: (318) 448-0284 FAX: (318) 448-0280
Email: jfranklin@fca4cenla.com

Fed Employer Tax Id: 72 - 0677893 DUNS: 039181698 - CCR CAGE/NCAGE: 4MQ92 CCR Expiration Date: 1/12/2011

6. IMPLEMENTING AGENCY
Name: Joseph W. Franklin
Title: Executive Director
Agency: Family Counseling Agency
Address: 1404 Murray Street
City: Alexandria Zip: 71301-
Phone: (318) 448-0284 FAX: (318) 448-0280
Email: jfranklin@fca4acenla.com

7. PROJECT DIRECTOR
Name: Lesley Parker
Title: Director of Professional Services
Agency: Family Counseling Agency
Address: 1404 Murray Street
City: Alexandria Zip: 71301-
Phone: (318) 448-0284 FAX: (318) 448-0280
Email: lparker@fca4cenla.com

8. FINANCIAL OFFICER
Name: Cynthia Valentine
Title: Finance Director
Agency: Family Counseling Agency
Address: 1404 Murray Street
City: Alexandria Zip: 71301-
Phone: (318) 448-0284 FAX: (318) 448-2080
Email: cvalentine@fca4cenla.com

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

The Rape Crisis Program seeks to assist victims of sexual abuse and assault in recovering from the trauma they have experienced by providing counseling and advocacy services. Services are provided by volunteers and professional staff. Victims are encouraged to report the crime and seek assistance through the Crime Victims Reparation Board. We seek to work cooperatively and coordinate services with other victim programs, as well as other service providers in the community. Services are provided at no charge to the victim.

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: Cynthia Valentine Title: Finance Director
Phone: (318) 448-0284 Fax: (318) 448-0280 E-Mail: cvalentine@fca4cenla.com

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$16,960	$0	$5,680	**$22,640**
SECTION 200. FRINGE BENEFITS	$3,477	$0	N/A	**$3,477**
SECTION 300. TRAVEL	$2,054	$0	$0	**$2,054**
SECTION 400. EQUIPMENT	$0	$0	$0	**$0**
SECTION 500. SUPPLIES	$0	$0	$0	**$0**
SECTION 600. CONTRACTUAL	$0	$0	N/A	**$0**
SECTION 700. RENOVATION COSTS	$0	$0	$0	**$0**
SECTION 800. OTHER DIRECT COSTS	$227	$0	$0	**$227**
TOTAL:	**$22,718**	**$0**	**$5,680**	**$28,398**

Provide Source of *Cash* Match:

Provide Source of *In-Kind* Match: Volunteer hours

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
Sexual Assault Therapist/Co	Michelle Hunt	FT	$2,666.67	33.00%	12.00	$10,560.01	☒	☐
Sexual Assault Therapist	Angel Lajaunie	FT	$2,666.67	20.00%	12.00	$6,400.00	☒	☐
		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:						$16,960.01	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
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							$0.00	F = Fed Funds C = Cash Match	

VOLUNTEERS:

DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions.	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
Hospital escorts, hotline, on-call coverage and Group assistant.	568.00	$10.00	$5,680.00
			$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			$5,680.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	$16,960
CASH MATCH	
IN-KIND MATCH	$5,680
PERSONNEL TOTAL	**$22,640**

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:

A) Both positions needed to provide counseling, advocacy, and volunteer services for victims of sexual assault/sexual abuse locally and throughout Region VI. No overtime.

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

Salaries vary within the stated range for each position based on education, licensure and experience.

C) Project duties of each position requested:

Duties for therapists include providing counseling and advocacy for victims, handling crisis calls during working hours, training direct service volunteers, providing consultation and back up to volunteers after hours, facilitating groups, and traveling to outreach offices to network and provide direct services. Additionally, the program coordinator represents the agency at CVA meetings, assists in completing quarterly reports, and monitors progress toward grant objectives.

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.]

Michelle Hunt - Hired in 2009 to replace former employee (Karae Stracener) covered by this grant.
Angel Lajaunie - Hired in 2009 to work one year under ARRA VAWA Stimulus grant. Previous employee on this grant had resigned and position was not yet filled. Angel took previous employee's (Aimee Watts) place. Angel's position as a whole was not back-filled as her grant ended. Components of her position were picked up by part-time staff.

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. Michelle Hunt	.062		$10,560	$654	5.	.062			$0
2. Angel Lajaunie	.062		$6,400	$396	6.	.062			$0
3.	.062			$0	7.	.062			$0
4.	.062			$0	8.	.062			$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Michelle Hunt	.0145		$10,560	$153	5.	.0145			$0
2. Angel Lajaunie	.0145		$6,400	$92	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. Michelle Hunt	371.85	12.00	33.00%	$1,472	5.				$0
2. Angel Lajaunie	32.00	12.00	20.00%	$76	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1. Michelle Hunt	0.028		$10,560	$295	5.				$0
2. Angel Lajaunie	.0289		$6,400	$184	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. Michelle Hunt	0.023	CHECK TYPE:	$2,310	$53	5.		CHECK TYPE:		$0
2. Angel Lajaunie	0.023		$1,400	$32	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.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
OTHER: Dental	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1. Angel Lajaunie	0.20		$352	$70	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
FRINGE BENEFITS TOTAL (A):				$3,477	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): $3,477

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$3,477
CASH MATCH	
TOTAL FRINGE BENEFITS	$3,477

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: Michelle Hunt TITLE: Therapist/Coordinator PURPOSE: To provide direct services to victims in outlying parishes	$0.48	2,140.00	$1,027.20	☒	☐	☐
NAME: Angel Lajaunie TITLE: Therapist PURPOSE: To provide direct services to victims in outlying parishes	$0.48	2,139.00	$1,026.72	☒	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
SUBTOTAL FOR LOCAL TRAVEL:			$2,053.92			

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	$2,054
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	$2,054

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
Phone charges	$12.25/month local and long distan	12.00	$12.25	$147.00	☒	☐	☐
Audit	1% of Agency cost of $8,000	12.00	$6.67	$80.04	☒	☐	☐
				$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 OTHER DIRECT COSTS:			$227.04			

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

BRIEFLY EXPLAIN:

A) Need for each type listed; and

Telephone is necessary to maintain 24 hour crisis line for service area enabling victims to contact staff and/or volunteers. Phone also is used for basic communication.

Audit-Requirement of agency

B) Its relationship to project.

Phone allows us to provide crisis intervention, information and referral, schedule counseling sessions and court escorts, and maintain contact with volunteers.

Audit assures accountability of funds.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	$227
CASH MATCH	
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	**$227**

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.

Sexual assault impacts the lives of many people in our state and community as evidenced by the statewide statistics reported by the Louisiana Foundation Against Sexual Assault indicating that over 3,000 victims are seen at Sexual Assault centers across the state every year. The Uniform Crime Report number for forcible rape in Louisiana in 2009 was 1,359 and this only includes rapes and attempted rapes of adult females reported to law enforcement, and it is known that at least half of all rapes go unreported. Given all this information, it is clear that sexual assault is an issue in our state and region, and is a problem worthy of significant effort to address in order to reduce the traumatic impact of victimization.

Sexual assault and abuse are broadly defined as all situations in which unwanted sexual contact or sexual relationships have occurred between relatives, acquaintances, or strangers. According to the Bureau of Justice statistics, at least one of every eight adult women will be a victim of sexual assault in her lifetime. In our area the local Sexual Assault Center has seen significant increases in the number of victims served in recent years with over 400 people receiving services each year. Based on population figures for our region, it is certain that there are many more victims who haven't sought services.

Our program is seeking continuation funding in order to provide counseling and advocacy services for victims. The group and individual counseling enables victims to reduce the self-blame, shame, isolation, fearfulness, anger, and depression that often exist after an assault. The emotional support and information available to victims can increase the likelihood that they will cooperate with the legal process. Services are available in each of the eight parishes we serve, as victimization occurs in all areas whether rural or in a larger city. Victims have consistently rated our services as helpful and their symptoms as improving.

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

The greastest gap in community services for survivors of sexual assault that we fill is direct services for victims needing outreach services. In recent years, other providers have been funded to provide essentially the same services we offer in Rapides parish to those victims having transportation and living locally. However, the need still remains greater than the resources and we remain busy, even locally. However, the gap we fill that other providers do not meet is for survivors needing outreach services. Within Rapides parish, and in the outlying parishes, our therapists travel to see victims closer to their homes. Many of these victims lack transportation, lack funds to afford the gas, or lack the ability to make the travel time required to make an appointment that requires three hours round trip travel time plus appointment time. Our program makes services accessible to victims regardless of where they live and what there circumstances are. We bring the services into communities that otherwise would not have the services we offer.

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: Make referrals to services and give immediate crisis assistance to 80 victims.

Goal 2: Provide ongoing counseling and related services to 265 victims of sexual assault in order to reduce trauma-based symptoms.

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 a 24 hour hotline that will handle a minimum of 110 calls.
Objective 2: Provide information and/or referrals to a minimum of 70 victims.

Objective 1: Provide 975 sessions of individual counseling to reduce shame, isolation, anger, depression, and self-blame.
Objective 2: Provide a minimum of three groups a week with total attendance hours to be over 525.

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: A minimum of 3 volunteers will be maintained and supervised in their handling of hospital escorts, group co-assistants, and other professional duties. Volunteers will be in place for the start of the contract and will continue to be utilized throughout the contract period. Additional volunteers will be trained throughout the year as needed.

Objective 2: Volunteers will be trained to provide referrals to medical professionals, CVR, law enforcement, counseling, and other human services providers. Volunteers will complete 40 hours of training preparing them for their roles as sexual assault program volunteers.

Goal 2:

Objective 1: Therapists will provide up to 10 sessions of counseling per victim, with extensions possible when needed. This will be ongoing throughout the contract period.

Objective 2: Therapists will provide at least one group a week on average, either a support group or a trauma group or both.

Project is a continuation grant that will be fully operational between the start of this contract period (11/1/10) and the end of this grant (10/31/11).

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: Michelle Hunt PHONE: (318) 448-0284 EMAIL: mhunt@fca4cenla.com

☒ 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: Michelle Hunt PHONE: (318) 448-0284 EMAIL: mhunt@fca4cenla.com

☒ 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.)

Our Sexual Assault Center aimed to serve a minimum of 70 victims by providing crisis services and information and referral. We exceeded this as we received 235 hotline calls (goal of 110) from over 150 victims. Our counseling objective was to provide 975 sessions of counseling and we also exceeded this by thus far providing 1,184 sessions of counseling to victims. We had a minimum of three counseling groups a week. A fourth group was often held, but was not funded by this particular project. We had a goal of 525 group attendance hours and exceeded that as there have been 862 group attendees this year (duplicated). Outcome surveys were completed with a sampling of clients and were positive about our services and the gains made in treatment by our clients.

2. Did the project work as expected? Explain.

Yes, we provided the services we anticipated providing, clients made positive changes in their lives, and the structure of the program worked in terms of continuing to utilize borrowed office space in outlying parishes to provide services to clients.

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. EVA ATION AND DISSEMINATION OF REPC ING

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

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

Data is collected from particpants in the program - the clients receiving services.

2. When will the data be collected?

We pick a one or two week period in the fall and spring and collect outcome surveys from all particpants in the program during the data collection period.

3. Who will collect and analyze the data?

Lesley Parker, Project Director, collects and analyzes the data - both the the monthly statistics and the outcome data.

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

Name: Lesley Parker Phone: (318) 448-284 Email: lparker@fca4cenla.com

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

Our program is always evolving to better meet the needs of our clients and to make the best utilization of the funds we are allocated. We are implementing a new component to our program this year which will be a Sexual Assault Committee comprised of staff, Board and community members. This committee will assist in reviewing program statistics, program outcomes, program objectives, and program strategies on an annual basis.

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.

Monthly statistical reports are provided to the Louisiana Foundation against Sexual Assault (LAFASA). Quarterly reports are provided to Red River Delta, LA Commission on Law Enforcement and LAFASA. Expenditure reports for this grant are provided to LCLE on a monthly basis. United Way of Central Louisiana and the agency's Board of Directors are provided with information at least annually. Current and potential funders of the agency receive program information. Occasionally students or other agencies request information.

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.

Currently our program is funded with grants from the Louisiana Foundation Against Sexual Assault and the Louisiana Commission on Law Enforcement (VAWA) in addition to this funding. We also receive support from the United Way and some private donations. Despite these other sources that would allow the program to continue at some level, our CVA funds are essential to provide the extent of services currently offered. Other sources of federal, state, local, and private foundations are reviewed on an ongoing basis in an effort to continue/expand services. The extensive use of volunteers, currently and into the future, allows us to provide greater services at a reduced cost.

K. RESOURCES

Describe the facilities and additional resources available to this project. Include the physical facility where services are provided. If applicable, list other resources available to this project, i.e. equipment, supplies, staff, etc.

The Sexual Assault Center operates out of our two agency offices in addition to the donated use of space in all of our outreach parishes. There is office space for individual and group sessions at 1404 Murray Street and the agency's Turning Point Shelter office, with the Murray Street office being the primary site for services. Direct services are provided at mental health centers, churches, D.A.'s offices, Office of Community Services, and hospitals throughout the region.

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	10/31/09
2.	Dates covered by last audit:	07/01/2008 TO 06/30/2009
3.	Date of next audit:	10/31/2010
4.	Dates to be covered by next audit:	07/01/2009 TO 06/30/2010
5.	Date next audit will be forwarded to LCLE:	11/15/2010

☐ 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?

Volunteers undergo a criminal background check and are fingerprinted.

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 keep a supply of CVR pamphlets to provide to victims. We provide information about CVR to staff and volunteers as part of orientation. We inform victims about CVR during our sexual assault intake process. When clients are eligible and have covered expenses, we refer them to the contact at each sheriff's department and assist them with forms.

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 are a victim service agency and are actively involved in our local communities with law enforcement, the courts and probation and parole. We participate in interdisciplinary meetings relating to the planning, prosecution and coordination of crime victim services in our community. We provide trainings and consultations to various organizations. Some of the contacts are formalized as in a structured community meeting occuring on a set schedule, while other contacts occur on an as needed basis. We work cooperatively with the Rapides Children's Advocacy Center that makes many referrals for child sexual abuse victims. We provide ongoing feedback on the follow through of referrals. We network with law enforcement agencies throughout our region to provide sensitivity training, to inform of our services, and assist with any cases they handle. We accompany victims to court or law enforcement interviews as needed. Several sites in outlying parishes regularly provide us with office space.

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.

Victims are encouraged to report to law enforcement, but services are never denied when a victim chooses not to report. As mandatory reporters of child abuse, we do make reports on any unreported child victimizations. When a victim does report, we support her in that process by accompanying her to interviews, preparing her to handle court, and providing a court escort.

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.

Although we do not meet the criteria requiring the screening required by law, our agency has established policies requiring criminal history checks and finger printing for all employees/volunteers hired who have direct contact with victims.