



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: CVA Purpose Area:

1. TITLE OF PROJECT
Wellspring Victim Assistance Program

2. NEW PROJECT
 CONTINUATION PROJECT OF: C11-2-005

3. PROJECT DURATION
Total Length: 12 Months (Not to exceed 12 Months)
Desired Start Date: 3/1/2013
Desired End Date: 2/28/2014

4. PROJECT FUNDS
Federal Funds: \$303,896
Cash Match: \$15,834
In-Kind Match: \$60,140
Total Project: \$379,870

5A. APPLICANT AGENCY INFORMATION
Agency Name: The Wellspring Alliance for Families
Physical Address: 1515 Jackson Street
City: Monroe Zip: 71202-2063
Mailing Address: 1515 Jackson Street
City: Monroe 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 and CEO
Agency Name: The Wellspring Alliance for Families
Address: 1515 Jackson St.
City: Monroe 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: 48SY7 CCR Expiration Date: 4/10/2013

6. IMPLEMENTING AGENCY
Name: Judy Bell
Title: President and CEO
Agency: The Wellspring
Address: 1515 Jackson St.
City: Monroe Zip: 71202-2063
Phone: (318) 651-9314 FAX: (318) 651-9320
Email: jbell@wellspringalliance.org

7. PROJECT DIRECTOR
Name: Valerie Bowman
Title: Director, Domestic Violence Prog
Agency: The Wellspring
Address: 1515 Jackson St.
City: Monroe Zip: 71202-2063
Phone: (318) 651-9314 FAX: (318) 651-9314
Email: vbowman@wellspringalliance.org

8. FINANCIAL OFFICER
Name: Christy Gwin
Title: Director, Adm and Finance
Agency: The Wellspring
Address: 1515 Jackson St
City: Monroe 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 Wellspring requests \$303,896 in CVA funding to provide residential and non-residential supportive services to victims of domestic/dating violence, stalking, sexual assault, and child abuse as well as for adult survivors of childhood issues/incest who are located in a 12 parish area of Northeast Louisiana. For this grant year 3 new parishes are added- LaSalle, Concordia and Catahoula. Immediate emotional and physical needs of primary and secondary victims as well as stabilization services after the initial victimization will be provided. Funds will be used to pay partial salaries, fringe benefits for direct service staff and leased space for programs. Specific services provided include but are not limited to 24/7 telephone crisis intervention, safe shelter, basic needs, medical assistance, legal advocacy, adult and child counseling, case management, safety planning, support and therapy groups, mentoring for children/youth, community referrals, transitional housing, etc.

The Wellspring has provided services for victims since 1980 and has a long standing record of collaboration and advocacy on behalf of victims on the local, state, regional and national levels. It is projected that approximately 4000 victims will be served either face-to-face or by crisis lines during the grant period.

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LA COMMISSION
ON LAW ENFORCEMENT

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: *Supervision of Direct Service Providers*

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Supervisor, Dir. Prof. Serv	Caroline Cascio	FT	\$5,478.00	10.00%	10.00	\$5,478.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supervisor, Dir. Prof. Serv	Caroline Cascio	FT	\$5,598.00	10.00%	2.00	\$1,119.60	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supervisor, Dir. of BBBS	Jane Brandon	FT	\$5,330.00	10.00%	10.00	\$5,330.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supervisor, Dir. of BBBS	jane Brandon	FT	\$5,437.00	10.00%	2.00	\$1,087.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supervisor, Dir. of DV	Valerie Bowman	FT	\$4,461.00	10.00%	10.00	\$4,461.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supervisor, Dir. of DV	Valerie Bowman	FT	\$4,571.00	10.00%	2.00	\$914.20	<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"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$18,390.20	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
..	.		\$0.00	0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
.	.		\$0.00	0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
.	.		\$0.00	0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
.	.		\$0.00	0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
.	.		\$0.00	0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
.	.		\$0.00	0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
.	.		\$0.00	0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
.	.		\$0.00	0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
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
Volunteers for Supportive Services and Activites	2,400.00	\$10.00	\$24,000.00
Board of Directors.	60.00	\$10.00	\$600.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$24,600.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$261,302
CASH MATCH	\$7,125
IN-KIND MATCH	\$24,600
PERSONNEL TOTAL	\$293,027

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: *Direct Service Providers*

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Therapist	Lisa Longenbaugh	FT	\$4,578.00	60.00%	1.00	\$2,746.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Therapist	Lisa Longenbaugh	FT	\$4,670.00	60.00%	11.00	\$30,822.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Counseling Services Manager	Deterise Addison	FT	\$2,785.99	30.00%	12.00	\$10,029.56	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Client Services Advocate	Cathy Burgess	FT	\$2,124.00	30.00%	7.00	\$4,460.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Client Services Advocate	Cathy Burgess	FT	\$2,166.00	30.00%	5.00	\$3,249.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Client Services Advocate	Sandra Woods	FT	\$1,938.00	40.00%	3.00	\$2,325.60	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Client Services Advocate	Sandra Woods	FT	\$1,977.50	40.00%	9.00	\$7,119.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$60,752.36	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
Therapist	Phyllis Taylor	PT	\$28.43	16.00	50.00%	40.00	\$9,097.60	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Therapist	Phyllis Taylor	PT	\$29.00	16.00	50.00%	12.00	\$2,784.00	<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"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$11,881.60	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	
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	\$0

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: *Direct Service Providers*

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Victim Advocate	Tiney Dunbar	FT	\$2,375.00	50.00%	12.00	\$14,250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Victim Advocate	Tiney Dunbar	FT	\$2,375.00	25.00%	12.00	\$7,125.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Therapist	Shaina Frost	FT	\$3,094.00	15.00%	10.00	\$4,641.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Therapist	Shaina Frost	FT	\$3,156.00	15.00%	2.00	\$946.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Therapist	Donna George	FT	\$4,199.00	25.00%	6.00	\$6,298.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Therapist	Donna George	FT	\$4,283.00	25.00%	6.00	\$6,424.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Therapist	Melanie Clark	FT	\$3,872.00	40.00%	4.00	\$6,195.20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Therapist	Melanie Clark	FT	\$3,949.00	40.00%	8.00	\$12,636.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$58,517.80	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
Shelter Advocate	Randall Campbell	PT	\$9.18	20.00	30.00%	40.00	\$2,203.20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Randall Campbell	PT	\$9.36	20.00	30.00%	12.00	\$673.92	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Florece Staten	PT	\$9.36	25.00	80.00%	28.00	\$5,241.60	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Florece Staten	PT	\$9.55	25.00	80.00%	24.00	\$4,584.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Valtenia Smith	PT	\$9.36	20.00	50.00%	8.00	\$748.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Valtenia Smith	PT	\$9.55	20.00	50.00%	44.00	\$4,202.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Ashley Alford	PT	\$9.18	22.00	50.00%	40.00	\$4,039.20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Ashley Alford	PT	\$9.36	22.00	50.00%	12.00	\$1,235.52	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$22,928.24	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
	0.00		\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$0.00

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

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: *Direct Service Providers*

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Program Manager	Deri Gayle	FT	\$3,056.00	100.00%	7.00	\$21,392.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program Manager	Deri Gayle	FT	\$3,117.00	100.00%	5.00	\$15,585.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Operations Mgr.	Pearline Badger	FT	\$2,733.00	10.00%	7.00	\$1,913.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Operations Mgr.	Pearline Badger	FT	\$2,788.00	10.00%	5.00	\$1,394.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Faye Smith	FT	\$2,301.00	50.00%	9.00	\$10,354.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Faye Smith	FT	\$2,347.00	50.00%	3.00	\$3,520.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Sharonda Grimes	FT	\$1,622.00	50.00%	10.00	\$8,110.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Sharonda Grimes	FT	\$1,654.44	50.00%	2.00	\$1,654.44	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$63,923.54	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
Shelter Advocate	Brittney Woods	PT	\$9.18	20.00	30.00%	36.00	\$1,982.88	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Brittney Woods	PT	\$9.36	20.00	30.00%	16.00	\$898.56	<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"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$2,881.44	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	
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	\$0

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: *Administrative Time*

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Finance Assistant	Cassy Cooper	FT	\$2,034.00	30.00%	3.00	\$1,830.60	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Finance Assistant	Cassy Cooper	FT	\$2,075.00	30.00%	9.00	\$5,602.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Records Outcome Monitor	Kristi Whetstone	FT	\$2,429.00	30.00%	2.00	\$1,457.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Records Outcome Monitor	Kristi Whetstone	FT	\$2,478.00	30.00%	10.00	\$7,434.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Finance Assistant	Brandi Joyner	FT	\$2,776.00	20.00%	12.00	\$6,662.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dir. of Adm. & Finance	Christy Gwin	FT	\$5,121.00	10.00%	10.00	\$5,121.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dir. of Adm. & Finance	Christy Gwin	FT	\$5,223.00	10.00%	2.00	\$1,044.60	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT	\$0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$29,152.50	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
					0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
				0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
				0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
				0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
				0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
				0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
				0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
				0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
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
			\$0.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$0.00

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

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:

The Dir. of Prof. Serv. provides oversight of the delivery of programs & services to victims in the non-residential program. The Dir. of DV provides supervision of paid & volunteer staff serving victims in the Residential Program. The Dir. of Big Brothers Big Sisters provides supervision to staff and volunteers in the BBBS Program. In direct service, 4 full-time & 1 part-time therapists provide therapy and crisis services to victims. The Counseling Services Manager, & 2 Client Services Advocates provide crisis intervention through our 24 hour crisis lines . The Shelter Operations Manager oversees and provides for immediate victim needs in the day to day operations of the shelter. The shelter has 2 full-time & 5 part-time Shelter Advocates who work on-site during the evening & weekend hours. The BBBS Program Manager matches program participants with volunteers and provides case management. The Victim Advocate will reach victims in the parishes of Catahoula, Concordia and LaSalle. Funds are requested for pro-rata administrative time necessary to record & process program data & case records necessary to complete VOCA programmatic and statistical reports, maintain crime victim records, track progress of victim's goals, compile statistics and required time and attendance records.

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

Salaries are below those of similar positions in the area. According to the Alliance & Families' guidelines, salary ranges are at eighty percent of the southern average. A 2% Cost Price Index adjustment is proposed for January 2014. Increases are granted on anniversary dates of employees.

C) Project duties of each position requested:

Director of Prof. Services oversees & coordinates all non-residential services, assures goals & objectives are established & accomplished, collects, reports, & analyzes project and service provider productivity data. Duties of Therapists include crisis intervention, individual therapy, support & therapy groups, community referrals, & court-related services. The Counseling Services Manager & Client Advocate provide crisis intervention & assists victims through our 24-hour crisis lines. The Dir. of DV duties include supervisory responsibilities & training of paid staff & volunteers who provide direct service to residential victims. Shelter Advocates monitor client activities & perform intakes for victims in the shelter. Shelter Operations Mgr. provides for victim needs residing in the shelter. Dir. of BBBS and Program Mgr. duties include recruiting, screening & training volunteers, case managers, & program participants & matching volunteers with program participants. The Victim Advocate will provide victims safety planning, case management, advocacy, referrals and assist with accessing resources
MATCH: In-Kind Math is volunteers hours assocwith groups and individual activities.Cash match is provided for partial salary for a Victim Advocate. Interns from the master's University of Louisiana at Monroe Marriage & Family Program are used for therapy. Undergraduate social work interns duties are case management, supportive services & group activities. Board of Directors & Executive Committee meetings are held on a monthly basis. Their primary duty is to determine organizational mission & service priorities including directing the majority of resources to services for victims of crime. Cash match is provided for the Victim Advocate positon that works with victims in the parishes of Catahoula, Concordia and LaSalle.

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.]

Application is for a continuation grant and all 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. Caroline Cascio	.062		\$6,598	\$409	5. Jane Brandon	.062		\$6,417	\$397	
2. Valerie Bowman	.062		\$5,375	\$333	6.	.062			\$0	
3.	.062			\$0	7.	.062			\$0	
4.	.062			\$0	8.	.062			\$0	
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL	
1. Caroline Cascio	.0145		\$6,598	\$95	5. Jane Brandon	.0145		\$6,417	\$93	
2. Valerie Bowman	.0145		\$5,375	\$77	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.				\$0	5.				\$0	
2.				\$0	6.				\$0	
3.				\$0	7.				\$0	
4.				\$0	8.				\$0	
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	
1. Caroline Cascio	0.009		\$6,598	\$59	5. Jane Brandon	0.009		\$6,417	\$57	
2. Valerie Bowman	0.009		\$5,375	\$48	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.		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):				\$1,021	FRINGE BENEFITS TOTAL (B):				\$547	

PLEASE NOTE: IF MORE THAN EIGHT EMPLOYEES CHARGED TO THIS PROJECT, PLEASE COMPLETE AN ADDENDUM PAGE.

Fringe Benefits Total (A+B): \$1,568

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$19,815
CASH MATCH	\$8,709
TOTAL FRINGE BENEFITS	\$28,524

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. Lisa Longenbaugh	.062		\$33,569	\$2,081	5. Deterise Addison	.062		\$10,030	\$621
2. Cathy Burgess	.062		\$7,709	\$477	6. Sandra Woods	.062		\$9,444	\$585
3. Phyllis Taylor	.062		\$11,882	\$736	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Lisa Longenbaugh	.0145		\$33,569	\$486	5. Deterise Addison	.0145		\$10,030	\$145
2. Cathy Burgess	.0145		\$7,709	\$111	6. Sandra Woods	.0145		\$9,444	\$136
3. Phyllis Taylor	.0145		\$11,882	\$172	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.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1. Lisa Longenbaugh	0.009		\$33,569	\$302	5. Deterise Addison	0.009		\$10,030	\$90
2. Cathy Burgess	0.009		\$7,709	\$69	6. Sandra Woods	0.009		\$9,444	\$84
3. Phyllis	0.009		\$11,882	\$106	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.		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):				\$4,540	FRINGE BENEFITS TOTAL (B):				\$1,661

PLEASE NOTE: IF MORE THAN EIGHT EMPLOYEES CHARGED TO THIS PROJECT, PLEASE COMPLETE AN ADDENDUM PAGE.

Fringe Benefits Total (A+B): \$6,201

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

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. Shaina Frost	.062		\$5,588	\$346	5. Donna George	.062		\$12,723	\$788
2. Melanie Clark	.062		\$18,832	\$1,167	6. Randall Campbell	.062		\$2,877	\$178
3. Florece Staten	.062		\$9,826	\$609	7. Valenia Smith	.062		\$4,951	\$306
4. Ashley Alford	.062		\$5,275	\$327	8. Tiney Dunbar	.062		\$14,250	\$883
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Shaina Frost	.0145		\$5,588	\$81	5. Donna George	.0145		\$12,723	\$184
2. Melanie Clark	.0145		\$18,832	\$273	6. Randall Campbell	.0145		\$2,877	\$41
3. Florece Staten	.0145		\$9,826	\$142	7. Valenia Smith	.0145		\$4,951	\$71
4. Ashley Alford	.0145		\$5,275	\$76	8. Tiney Dunbar	.0145		\$14,250	\$206
HEALTH/LIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1. Shaina Frost	0.009		\$5,588	\$50	5. Donna George	0.009		\$12,723	\$114
2. Melanie Clark	0.009		\$18,832	\$169	6. Randall Campbell	0.009		\$2,877	\$25
3. Florece Staten	0.009		\$9,826	\$88	7. Valenia Smith	0.009		\$4,951	\$44
4. Ashley Alford	0.009		\$5,275	\$47	8. Tiney Dunbar	0.009		\$14,250	\$128
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):				\$3,375	FRINGE BENEFITS TOTAL (B):				\$2,968

PLEASE NOTE: IF MORE THAN EIGHT EMPLOYEES CHARGED TO THIS PROJECT, PLEASE COMPLETE AN ADDENDUM PAGE.

Fringe Benefits Total (A+B): \$6,343

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

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. Deri Gayle	.062		\$36,977	\$2,292	5. Pearline Badger	.062		\$3,307	\$205	
2. Faye Smith	.062		\$13,875	\$860	6. Sharonda Grimes	.062		\$9,764	\$605	
3. Brittny Woods	.062		\$2,881	\$178	7.	.062			\$0	
4.	.062			\$0	8.	.062			\$0	
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL	
1. Deri Gayle	.0145		\$36,977	\$536	5. Pearline Badger	.0145		\$3,307	\$47	
2. Faye Smith	.0145		\$13,875	\$201	6. Sharonda Grimes	.0145		\$9,764	\$141	
3. Brittny Woods	.0145		\$2,881	\$41	7.	.0145			\$0	
4.	.0145			\$0	8.	.0145			\$0	
HEALTH/LIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	
Provide monthly insurance rates					Provide monthly insurance rates					
1.				\$0	5.				\$0	
2.				\$0	6.				\$0	
3.				\$0	7.				\$0	
4.				\$0	8.				\$0	
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	
1. Deri Gayle	0.009		\$36,977	\$332	5. Pearline Badger	0.009		\$3,307	\$29	
2. Faye Smith	0.009		\$13,875	\$124	6. Sharonda Grimes	0.009		\$9,764	\$87	
3. Brittny Woods	0.009		\$2,881	\$25	7.				\$0	
4.				\$0	8.				\$0	
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	
Based on first \$7,000 or Less					Based on first \$7,000 or Less					
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):				\$4,589	FRINGE BENEFITS TOTAL (B):				\$1,114	

PLEASE NOTE: IF MORE THAN EIGHT EMPLOYEES CHARGED TO THIS PROJECT, PLEASE COMPLETE AN ADDENDUM PAGE.

Fringe Benefits Total (A+B): \$5,703

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

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. Cassy Cooper	.062		\$0	\$0	5. Kristi Whetstone	.062		\$0	\$0
2. Brandi Joyner	.062		\$0	\$0	6. Christy Gwin	.062		\$0	\$0
3.	.062		\$0	\$0	7.	.062		\$0	\$0
4.	.062		\$0	\$0	8. t	.062		\$0	\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Cassy Cooper	.0145		\$0	\$0	5. Kristi Whetstone	.0145		\$0	\$0
2. Brandi Joyner	.0145		\$0	\$0	6. Christy Gwin	.0145		\$0	\$0
3.	.0145		\$0	\$0	7.	.0145		\$0	\$0
4.	.0145		\$0	\$0	8.	.0145		\$0	\$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.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1. Cassy Cooper	0.008		\$0	\$0	5. Kristi Whetstone			\$0	\$0
2. Brandi Joyner	0.000		\$0	\$0	6. Christy Gwin			\$0	\$0
3.				\$0	7.			\$0	\$0
4.				\$0	8. t			\$0	\$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.		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):				\$0	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): \$0

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

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: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE) NAME/POSITION TITLE/PURPOSE OF TRAVEL	TRAVEL DESTINATION	TRAVEL DATES:		PAID WITH		
		FROM	TO	F	C	IK
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH		
											F	C	IK
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										\$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$0

SECTION 400. COMPUTER QUESTIONNAIRE

If a computer and/or computer software is requested, the following must be completed. Please do not exceed spaces provided.

1. How will the purchase of computer equipment and/or software enhance the program to be funded?

2. How will the computer(s) be integrated into and/or enhance your current system?

3. What is the cost of each of the following:

A. Installation?

B. Staff training to use the computer equipment?

C. The on-going operational costs, such as maintenance agreements, supplies, etc.?

4. How will additional costs be supported?

SECTION 500. SUPPLIES (Continued)

SECTION B: Use this section only for Publications, workbooks, curriculum guides, videotapes, etc. Under type choose: **P** – Publications; **W** – Workbooks; **CG** – Curriculum Guides; **V** – Videotapes; **O** – Other. Itemize each item separately. Include tax and shipping costs in Unit Price, when applicable.

TYPE	TITLE OF PUBLICATIONS/FILMS	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF SECTION B SUPPLIES:				\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

BRIEFLY EXPLAIN:
 A) The use of each request and its relationship to the project. Also explain the choice of materials, e.g. based on previous experiences or research showing its effectiveness, etc.:

SECTION 500. SUPPLIES SUMMARY	
FEDERAL FUNDS	\$931
CASH MATCH	\$0
IN-KIND MATCH	\$35,540
SUPPLIES TOTAL	\$36,471

SECTION 600. CONTRACTUAL

Compensation for individual consultant services is to be reasonable and consistent with that paid for similar services in the marketplace. Travel, lodging, and meals, if applicable, should be figured in addition to compensation. All expenses must be included in the contract. Must use approved LCLE contract.

INDIVIDUAL CONSULTANT	TYPE OF SERVICE OR TASK	HOURS DEVOTED	RATE PER HOUR	TOTAL COST	PAID WITH	
					F	C
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
				SUBTOTAL OF CONTRACTUAL COSTS	\$0.00	F = Federal Funds C = Cash Match

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH	
											F	C
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
										SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:	\$0.00	F = Federal Funds C = Cash Match

BRIEFLY EXPLAIN:

A) Purpose of each consultant or other contractual service requested:

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

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

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

SECTION 700. RENOVATION

Note: Do not budget this category unless LCLE gives prior approval for proposed renovations – even if funded as In-Kind Match.

Is your building registered or does your building qualify with the National Historic Society? YES NO

If yes, you must meet the requirements set forth by Section 106 of the National Historic Preservation Act (16. U.S.C. Section 470, et. seq., as amended). List planned renovations and itemized costs explain the need for each.

PRE-APPROVED RENOVATIONS	TOTAL COST	PAID WITH		
		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"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF RENOVATION COSTS:	\$0			

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

SECTION 700. RENOVATION COSTS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
RENOVATION COSTS TOTAL	\$0

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
CFDC Rental Space	4,050 SF - app. 23% share	919.00	\$12.85	\$11,809.15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CFDC Utilities	Partial cost approx. \$133.34/mo	12.00	\$119.92	\$1,439.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural Office Cell Telephone	Estimated cost of \$100 per month	12.00	\$100.00	\$1,200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural Office Lease Space	Estimated cost of \$350 per month	12.00	\$350.00	\$4,200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural Office Utilities	Estimated cost of \$150 per month	12.00	\$150.00	\$1,800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural Computer Maintenance	Estimated cost of \$75 per month	12.00	\$75.00	\$900.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$21,348.19	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

A) Need for each type listed; and

CFDC Rental space is needed to serve victims through crisis intervention, counseling and supportive services. Grant funds are requested to pay for partial electricity, telephone and lease costs. The utility cost (electricity) is calculated at \$1.74/SF and the facility is 4,050/SF, which comes to \$7,044 annually. Grant funds are requested to pay partial electricity costs of approximately 21%, or \$1,439.

RURAL OFFICE - This office site is yet to be determined but will be in one of the three new rural parishes we are serving (Catahoula, Concordia & LaSalle). Funds are requested to pay lease, utilities, computer maintenance and cell phone for staff to provide services to victims.

B) Its relationship to project.

CFDC Office space, utilities and telephone are necessary to provide needed counseling to victims. The office space also houses the 24 hour crisis lines, which are the first to respond to victims through crisis intervention and advocacy. The crisis lines also schedule appointments for counseling and give information to victims regarding group support schedules and advocacy.

RURAL OFFICE - An office is necessary for the agency to provide services to victims in the new service area of Catahoula, Concordia and LaSalle Parishes. The office will provide case management, referrals, and advocacy for victims.

:

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$21,348
CASH MATCH	
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	\$21,348

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.

The following statistics document that domestic violence, rape/sexual assault, incest and child abuse are critical problems in the 15-parish service area of NELA with a population of 401,980. (US Census, 2010) Poverty is one of the greatest risk factors for violence in the area with 23.5% living in poverty vs. 17.6% in LA and 14.3% in the US (US Census 2010). Other data which reveal the extent of the problem in the area are as follows:

1. Domestic and Dating Violence (DV): In 2011, area law enforcement reported 2,420 domestic and dating violence calls in NELA (includes estimates). That's 7.3 per 1,000 persons age 12 and over (US Census, 2010) compared to 2.31 reports of DV per capita in the US (US BJS, 2007) Impacts of DV are death, physical injury, emotional difficulties, lost income, homelessness, etc. (CDC, 2010)
2. Rape/Sexual Assault: The number of NELA law enforcement calls for sexual assault in 2011 was 158, a rate of 39.3 per 100,000 inhabitants. That is 44% higher than the state rate at 27.2 and national rate at 27.0. (US BJS, 2010) Impacts of SA are STDs and long-term health and emotional problems. (CDC, 2010) NELA's is the third highest per capita rate of SA in the state, exceeded only by New Orleans and Shreveport. (US BJS, 2010)
3. Child Abuse: Annie E. Casey Kids Count 2012 reports La. 47th in child wellbeing, based on level of risk factors for child abuse including poverty, teen parents, single-parent homes, and parental unemployment. (Risk factors from US DHH) Northeast Louisiana is typically far below state rates on such measures. (2010 Census) For example, in NELA's 15 parishes, 36.3% of children lived in poverty compared to 27% LA and 22% US. (US Census, 2010) Per capita rates per 1,000 children of valid child abuse allegations in NELA parishes are 8.9 per 1,000 children versus 6.1 statewide. (Prevent Child Abuse La., 2008 [most current available]) Impacts of child abuse are death, physical injuries, and permanent damage to physical, mental, and educational development extending into adulthood and often resulting in later criminality, a result shown in La.'s rank as third worse in the US for violent juvenile crime (US OJJDP, 2008) and by far number one in US in number of adults incarcerated (kff.org, 2009). Also, LA has the second highest murder rates in the US (after District of Columbia). (FBI, 2010)
4. Adult survivors of incest: In first rape experiences, perpetrators were reported to be family members 23.7% of the time for female victims and 17.7% for males. (Violence and Victims, 2007) Research involving adult survivors of childhood sexual abuse (CSA) indicates that approximately 77% of victims did not report the abuse while in childhood. (Whisnant, 2009) Thus, childhood incest is most likely to be reported when victims are adults. An estimated 100,000 to one million cases of incest occur annually, but only about 10 percent of them are ever reported (Johnson 1983). In 2011, 29.9% of rape victims receiving counseling by The Wellspring were incest survivors.
5. During the grant period, 3750 primary victims (face to face or by phone) and 2963 secondary victims (face to face or by phone) were served. Victims are largely young and poor - the demographics of persons served in 2011 were 42.3% Caucasian and 55.5% African American; 91.6% with household income under \$24,000; 72.4% under age 25 and 86.1% under age 35.

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 domestic violence and related crimes was first identified in 1980 by our community. At that time The Wellspring launched services that have grown both programmatically and geographically over the past 30 years. Gaps in services are identified by using Wellspring victim feedback as well as local, state and national data. In addition, our ongoing outreach efforts and trainings keep us in touch with the people in the communities served, and they constantly reveal needs and gaps in service. The primary gap in services for victims in Northeast Louisiana is the need for continued ON-SITE coordinated services for the growing number of victims throughout the fifteen parishes. The need created by this gap is for expanded comprehensive, coordinated services for victims using best practices in the field of domestic violence and related crimes. Without the continuation of this project, the victims of domestic and dating violence, rape/sexual assault, stalking and child abuse would be at even greater risk and our statistical picture would be even grimmer particularly for underserved populations such as adult survivors of childhood issues and those facing barriers such as disabilities and geographic location/ isolation.

Current Wellspring free and confidential services that address the needs and gaps of victims as outlined in this continuation project include the following: safe emergency shelter with comprehensive supportive services, case management/personal advocacy, safety measures/plan, transitional housing, 24/7 crisis hotline, child and adult counseling/therapy, child/adult group treatment and support, emergency financial assistance, legal advocacy, information and referral to community services, transportation, etc. In 12 of the 15 parishes, The Wellspring is the only service provider which addresses one of the area's largest gaps in terms of any kind of community services. Specific growing needs are for additional outreach and legal services, and The Wellspring continue to search for additional resources to expand these services and has experienced some success through federal DOJ and HUD grants.

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.

This project serves victims of domestic violence/dating violence, stalking, rape/sexual assault, child abuse and adult survivors of childhood incest in 9 parishes located in the North Delta Region (Ouachita, Morehouse, Caldwell, E. Carroll, W. Carroll, Richland, Franklin, Tensas & Madison) and 3 parishes in the Red River Delta Region (LaSalle, Concordia & Catahoula). The project has two major goals as follows:

GOALS :

- (1.) To address the immediate emotional and physical needs of primary and secondary victims, and
- (2.) To assist primary and secondary victims to stabilize their lives after the initial victimization

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.

Objectives / Goal #1: To address the immediate emotional and physical needs of primary and secondary victims of domestic violence, dating violence, stalking, rape/sexual assault and child abuse.

1. Maintain comprehensive, coordinated services including crisis intervention, safety planning, safe shelter, access to community resources for a minimum of 2,250 victims of domestic/dating violence, sexual assault/rape, adult survivors, and child physical/sexual abuse including maintaining safe emergency shelter for 250 abused adults and children. Of those victims completing departure surveys, a minimum of 85% will strongly agree / agree that their safety has been increased and that they have a higher knowledge of community resources and how to access them.
2. Maintain 24/7/365 telephone crisis intervention with a minimum of 1700 crisis calls from victims.

Objectives for Goal #2: To assist primary / secondary victims of crime to stabilize their lives after the initial victimization

1. Maintain individual counseling/therapy (face-to-face) for 1215 adults and children and 8000 personal / case management sessions with adult and child victims located in a 9 parish area of NELA. Of those completing surveys, 85% will strongly agree/agree that the services they received were helpful and that they would refer a friend or family member.
2. Maintain 650 support/therapy groups for adults and children. Of those victims participating and completing surveys, 85% will indicate satisfaction with services and helpfulness in dealing with their trauma.

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.

TIMETABLE: The grant activities / methods will be carried out over the grant period beginning 3/01/2013 through 2/28/2014. There will be no interruption in current services

METHODS /ACTIVITIES for each objective are as follows:

GOAL # 1, Objective 1

- (1) Trained shelter staff will provide 24 hour service including basic needs such as safety planning, access to community resources, counseling, case management, medicine, medical care, legal advocacy, transportation, child care, job and housing search, etc.
- (2) Shelter Case managers will assist shelter residents with developing individual goals for adults and children.
- (3) Victims not requiring or seeking safe shelter will be provided with counseling, case management, development of safety plans and access to community resources, legal advocacy, medical attention, personal advocacy, criminal justice support/advocacy, referrals to transitional and/or permanent housing.

Objective 2

- (1) Trained staff will operate six 24 hour/365 day a week crisis lines to provide telephone crisis intervention/counseling to victims.
- (2) Telephone Crisis Advocates will coordinate providing trained volunteers to serve as hospital escorts/advocates to victims of sexual assault during forensic exam as a part of our community response (SART - Sexual Assault Response Team) to rape/sexual assault.
- (3) Referrals will be made as appropriate to other community service providers including law enforcement, hospitals, schools, public assistance, Family Justice Center, safe shelter, etc.

GOAL #2

Objective #1

- (1) Wellspring counselors/therapists will provide individual counseling /therapy for child and adult victims.
- (2) One on one mentoring through Big Brothers Big Sisters Mentoring Program will be offered for children/youth who have been exposed to and/or who are victims of violence.

Objective #2

- (1) Wellspring staff will provide a weekly support group for victims of domestic violence, sexual assault and survivors of childhood incest.
- (2) Staff will provide educational and support groups/activities for children in both residential and non-residential programs.
- (3) Training will be provided for volunteers/mentors in the Big Brothers Big Sisters Program to learn the common elements of child sexual abuse, how to help children protect themselves, and how to report child victimization.
- (4) Summer enrichment/day camp(s) and activities will be offered for children who are victims of violence to assist them in developing life skills that promote safety.

D-2. TRAINING PROJECTS

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

1. Training Curriculum (topics to be included):

N / A

2. Type of personnel to be trained:

n/a

3. Number of personnel to be trained: n/a

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

n/a

5. Dates and hours of training: n/a

6. Location of training: n/a

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

n/a

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.)

As indicated in quarterly progress reports to date, objectives are on target to be accomplished or exceeded by the end of the grant period, with one exception, the number of crisis calls. We believe this is related to a change in the way we are now differentiating between crisis and program calls. The following numbers are for the quarterly progress reports to date during the grant period - March in the 1st quarter of 2012 and April – June 2012, the 2nd quarter.

1. Of the projected 2100 primary victims (residential, non-residential and crisis callers) to be served over the course of the grant period, 1,473 primary victims have been served to date. An additional 1027 secondary victims have been served during the same time period.
2. Of the projected 2500 crisis/victim calls, 414 have been reported to date.
3. Of the projected 750 adult/child counseling/therapy sessions (face-to-face), 313 have been conducted to date.
4. Of the projected 6000 case management sessions, 5066 have been completed during the reporting period.
5. Of the projected 300 Adult/Child support and/or therapy groups, 135 have been conducted .

Additional information in the Quarterly Progress reports showed that a total of 8075 units of services have been provided to date as found on the Services Chart, a total of 31 volunteers contributed to the program activities. In addition, our domestic violence/sexual assault staff received a total of 81 hours of training..

2. Did the project work as expected? Explain.

Project success is best determined by client feedback. The most recent Client Satisfaction/progress surveys indicated a high level of satisfaction with services and their helpfulness. Of the shelter victims completing surveys, 91% strongly agreed that services and information were helpful, that they were treated with dignity and respect, that they found the facilities to be accessible, comfortable and clean, and indicated they would refer a friend or family member. For the most recent quarter of the grant period, 99.5% of the non-residential clients completing surveys, indicated satisfaction in the same areas. In the residential program 96% indicated that their sense of safety had increased, 100% agreed that they had enhanced their knowledge of community resources. In the non-residential program 81% indicated that their sense of safety had increased, 79% indicted an increase in knowledge of community resources.

Two of the primary outcomes that are tracked for the children's groups relate to their safety and to their learning/feeling that the abuse is not their fault. In the most recent survey of the children completing surveys, 100% indicated that they felt safe and indicated that they did not feel the abuse in their family was their fault. The children had a great summer for 2012,

We use best practices in all our programs, so our programmatic activities carried out by experienced and trained staff insure greater program success. Other keys to success include opportunities for professional training, opportunities for frequent staff debriefing and ongoing supervision. In addition, enhanced outreach efforts using not only individual presentations, but also creative printed as well as TV and radio media have enabled us to reach more 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?

The original goals have been revised. The change(s) in the project reflect increases in the number to be served and the amount of services as well as the addition of services in three (3) new parishes – LaSalle, Concordia and Catahoula.

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?

Direct service staff including counselors/therapists, case managers, client advocates and telephone crisis advocates are responsible for collecting and recording client data in client files. Data on client satisfaction and progress on goals is collected directly from clients using anonymous surveys.

2. When will the data be collected?

Data from client files is entered into the agency's master data base according to a planned schedule. Depending on the program, client satisfaction data is collected during and at the end of the service period.

3. Who will collect and analyze the data?

The Records Outcome Monitors collect the data and run reports. The data is analyzed by the staff leadership team and appropriate actions are taken, and reports are prepared and disseminated. Client satisfaction data is analyzed by the Program Directors.

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

Name: Christy Gwin

Phone: (318) 651-9315

Email: cgwin@wellspringalliance.org

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

Any updating or revising of a project's strategy is based on regular and ongoing evaluation of the project. The President and CEO and Program Directors are empowered with and charged by the Board of Directors to take the necessary steps to carry out the daily operations and activities of the programs using best practices and with accountability and transparency. The Wellspring's Leadership Team, which is made up of the directors of each of the agency's programs as well as the Director and Adm and Finance and the Director of Communications/Outreach and Development, meets on a minimum of a monthly basis to review program evaluations, processes, service flow, etc. and makes adjustments as needed. In turn the respective program directors meet with direct service staff to implement any changes, provide additional training or resources as required. If immediate action is required, the respective program directors work with the President and CEO to implement procedures in a timely fashion. If policy changes are needed, the Board of Directors acts on a monthly 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.

The LCLE will receive quarterly progress reports and monthly expenditure reports. The Wellspring's Board of Directors receives quarterly reports on project results including the number of clients, services, and client satisfaction/progress reports as a part of their balanced agency scorecard. All Wellspring stakeholders (approximately 500 people) receive an annual report, and such information is also available on the agency website. In addition, other funders who receive various monthly, quarterly and annual reports include the LA Department of Children and Family Services (formerly DSS), the LA Foundation Against Sexual Assault and the Department of Justice / Office on Violence Against Women.

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.

Wellspring programs serving the victims of domestic/dating violence, rape/sexual assault and physical/sexual child abuse will continue to be funded through local, state and federal sources. Local sources include Wellspring membership and Special Events, the United Way of Northeast Louisiana, local corporations such as CenturyLink, Capital One and Chase, local and national foundations such as the Scott Foundation and Sisters of Charity, churches, civic groups, and City of Monroe (CDBG, ESG and HOME funds). State resources in addition to LCLE (VOCA and VAWA) include Department of Children and Family Services, LA Foundation Against Sexual Assault, and LA Bar Foundation/IOLTA. Federal resources include Department of Justice/Office on Violence Against Women and the Dept of Housing and Urban Development. In addition, new sources of state and federal funding are continuously researched and proposals are submitted on a regular basis.

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.

Full time offices are found in Ouachita Parish, Morehouse Parish, and Franklin Parish as well as in-kind space in Caldwell, Richland and West Carroll parishes. Facilities include a 22 bed safe shelter at an undisclosed location and 45 leased single family units providing transitional housing throughout NELA. Other non-residential services are provided at the Counseling and Family Development Center, Housing and Supportive Services and Big Brothers Big Sisters Office in Monroe. The Wellspring is the lead partner for the Family Justice Center which is located in a 15,000 sq foot facility and houses Wellspring and community partners who provide a one-stop site offering confidential, comprehensive and coordinated services for victims. 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 over 80 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 | June 30, 2011 |
| 2. Dates covered by last audit: | January 1, 2010 - Dec 31, 2010 |
| 3. Date of next audit: | June 30, 2012 |
| 4. Dates to be covered by next audit: | January 1, 2011 - Dec. 31, 2011 |
| 5. Date next audit will be forwarded to LCLE: | June 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 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 include interns from area universities from the social work, counseling and criminal justice fields. It is projected that interns and other community volunteers will provide up to 1700 volunteer hours. In addition, it is projected that 50 board of directors' hours will be used as match. After intensive training, intern volunteers provide direct service to victims as well as some administrative, maintenance and/or sorting of donation type duties. Board members provide general oversight and policy and fund development.

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.

All victims of crime who may qualify are made aware of the Crime Victims Reparation Program when the counseling guidelines/agreements are presented to clients during the initial in-take session. In addition, a brochure on the program is also available in each client's file and upon request. Brochures are displayed in the waiting areas and at the safe shelter. Project staff make direct referrals to the compensation program through the Sheriff's Claim Investigator, and assist with applications, forms, and procedures.

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.

The Wellspring views these crimes to be community problems and recognizes that a coordinated response is necessary to effectively address the crimes. We have a 30 year working relationship with the criminal justice system and other responders in the community as evidenced by the current Memorandums of Understanding (MOUs) with criminal justice system/private service providers in Ouachita Parish and also with criminal justice system/private service providers in the Rural Parishes of Northeast La. Through the FJC partnership and the Rural partnership, we have been able to provide comprehensive, integrated services for victims. In addition, extensive training for all partners has been provided by nationally know experts. With regard to the new parishes (LaSalle, Concordia and Catahoula) added to this application, letters of support from law enforcement and other community partners are attached.

3. Indicate how the applicant will address the issue of encouraging the victims to report to law enforcement. Policies and procedures may be attached to the application in addition to the brief description.

The Wellspring has a close working relationship with law enforcement agencies in Northeast Louisiana as evidenced by our letters of support. 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 abuse to the appropriate law enforcement agency at the time of initial contact. At the Family Justice Center, law enforcement is on site and can take reports with the advocate present if desired. 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 by service agencies makes appropriate referrals more likely. Upon request, The Wellspring and the Family Justice Center make brochures and business cards available to area patrol officers which outline services to victims.

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.

The Wellspring Alliance for Families complies with the Louisiana Child Protection Act (LRS: 15:587). A criminal records check is conducted by the Louisiana State Police on all prospective employees and volunteers. The results of the criminal record check is kept in the personnel/volunteer file.