

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: M10-8-024

APPLICANT: Family Counseling Agency, Inc.

PROJECT TITLE: Sexual Assault Program

PROJECT FUNDS :

FUND: \$ 20,712 100.00%

MATCH: \$ 0 0.00%

TOTAL: \$ 20,712 100.00%

PROJECT DURATION: 12 months

START DATE: 04/01/2011

END DATE: 03/31/2012

Continuation of M95-8-027

PROJECT SUMMARY:

The Sexual Assault Counseling Program serves adult females who have been sexually victimized. Counseling, crisis intervention and advocacy services are provided to recent and past victims in order to help them recover from the trauma of the crime. Services include crisis counseling, trauma recovery groups, hospital escorts, court escorts, and a 24-hour crisis hotline. Outreach services are provided at various locations throughout the eight parish region we serve. We work cooperatively with other providers in the community and offer training and resources to other professionals who respond to sexual violence crimes.

RECOMMENDATION: FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 04/05/2011 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: M10-8-024

VAWA Purpose Area: 5, 12

1. TITLE OF PROJECT

Sexual Assault Program

2. NEW PROJECT

CONTINUATION PROJECT OF: M09 - 8 - 024

3. PROJECT DURATION

Total Length: 12 Months (Not to exceed 12 Months)
Desired Start Date: 4/1/2011
Desired End Date: 3/31/2012

4. PROJECT FUNDS

Federal Funds: \$20,712
Cash Match
In-Kind Match:
Total Project: \$20,712

5A. APPLICANT AGENCY INFORMATION

Agency Name: Family Counseling Agency
Physical Address: 1404 Murray Street
City: Alexandria Zip: 71301-6839
Mailing Address: 1404 Murray Street
City: Alexandria Zip: 71301-6839
Phone: (318) 448-0284 FAX: (318) 448-0280
Email: famcounsel@aol.com

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Joseph Franklin
Title: Executive Director
Agency Name: Family Counseling Agency
Address: 1404 Murray Street
City: Alexandria Zip: 71301-6839
Phone: (318) 448-0284 FAX: (318) 448-0280
Email: jfranklin@fca4cenla.com

Fed Employer Tax Id: 72 - 0677893

DUNS: 0391-81698

CCR CAGE/CAGE: 4M Q92

CCR Expiration Date: 01/14/2012

6. IMPLEMENTING AGENCY

Name: Joseph Franklin
Title: Executive Director
Agency: Family Counseling Agency
Address: 1404 Murray Street
City: Alexandria Zip: 71301-6839
Phone: (318) 448-0284 FAX: (318) 448-0280
Email: jfranklin@fca4cenla.com

7. PROJECT DIRECTOR

Name: Lesley Parker
Title: Director of Professional Service
Agency: Family Counseling Agency
Address: 1404 Murray Street
City: Alexandria Zip: 71301-6839
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: 71301-6839
Phone: (318) 448-0284 FAX: (318) 448-0280
Email: cvalentine@fca4cenla.com

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

The Sexual Assault Counseling program serves adult females who have been sexually victimized. Counseling, crisis intervention and advocacy services are provided to recent and past victims in order to help them recover from the trauma of the crime. Services include crisis counseling, trauma recovery groups, hospital escorts, court escorts and a 24 hour crisis hotline. Outreach services are provided at various locations throughout the eight parish region we serve. We work cooperatively with other providers in the community and offer training and resources to other professionals who respond to sexual violence crimes.

2011 JUN 12 PM 3:28
LA COMMISSION
ON LAW ENFORCEMENT

VAWA - 1

Revised JULY 2010

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)

VAWA - 2

Revised JULY 2010

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:

| | | |
|--|--|------------------------------|
| Are all budgeted items allowable per Program Guidelines? | YES: <input checked="" type="checkbox"/> | NO: <input type="checkbox"/> |
| Were instructions followed to determine allowable personnel/contractual costs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all line item computations correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do line items add to category totals? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Have category totals been rounded to nearest dollar? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Each category amount listed in the table below must equal category totals in each budget section.

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 CATEGORY | FEDERAL FUNDS | CASH MATCH | IN-KIND MATCH | SECTION TOTAL |
|--------------------------------|-----------------|------------|---------------|-----------------|
| SECTION 100 PERSONNEL | \$16,168 | \$0 | \$0 | \$16,168 |
| SECTION 200 FRINGE BENEFITS | \$2,866 | \$0 | N/A | \$2,866 |
| SECTION 300 TRAVEL | \$1,678 | \$0 | \$0 | \$1,678 |
| SECTION 400 EQUIPMENT | \$0 | \$0 | \$0 | \$0 |
| SECTION 500 SUPPLIES | \$0 | \$0 | \$0 | \$0 |
| SECTION 600 CONTRACTUAL | \$0 | \$0 | N/A | \$0 |
| SECTION 800 OTHER DIRECT COSTS | \$0 | \$0 | \$0 | \$0 |
| TOTAL: | \$20,712 | \$0 | \$0 | \$20,712 |

Provide Source of Cash Match:

Provide Source of In-Kind Match:

USE OF STOP FUNDS IN PERCENTAGES

| Type of Victimization Served: | Percentage of STOP Funds Used: |
|---------------------------------------|--------------------------------|
| Sexual Assault | 100% |
| Domestic Violence/Dating Violence | |
| Stalking | |
| 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 | |
| Sexual Assault Therapist/Cdn ✓ | Michelle Hunt ✓ | FT | \$2,666.67 | 40.00% | 3.00 | \$3,200.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Sexual Assault Therapist/Cdn ✓ | Michelle Hunt ✓ | FT | \$2,800.00 | 40.00% | 9.00 | \$10,080.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Sexual Assault Therapist ✓ | Lalaunie, Angel ✓ | FT | \$2,666.67 | 4.00% | 3.00 | \$320.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Sexual Assault Therapist ✓ | Lalaunie, Angel ✓ | FT | \$2,800.00 | 4.00% | 9.00 | \$1,008.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES: | | | | | | | \$14,608.00 | F = Fed Funds | C = Cash Match |

PART-TIME OR OVERTIME EMPLOYEES:

| POSITION TITLE | EMPLOYEE NAME | PT | ACTUAL EMPLOYEE HOURLY SALARY RATE | NUMBER OF HOURS | TIME DEVOTED TO PROJECT | NUMBER OF WEEKS | TOTAL SALARY PAID BY GRANT | PAID WITH | |
|--|-----------------|----|------------------------------------|-----------------|-------------------------|-----------------|----------------------------|-------------------------------------|--------------------------|
| | | | | | | | | F | C |
| Sexual Assault Therapist ✓ | Dolly Carroll ✓ | PT | \$15.00 | 2.00 | 100.00% | \$2.00 | \$1,560.00 | <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: | | | | | | | \$1,560.00 | 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 |
|--|--------------|---------------------------|---------------|
| | | | \$0.00 |
| | | | \$0.00 |
| SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES: | | | \$0.00 |

| SECTION 100. PERSONNEL SUMMARY | |
|--------------------------------|-----------------|
| FEDERAL FUNDS | \$16,168 |
| CASH MATCH | |
| IN-KIND MATCH | |
| PERSONNEL TOTAL | \$16,168 |

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:

Position needed to provide clinical services to the many women who are victimized in our region in order to help them recover and to support them through the legal process when appropriate.

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

Salary is determined by utilizing a monthly base salary for employee for the grant period multiplied by the actual percentage of time devoted to this project. Base salaries vary according to agency policy based on degree, licensure, experience and position.

C) Project duties of each position requested:

Therapist provides crisis counseling to local and outreach clients, leads trauma recovery groups, accompanies victims to hospital/court, trains volunteers, handles crisis calls and trains other professionals.

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.]

All positions are existing personnel and are the same from the previous grant.
Michelle Hunt was originally hired for this grant and will be working 40% in this grant.
Angel Lajaunie position was back-filled when she moved to this grant and will be working 4% in this grant.
Dolly Carroll increased her part-time hours at the time she originally moved to work 2 hours per week in this grant.

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 | | \$13,280 | \$823 | 5 | | | | \$0 |
| 2 Lajaunie, Angel | .062 | | \$1,328 | \$82 | 6 | | | | \$0 |
| 3 Dolly Carroll | .062 | | \$1,560 | \$96 | 7 | | | | \$0 |
| 4 | .062 | | | \$0 | 8 | | | | \$0 |
| MEDICARE | RATE | | SALARY | TOTAL | MEDICARE | RATE | | SALARY | TOTAL |
| 1 Michelle Hunt | .0145 | | \$13,280 | \$192 | 5 | | | | \$0 |
| 2 Lajaunie, Angel | .0145 | | \$1,328 | \$19 | 6 | | | | \$0 |
| 3 Dolly Carroll | .0145 | | \$1,560 | \$22 | 7 | | | | \$0 |
| 4 | .0145 | | | \$0 | 8 | | | | \$0 |
| HEALTH/LIFE INSURANCE | RATE | MONTHS | TIME DEVOTED TO PROJECT | TOTAL | HEALTH/LIFE INSURANCE | RATE | MONTHS | TIME DEVOTED TO PROJECT | TOTAL |
| 1 Michelle Hunt | 216.05 | 12.00 | 40.00% | \$1,037 | 5 | | | | \$0 |
| 2 Lajaunie, Angel | 33.34 | 12.00 | 4.00% | \$16 | 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 | | \$13,280 | \$371 | 5 | | | | \$0 |
| 2 Lajaunie, Angel | 0.028 | | \$1,328 | \$37 | 6 | | | | \$0 |
| 3 Dolly Carroll | 0.028 | | \$1,560 | \$43 | 7 | | | | \$0 |
| 4 | | | | \$0 | 8 | | | | \$0 |
| UNEMPLOYMENT TAX | RATE | TYPE | SALARY | TOTAL | UNEMPLOYMENT TAX | RATE | TYPE | SALARY | TOTAL |
| 1 Michelle Hunt | 0.023 | CHECK TYPE: | \$2,800 | \$64 | 5 | | | | \$0 |
| 2 Lajaunie, Angel | 0.023 | | \$280 | \$6 | 6 | | | | \$0 |
| 3 Dolly Carroll | 0.023 | <input type="checkbox"/> FLTA | \$1,560 | \$35 | 7 | | <input type="checkbox"/> FLTA | | \$0 |
| 4 | | <input checked="" type="checkbox"/> SLTA | | \$0 | 8 | | <input type="checkbox"/> SLTA | | \$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: DENTAL | RATE | | SALARY | TOTAL |
| 1 Lajaunie, Angel | 0.04 | | \$577 | \$23 | 5 | | | | \$0 |
| 2 | | | | \$0 | 6 | | | | \$0 |
| 3 | | | | \$0 | 7 | | | | \$0 |
| 4 | | | | \$0 | 8 | | | | \$0 |
| FRINGE BENEFITS TOTAL (A) | | | | \$2,866 | 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): \$2,866

| SECTION 200. FRINGE BENEFITS SUMMARY | |
|--------------------------------------|---------|
| FEDERAL FUNDS | \$2,866 |
| CASH MATCH | |
| TOTAL FRINGE BENEFITS | \$2,866 |

SECTION 300. TRAVEL

Itemize travel expenses of project personnel. Mileage is allowable 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 | | |
|---|------------------------------|----------|-------------------|--------------|-------------|------------|--|--------------------------|--------------------------|
| NAME | TITLE | POSITION | PURPOSE | | | | F | C | IK |
| Michelle Hunt | Sexual Assault Therapist/Cdn | | Outreach Services | \$0.48 | 3181.00 | \$1,526.88 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LaJaunie, Angel | Sexual Assault Therapist | | Outreach Services | \$0.48 | 315.00 | \$151.20 | <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"/> |
| SUBTOTAL FOR LOCAL TRAVEL: | | | | | | \$1,678.08 | <small>F = Federal Funds C = Cash Match IK = In-Kind Match</small> | | |

| 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 |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| CONTINUED FROM ABOVE TABLE | MILEAGE RATE | TOTAL MILES | MILES COST | NO. OF BAYS | NO. OF MEALS | HOTEL COSTS | AIRFARE COSTS | LODGING COSTS (Include Tax) | OTHER TRAVEL COSTS | TOTAL COSTS | PAID WITH | | |
|---|--------------|-------------|------------|-------------|--------------|-------------|---------------|-----------------------------|--------------------|-------------|--|--------------------------|--------------------------|
| | | | | | | | | | | | F | C | IK |
| | | | \$0.00 | | | | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | \$0.00 | | | | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | \$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 | <small>F = Federal Funds C = Cash Match IK = In-Kind Match</small> | | |

| SECTION 300. TRAVEL SUMMARY | |
|-----------------------------|---------|
| FEDERAL FUNDS | \$1,678 |
| CASH MATCH | |
| IN-KIND MATCH | |
| TRAVEL TOTAL | \$1,678 |

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.

Sexual assault impacts the lives of many adults 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 were seen at Sexual Assault centers across the state. 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. Our community is consistent with those described in these statistics with significant numbers of lives being impacted by rape, and with a distressingly low percentage (less than 20% according to Kilpatrick, Edmonds and Seymour, 1992) of rapes ever being reported. Our Sexual Assault Center serves over 500 victims each year, including men, women and children. Last year in 2010, our center served 345 adult women whose lives had been impacted by sexual violence. Of those women, 121 of them had been sexually victimized in an adult rape. The others had been victimized as children or adolescents, or were secondary victims of sexual assault. Family Counseling Agency's Sexual Assault Center is the only full-service rape crisis center serving the complete eight parish area.

This project targets the adult female victims in our community. We travel throughout our large, mostly rural region to provide services to victims who would otherwise go un- or under-served. Fifty-four of the adult women victims served in 2010 received outreach services through satellite offices in outlying parishes. Through our contacts with professionals and civic organizations in each community, we are improving the delivery of victim services to such populations as minority women, rural women, and women at risk. The counselors provide outreach throughout our region in an attempt to aid victims in breaking the silence in order to receive support and help. The Sexual Assault Program works hard to strengthen its victim service programs by training law enforcement officers, judges, prosecutors and mental health professionals to more effectively identify and respond to violent crimes against women. We have a 24 hour hotline that victims can access from anywhere in our region. We provide crisis intervention, ongoing counseling, therapy, hospital escorts, court escorts and legal advocacy, all of which can reduce attrition rates.

These services are all a necessary part of making certain that women who are sexually victimized recover from the trauma. The emotional impact of sexual violence can be long-term and far-reaching, especially if a victim in need of support, counseling and advocacy receives none. Women are assisted in regaining a sense of personal safety, counseled as they work through emotional issues, and supported with escorts as they deal with the legal and/or medical systems.

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

The Rapides Children's Advocacy provides services to child victims and there are many social service providers in our community who provide counseling services particularly in the Rapides parish area. But the gap that our program fills is in fully meeting the needs of adult female victims of crimes from the moment they are victimized as seek help (through hotline calls, hospital escorts, information and referral, crisis services) through emotional resolution of issues (counseling, groups, criminal justice support). Our program meets this gap by providing continuity of care for victims from reporting through resolution. A current gap is a constant presence in the rural parishes. Victims can always be scheduled for outreach services, but there is not someone present in outreach offices throughout the week when no clients are scheduled, so immediate crisis services are only available by phone and then have to be scheduled.

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. To assist a minimum of 170 women who have been victims of sexual violence with their recovery from the trauma of the crime.

Goal 2. To coordinate services with other providers who work with victims of sexual violence.

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: Give immediate crisis assistance, information and referrals to 50 victims through hotline calls or hospital escorts.

Objective 2: Provide 175 individual sessions to reduce trauma-based symptoms of shame, anger, depression, self-blame, and isolation as measured by a Symptom Rating Scale. Also provide at least 75 treatment or support groups throughout the year.

Goal 2.

Objective 1: Provide information and referral through the hotline and agency office to providers and community members (not victims) regarding sexual assault matters.

Objective 2. Participant in a minimum of 3 meetings to coordinate the community's response to 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

Maintain necessary staffing of employees and volunteers throughout contract period. Project will be immediately operational.

Therapists will provide a minimum of a weekly group and up to 16 hours of individual therapy per victim with the possibility of extensions if needed. Plan to offer a new women's group at the agency by June 2011.

Sexual Assault Center staff will coordinate with community providers regarding meetings, trainings and information sharing throughout contract period.

Therapist will meet with relevant professionals regarding community response to sexual assault on quarterly basis. This will include at least some MDT meetings in Avoyelles and Rapides parishes.

Project will begin operations on April 1, 2011 and continue through March 31, 2012. Quarterly reports will be completed at the end of June, September, December and March.

D-2. TRAINING PROJECTS

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

1. Training Curriculum (topics to be included):

2. Type of personnel to be trained:

3. Number of personnel to be trained:

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

5. Dates and hours of training:

6. Location of training:

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

E. DEMOGRAPHICS

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

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

2. Type of Organizations:

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Court | <input type="checkbox"/> Sexual Assault Program |
| <input type="checkbox"/> Domestic Violence Program | <input type="checkbox"/> Sexual Assault State Coalition |
| <input type="checkbox"/> Domestic Violence State Coalition | <input type="checkbox"/> Tribal Coalition |
| <input type="checkbox"/> Dual Program (Sexual Assault and Domestic Violence) | <input type="checkbox"/> Tribal Government |
| <input type="checkbox"/> Dual State Coalition (Sexual Assault and Domestic Violence) | <input type="checkbox"/> Tribal Sexual Assault and/or Domestic Violence Program |
| <input type="checkbox"/> Government Agency (Department of Human Services, Bureau of Health) | <input type="checkbox"/> Unit of Local Government |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> University/School |
| <input type="checkbox"/> Probation, Parole, or Other Correctional Agency | <input type="checkbox"/> Other (Specify): |

Yes No Is this a faith-based organization?

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

F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

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

NAME: 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 no, 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 no, please provide name and contact information:

NAME: PHONE: () - EMAIL:

Yes No 2. Does the agency know who the Crime Victims Reparations (CVR) Claims Investigator is at the Parish Sheriff's Office?

Yes No 3. Does the agency have posters displayed for promoting CVR and brochures readily available to victims? If no, please fax a written request (contact person, agency name, mailing address) for free CVR posters and brochures to 225-925-6159. NOTE: More information regarding the CVR program, including applications and other forms, can be found at: <http://lcle.la.gov/programs/cvr.asp>.

H. PRIOR RESULTS (For Continuation Projects Only)

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

The grant has not yet been completed. This report covers the first three quarters. Some grant objectives have already been met, while others are well on their way to being met.

218 women have been served thus far. This includes women served through groups, individual counseling, criminal justice support, crisis phone support, hospital escorts and in person information and referral. We have received 113 hotline calls, some from the same callers utilizing the service more than once. We have provided just shy of 140 sessions of counseling, and 115 group contact hours. Outcome surveys done in the fall indicated that clients were experiencing positive changes based on services they received. We will do additional outcome services next month. We have already met our training goal by focusing on education of professionals who work with victims and have need of information about sexual assault. We have many requests each year for speakers to provide training and are able to respond to those requests.

2. Did the project work as expected? Explain.

Yes, the project proceeded as expected and projected.

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?

We will collect outcome surveys from clients who are utilizing our services.

2. When will the data be collected?

Outcome surveys are done twice a year with all active clients, although participation is voluntary. We utilize a week in September and a week in February when we normally collect data from office and outreach clients including group clients.

3. Who will collect and analyze the data?

The data is compiled by the Project Director, or by student interns under her supervision. Results are combined for all sexual assault clients and are not separated by funding source. Therefore, results are reported back to all funders and interested community partners.

4. Who will be responsible for submitting the data for the VAWA Annual Report; 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?

The Project Director meets with program staff, and program coordinator on a regular basis to evaluate program, assess needs, and make any modifications. The Project Director is also involved in a monthly supervisory group meeting with agency Executive Director and other agency supervisors where program reports are given and program direction is discussed.

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.

An Annual Report of Family Counseling Agency, Inc. includes statistical information regarding this program and is available to the Board of Directors, funding sources, and the general public. All reports (financial, quarterly, annual) will be forwarded to the Louisiana Commission on Law Enforcement. Monthly statistics are provided to the Louisiana Foundation Against Sexual Assault. Periodic program statistics are provided to the United Way of Central Louisiana.

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.

Although we hope to continue to receive federal support of the project into the future, at the conclusion of this grant, services for victims of sexual assault/abuse will continue to be funded by the LaFASA, Crime Victims Assistance, United Way of Central Louisiana, and charitable contributions from individuals and organizations. 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.

Two local offices are available to staff. There is a confidential large office at Turning Point Battered Women's Shelter which is located in an easily accessible location in Alexandria. The main counseling office is at the Murray street office in Alexandria. Handicapped accessible facilities are available through the Turning Point office and community partners. Off-site outreach offices are provided at donated sites throughout the parishes we serve including locations such as DA's offices, substance abuse clinics, and law enforcement offices. We are still in the process of acquiring a new building to replace the Murray Street offices.

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: October 2010
- 2. Dates covered by last audit: July 2009 - June 2010
- 3. Date of next audit: October 2011
- 4. Dates to be covered by next audit: July 2010 - June 2011
- 5. Date next audit will be forwarded to LCLE: November 2011

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?

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 actively work with other professionals in the community whose professional roles impact the area's response to sexual victimization. We have formed a task force of allied professionals to deal with the issues of sexual assault and domestic violence. We address any issues which may arise, and coordinate our efforts whenever feasible. As part of this effort, our project aims to continue working closely with law enforcement and any other providers who serve victims of sexual assault. We periodically participate in the Regional Training Academy Program, allowing us an opportunity to speak with new and experienced law enforcement officers. We attempt to increase the sensitivity of the officers and to reduce the likelihood of a negative contact for the victim which can result in her choosing not to press charges. The Academy utilizes materials from our resource library in their training, as do others in the community. We work cooperatively with both law enforcement and hospital personnel when current victims are brought to the hospital. Staff or volunteer meets the victim at the hospital and assists in any way that is needed. We accompany victims to court or depositions to provide support. We also are available to testify on behalf of victims when called to do so. We provide information to victims about the legal process in order to prepare them for court. We encourage victims to report crimes but respect a victim's right to choose not to report. We receive referrals for services from law enforcement officers, hospital personnel, as well as professionals in other service areas.

Office space for counseling sessions to victims is donated in each parish served through this grant. Services are accessible to victims regardless of where they live.

Rutha Chatwood

From: Rutha Chatwood
Sent: Tuesday, April 05, 2011 3:55 PM
To: Judy Benitez; Martha Angelette
Cc: cvalentine@fca4cenla.com
Subject: M10-8-024; Family Counseling Agency, Inc.; Sexual Assault Program

April 5, 2011

Ms. Cynthia Valentine
Family Counseling Agency, Inc.
c/o Judy Benitez
Louisiana Foundation Against Sexual Assault
1250 SW Railroad Avenue, Suite 170
Hammond, LA 70403-5011

RE: M10-8-024; "Rape Counseling Program"

Dear Ms. Valentine:

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

Based on my review of the application, the following issues must be addressed and resolved. Additional issues may arise between the review process and the Advisory Board and Commission meetings. If so, you will be given every opportunity and assistance to address and/or resolve any additional issues to avoid delaying the application to be presented.

1. Page 1; DUNS, CCR CAGE/NCAGE, CCR Expiration Date: No DUNS or CCR information was provided on the application. Please provide a current printout of your DUNS, CCR CAGE/NCAGE, and the CCR Expiration Date information from the Central Contractor Registration website so we may verify that the registrations are current.
2. Page 19; H. Prior Results: Please provide information explaining how the "project proceeded as expected and projected."

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

Sincerely,

Rutha Chatwood
Victim Services Program Manager