

APPLICATION NUMBER: M11-8-033

APPLICANT: The Wellspring Alliance For Families, Inc.

PROJECT TITLE: Sexual Assault Program

PROJECT FUNDS :

FUND:	\$	<u>12,778</u>	100.00%
MATCH:	\$	<u>0</u>	0.00%
TOTAL:	\$	<u>12,778</u>	100.00%

PROJECT DURATION: 12 months

START DATE: 05/01/2012

END DATE: 04/30/2013

Continuation of M96-8-003

PROJECT SUMMARY:

To continue and strengthen the telephone crisis intervention and information and referral services of the Rape Crisis Program. Also, provides a coordination of services for victims receiving services not only through Wellspring but also other appropriate community resources.

RECOMMENDATION : FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 01/05/12 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: M11-8-033 VAWA Purpose Area: 5

1. TITLE OF PROJECT Wellspring Sexual Assault Program		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: M10 - 8 - 031	
3. PROJECT DURATION Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 5/1/2012 Desired End Date: 4/30/2013		4. PROJECT FUNDS Federal Funds: \$12,778 Cash Match In-Kind Match: Total Project: \$12,778	
5A. APPLICANT AGENCY INFORMATION Agency Name: The Wellspring Alliance for Families, Inc. Physical Address: 1515 Jackson Street City: Monroe, LA Zip: 71202-2063 Mailing Address: 1515 Jackson Street City: Monroe, LA Zip: 71202-2063 Phone: (318) 651-9314 FAX: (318) 651-9320 Email: jbell@wellspringalliance.org		5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Judy Bell Title: President/CEO Agency Name: The Wellspring Alliance for Families, Inc. Address: 1515 Jackson Street City: Monroe, LA Zip: 71202-2063 Phone: (318) 651-9314 FAX: (318) 651-9320 Email: jbell@wellspringalliance.org	
Fed Employer Tax Id: 72 - 0442226 DUNS: 13873 - 8153		CCR CAGE/NCAGE: S8SY7 CCR Expiration Date: 7/6/2011	

6. IMPLEMENTING AGENCY Name: Judy Bell Title: President/CEO Agency: The Wellspring Alliance for Famil Address: 1515 Jackson Street City: Monroe, LA Zip: 71202-2063 Phone: (318) 651-9314 FAX: (318) 651-9320 Email: jbell@wellspringalliance.org	7. PROJECT DIRECTOR Name: Judy Bell Title: President/CEO Agency: The Wellspring Alliance for Fa Address: 1515 Jackson Street City: Monroe, LA Zip: 71202-2063 Phone: (318) 651-9314 FAX: (318) 651-9320 Email: jbell@wellspringalliance.org	8. FINANCIAL OFFICER Name: Christy Gwin Title: Dir. of Admin. & Financial Services Agency: The Wellspring Alliance for Famili Address: 1515 Jackson Street City: Monroe, LA Zip: 71202-2063 Phone: (318) 651-9314 FAX: (318) 651-9320 Email: cgwin@wellspringalliance.org
---	---	---

9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)
The project is designed to continue and strengthen the telephone crisis intervention and information and referral services of the Wellspring's Rape Crisis Program. This project also provides a coordination of services for victims receiving services not only through the Wellspring but also other appropriate community resources. The amount of \$12,778 is requested.

2011 DEC 8 PM 1:30
LAW ENFORCEMENT
COMMISSION

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: Christy Gwin Title: Dir. of Admin. & Financial Services
 Phone: (318) 651-9314 Fax: (318) 651-9320 E-Mail: cgwin@wellspringalliance.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORY	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100 PERSONNEL	\$10,550	\$0	\$0	\$10,550
SECTION 200 FRINGE BENEFITS	\$886	\$0	N/A	\$886
SECTION 300 TRAVEL	\$0	\$0	\$0	\$0
SECTION 400 EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500 SUPPLIES	\$0	\$0	\$0	\$0
SECTION 600 CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 800 OTHER DIRECT COSTS	\$1,342	\$0	\$0	\$1,342
TOTAL:	\$12,778	\$0	\$0	\$12,778

Provide Source of Cash Match: N/A

Provide Source of In-Kind Match: N/A

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
Counseling Services Manager	Deterise Addison	FT	\$2,635.00	5.00%	10.00	\$1,317.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Counseling Services Manager	Deterise Addison	FT	\$2,688.00	5.00%	2.00	\$268.80	<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"/>
		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:						\$1,586.30		

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
Evening Telephone Crisis Adv	Danielle Casanova	PT	\$9.00	19.00	50.00%	50.00	\$4,275.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evening Telephone Crisis Adv	Danielle Casanova	PT	\$9.18	19.00	50.00%	2.00	\$174.42	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evening Telephone Crisis Adv	Whitney Wall	PT	\$9.00	19.00	50.00%	12.00	\$1,026.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evening Telephone Crisis Adv	Whitney Wall	PT	\$9.18	19.00	50.00%	40.00	\$3,488.40	<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"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$8,963.82		

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	\$10,550
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	\$10,550

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:

Funds are requested to pay partial salaries for two part-time Evening Crisis Advocates and for one full-time Counseling Services Manager. The Counseling Services Manager and the Evening Crisis Advocates will be the first contact for women who have been victims of sexual assault who are seeking help.

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

According to Alliance for Children and Families guidelines, salary ranges are at eighty percent of the southern average. A cost of living adjustment is made annually, and merit raises are given when funds are available.

C) Project duties of each position requested:

Duties of Counseling Services Manager will include: scheduling counseling appointments for victims of sexual assault, answering seven (7) twenty-four hour crisis lines serving all of Northeast Louisiana; coordinating services in rural parishes for victims of sexual assault, contacting hospitals and health providers informing them of available services to victims of sexual assault.

Duties of Evening Crisis Advocates will include: answering seven (7) twenty-four hour crisis lines serving all of Northeast Louisiana; contacting Counseling Services Manager of any sexual assault emergency; working with local SART to dispatch evening Medical Advocate Volunteers.

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.]

Application is for a continuation grant and personnel are original.

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. Deterise Addison	.062		\$1,586	\$98	5.	.062			\$0		
2. Danielle Casanova	.062		\$4,449	\$275	6.	.062			\$0		
3. Whitney Wall	.062		\$4,514	\$279	7.	.062			\$0		
4.	.062		\$0		8.	.062			\$0		
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL		
1. Deterise Addison	.0145		\$1,586	\$22	5.	.0145			\$0		
2. Danielle Casanova	.0145		\$4,449	\$64	6.	.0145			\$0		
3. Whitney Wall	.0145		\$4,514	\$65	7.	.0145			\$0		
4.	.0145		\$0		8.	.0145			\$0		
HEALTHLIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTHLIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL		
1.	0.00	0.00	0.00%	\$0	5.				\$0		
2.	0.00	0.00	0.00%	\$0	6.				\$0		
3.	0.00	0.00	0.00%	\$0	7.				\$0		
4.				\$0	8.				\$0		
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL		
1. Deterise Addison	0.008		\$1,586	\$12	5.				\$0		
2. Danielle Casanova	0.008		\$4449	\$35	6.				\$0		
3. Whitney Wall	0.008		\$4,514	\$36	7.				\$0		
4.			\$0		8.				\$0		
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL		
1.		CHECK TYPE		\$0	5.		CHECK TYPE		\$0		
2.				\$0	6.				\$0		
3.		<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0		
4.		<input type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> SUTA		\$0		
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL		
1.			\$0		5.				\$0		
2.			\$0		6.				\$0		
3.			\$0		7.				\$0		
4.			\$0		8.				\$0		
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL		
1.			\$0		5.				\$0		
2.			\$0		6.				\$0		
3.			\$0		7.				\$0		
4.			\$0		8.				\$0		
FRINGE BENEFITS TOTAL (A):					\$886	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): \$886

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$886
CASH MATCH	
TOTAL FRINGE BENEFITS	\$886

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	Avg. of \$600 per month for 7 lines	12.00	\$111.84	\$1,342.08	<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"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$1,342.08			

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

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

Funds are requested to assist with the costs of telephone for the crisis lines to meet the needs of sexual assault victims. Telephone expense for the crisis lines is necessary to meet the needs of victims of sexual assault, and average approximately \$600 per month. Grant funds are requested to pay approximately 19% of the estimated cost.

B) Its relationship to project.
Telephone expenses are for the crisis intervention program which is the initial contact for victims of sexual assault by providing immediate crisis intervention, counseling, and shelter referrals. The project also provides information and referral, and offers a coordination of services for victims receiving services not only through the Wellspring but also other appropriate community resources throughout Northeast Louisiana.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$1,342
CASH MATCH	
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	\$1,342

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.

Rape in Louisiana: A Report to the State (2003) indicates that nearly 225,000 or over 1 out of every 8 adult women in Louisiana has been the victim of forcible rape during her lifetime. Over 13% of women in Ouachita Parish have been raped, according to the same report. The number of law enforcement calls for NELA for 2010 (based in part on estimates) was 98, a rate of 27.5 per 100,000 (based on 2010 Census pop. ests). That's more than the 2010 Louisiana average rate of reported sexual assaults of 27.2 per 100,000 persons over age 12 (U.S. BJS, 2010). Northeast Louisiana has a higher rate of sexual assault than the Lafayette (18.0), Alexandria (23.1) and Houma (22.5) regions according to FBI statistics (2010).

According to data from the Center for Disease Control's (CDC) Division of Violence Prevention (2011), 1 in 6 women and 1 in 33 men in the United States reported experiencing an attempted or completed rape at some time in their lives. An estimated 20-25% of college women in the U.S. report being victims of rape or attempted rape during their college careers, and 8% of high school students surveyed nationwide indicate they have been forced to have sex. Even more tragic is that these numbers underestimate the reality of rape in America. Many victims do not report due to shame, embarrassment, fear, or worry that they will not be believed.

The traumatic and devastating impacts of rape and sexual assault include sexually transmitted diseases, and long-term physical, mental and emotional health problems for many women (CDC, 2010). Victims of sexual assault are more likely to smoke, use drugs, abuse alcohol, and engage in other risky behaviors. Sexual assault can impact the physical health of victims leading to chronic pain, headaches, stomach problems and sexually transmitted diseases. Victims are also more likely to develop eating disorders, become depressed, and consider or attempt suicide (CDC, 2011).

Need: To address these traumatic and devastating consequences of rape, funds are requested in this proposal for Evening Telephone Crisis Advocates and a Counseling Services Manager who are needed to continue twenty-four hour crisis intervention, emergency, and other support/referral services in the sexual assault program for victims in the Monroe metropolitan area and in the rural parishes.

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

The gap in services for victims of sexual assault was identified many years back when the Wellspring, formerly the YWCA of Northeast Louisiana, stood ready to address the growing issue of sexual assault. In 1980, the agency launched services for these victims, including the crisis lines now funded through this grant. Continued outreach to victims remains critical, and while the needs continue to increase, the VAWA funded crisis line is a critical link to connecting victims with the resources they so desperately need in our service area.

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.

The Wellspring will respond to the immediate needs of sexual assault victims and assist them in resolving the trauma of sexual assault through 24-hour telephone crisis intervention, safety planning, as a liaison to the community's SART program, and referral to resources and programs best suited to their needs.

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.

Because of the anonymity of the callers and the fact that they may call one time, and then not ever call again, it is difficult to assess long term outcomes for individuals. The action steps taken during the calls themselves are indicators of outcome for each call.

Objective 1: To maintain twenty-four hour crisis intervention services and respond to a minimum of 250 crisis calls from victims of rape and sexual assault. Of the 250 crisis calls answered, 100 victims will seek additional services to further address trauma resolution as indicated by number of victims served in VAWA Quarterly Reports.

Objective 2: To improve the delivery of victims services area-wide by increasing awareness of rape and sexual assault services including telephone crisis counseling, individual and group sessions, and victim advocacy for 20 health care providers or other professionals. Of professionals reached, 15 will agree to maintain agency referral information and direct appropriate victims to needed services.

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

This is a continuation grant and services are ongoing. There will be no interruption in crisis line activity and services will run throughout the entire grant period.

Objective 1: Crisis intervention will be provided 24 hours a day for the twelve month grant period. Crisis intervention methods include these steps: safety and security, ventilation and validation, assessing resources, education, prediction and preparation, and follow up when appropriate. Telephone crisis staff will receive ongoing training in the areas of crisis intervention, referral to law enforcement and other agencies and reporting/data collection.

Objective 2: Provide sexual assault educational information and referral materials for the 12 parishes served in Northeast Louisiana.

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: Valerie Bowman PHONE: (318) 651-9314 EMAIL: vbowman@wellspringallinac

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: 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.)

VAWA Quarterly reports for the previous grant period (October 1, 2010 to April 30, 2011) reveal that the Wellspring served 109 primary victims of sexual assault and 51 secondary victims of sexual assault. Data used is from our previous grant period. Objectives from the previous application and progress on these objectives are as follows:

Goal: The Wellspring will respond to the immediate needs of sexual assault victims and assist them in resolving the trauma of sexual assault through 24-hour telephone crisis intervention, safety planning, as a liaison to the community's SART program, and referral to resources and programs best suited to their needs.

- Objective 1: To maintain twenty-four hour crisis intervention services and respond to a minimum of 400 crisis calls from victims of rape and sexual assault. Of the 400 crisis calls answered, 200 victims will seek additional services to further address trauma resolution as indicated by number of victims served in VAWA Quarterly Reports. RESULTS: The Wellspring has responded to 127 crisis calls and 109 primary victims and 51 secondary victims of sexual assault received additional services during the previous contract period (a period of 7 months).

-Objective 2: To improve the delivery of victims services area-wide by increasing awareness of rape and sexual assault services including telephone crisis counseling, individual and group sessions and victim advocacy for 20 area health-care providers or other professionals. Of professionals reached, 15 will agree to maintain agency referral information and direct appropriate victims to needed services. RESULTS: The Wellspring has exceeded this objective by providing 23 informational sessions to 369 professionals.

2. Did the project work as expected? Explain.

The project works as expected and the Wellspring exceeded one of the two objectives set forth in the previous application. However, because our last funding period was seven months rather than one year, the annual objective was both unrealistic and unattainable. It is believed that the projection was estimated to be a bit high even for a twelve month period, and our numbers for the proposed project will be adjusted accordingly.

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?

The crisis line call number will be reduced to more realistically reflect the numbers of calls anticipated and received.

I. EVALUATION AND DISSEMINATION OF REPORTING

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

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

The Counseling Services Manager, Client Advocates, and Telephone Crisis Advocates will collect data from sexual assault callers.

2. When will the data be collected?

Data will be collected at the time of the call.

3. Who will collect and analyze the data?

The Records/Outcome Monitors collect the data and run reports. The data is analyzed by staff leadership/program directors and appropriate actions and/or reports are disseminated.

4. Who will be responsible for submitting the data for the VAWA Annual Report: State name and contact information.

Name: Christy Gwin

Phone: (318) 651-9314

Email: cgwin@wellspringalliance.org

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

The Wellspring Leadership Team, which is made up of the directors of each of the agency's programs, meets on a monthly basis. The agency's strategic plan, as well as data based on program statistics and client and staff feedback, are evaluated on a quarterly basis. Program processes and the flow of services are discussed at each meeting, with recommendations made when and if program strategies are found to be ineffective or inefficient. Client and staff feedback and satisfaction are strongly considered when examining program effectiveness and revising strategies. When changes are necessary, they are made with input from appropriate direct service staff members and methodically implemented.

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 Louisiana Commission on Law Enforcement (LCLE) will receive Quarterly Progress Reports and expenditure reports on a monthly basis, per contractual agreement. An Annual Progress Report will also be submitted to LCLE upon completion of the project. The Wellspring Alliance for Families Board of Directors receives quarterly reports and a written agency balanced scorecard which indicates project results. All Wellspring stakeholders including the membership, donors, etc. receive an annual report which outlines programs outputs and outcomes as well as general activities. It is also made available to the general public via website. The Louisiana Department of Children & Family Services, the Department of Justice/Office on Violence Against Women, the Louisiana Foundation Against Sexual Assault, United Way of NELA and other funders require monthly, quarterly, and/or annual written reports.

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.

The Sexual Assault Program including the crisis lines will continue to be funded through Louisiana Foundation Against Sexual Assault, VOCA Funding, SASP Funding, United Way of Northeast Louisiana, and Wellspring special events and memberships. Grant dollars from the Department of Justice/Office on Violence Against Women also support the work of the Sexual Assault Program. In addition, new sources of local, state and federal funding are continuously researched and proposals are submitted on a regular basis.

To broaden the program funding base and to allow clients an opportunity to take more responsibility for their own growth, a sliding fee scale using annual household income is in place for on-going, non-crisis individual and family therapy. No one will be denied service based on their inability to pay. Crisis intervention services such as the 24-hour crisis line, the first three counseling sessions, the support/therapy group and safe shelter, if needed, will be provided at no charge.

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.

Counseling services and telephone crisis intervention for victims are provided at the Wellspring Counseling and Family Development Center located at 1103 Hudson Lane in Monroe, LA. Group services are provided at the Wellspring Administrative Office located at 1515 Jackson Street, Monroe, LA. Persons who have been sexually assaulted may also receive services at the Family Justice Center, located at 520 Riverside Drive in Monroe. All three of these sites are located on Monroe's local transit route. In addition, counseling and crisis intervention services are provided at Wellspring satellite offices in Morehouse and Franklin Parish, Louisiana. Additional resources include computers and internet access for every employee and volunteer as well as appropriate copying, scanning and faxing equipment. Our most valuable resource is our highly experienced and trained staff of 82 persons.

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	6/21/2011
2. Dates covered by last audit:	1/1/2010-12/31/2010
3. Date of next audit:	6/30/2012
4. Dates to be covered by next audit:	1/1/2011 - 12/31/2011
5. Date next audit will be forwarded to LCLE:	6/30/2012

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.

The Wellspring networks with a large number of service providers as well as numerous other community groups and agencies to provide services to victims of crime. The Wellspring has a close working relationship with law enforcement agencies in Northeast Louisiana. Many of the agency's clients are referred for services by law enforcement or the district attorney's office. Clients are encouraged to report the assault to the appropriate law enforcement agency at the time of initial contact. The Wellspring collaborates with law enforcement agencies to provide training to the police academy and to officers throughout the region. An understanding of services offered makes appropriate referrals more likely. The Wellspring makes agency brochures and business cards available to area patrol officers upon request. A coordinated community response to domestic violence, dating violence, sexual assault and stalking has been strengthened over the past few years by the development of the Family Justice Center and the SAFER Rural Task Force. See attached MOUs. The agency is also an integral part of the community's Sexual Assault Resource Team (SART).

Kathy Guidry

From: Kathy Guidry
Sent: Thursday, January 05, 2012 2:51 PM
To: 'Judy Bell'
Cc: 'Judy Benitez'
Subject: M11-8-033, The Wellspring Alliance for Families, Inc., Sexual Assault Program

Ms. Judy Bell
The Wellspring Alliance for Families, Inc.
1515 Jackson Street
Monroe, LA 71202-2063

RE: M11-8-033; "Sexual Assault Program"

Dear Ms. Bell:

This office has received the above application. This application will be presented at the Victim Services Advisory Board and the Commission meetings, which are scheduled for February 29 and March 1, 2012, respectively. The information regarding the location of the meetings is yet to be determined. Since this application request is to continue the above project and is under \$20,000, you are only required to attend the Victim Services Advisory Board meeting.

Based on the preliminary review of the referenced application, the following issues must be addressed and resolved. Additional issues may arise between the agency review process and the Advisory Board/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. Pg. 1,
 - a. The CCR number entered is "\$85Y7" does not match with the CCR's website, "48SY7" and the expiration date is 5/30/2012.
2. Pg. 4, Section 100 Personnel – The previous subgrant, M10-8-031 that ends 4/30/2012, states that Deterise Addison's actual monthly salary is \$2,583. However, this application states her actual monthly salary is \$2,635. She will receive this amount for ten months then receive an increase to \$2,688 for the remaining two months of the project. Please justify the increase that she will receive beginning with this project. What is the agency's policy on merit increases?
3. Pg. 14, A. Problem Definition – Do you have statistics for 2011?
4. Pg. 16, D. Activities/Methods – Need to state the timetable when activities will occur.
5. Pg. 19, H. Prior Results #3 – It states the goals and objectives were revised from the previous subgrant, M10-8-031; however, page 15 shows no difference. Please clarify.
6. Pg. 20, I. Evaluation and Dissemination of Reporting – Is there an evaluation form that used with this project to receive feedback? If so, please provide a copy.
7. Pg. 21, L. Audit Requirements – Please remember a copy of your most current audit must be submitted to LCLE.
8. Pg. 22, N. Consultation – Current MOUs are needed; these are dated in 2010.

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 Wednesday, January 18, 2012. Please contact District Office if you have any questions pertaining to this letter.

Sincerely,

Katherine C. Guidry

Federal Programs Section Manager
LA Commission on Law Enforcement
602 N. 5th St., 1st Floor

Mailing Address:

PO Box 3133

Baton Rouge, LA 70821-3133

P: (225) 342-1829

C: (225) 241-5978

F: (225) 342-1846

Email: kathy.guidry@lcle.la.gov