



**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

Rape Counseling Program

2. NEW PROJECT

CONTINUATION PROJECT OF: C11-6-006

3. PROJECT DURATION

Total Length: **12** Months (*Not to exceed 12 Months*)

Desired Start Date: 12/1/2012

Desired End Date: 11/30/2013

4. PROJECT FUNDS

Federal Funds: \$84,577

Cash Match: \$21,144

In-Kind Match:

Total Project: **\$105,721**

5A. APPLICANT AGENCY INFORMATION

Agency Name: Oasis A Safe Haven for Survivors of Dome

Physical Address: 601 W. 18th Street

City: Lake Charles

Zip: 70601-8243

Mailing Address: PO Box 276

City: Lake Charles

Zip: 70602-0276

Phone: (337) 436-4552

FAX: (337) 436-8327

Email: cws@cwshelter.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Kathy Williams

Title: Executive Director

Agency Name: Oasis A Safe Haven for Survivors of Domestic

Address: PO Box 276

City: Lake Charles

Zip: 70602-0276

Phone: (337) 436-4552

FAX: (337) 436-8327

Email: kathywilliams@cwshelter.org

Fed Employer Tax Id: 72 - 0859660

DUNS: 618013767 -

CCR CAGE/NCAGE: 5ELY2

CCR Expiration Date: 2/7/2013

6. IMPLEMENTING AGENCY

Name: Kathy Williams

Title: Executive Director

Agency: Oasis A Safe Haven for Survivors

Address: PO Box 276

City: Lake Charles

Zip: 70602-0276

Phone: (337) 436-4552 FAX: (337) 436-8327

Email: kathywilliams@cwshelter.org

7. PROJECT DIRECTOR

Name: Nina Delome

Title: Program Director

Agency: Oasis A Safe Haven for Survivors

Address: 435 10th Street

City: Lake Charles

Zip: 70601-5082

Phone: (337) 494-7273 FAX: (337) 494-7269

Email: ndelome@hotmail.com

8. FINANCIAL OFFICER

Name: John W. Fontenot

Title: Financial Officer

Agency: Oasis A Safe Haven for Survivors

Address: PO Box 276

City: Lake Charles

Zip: 70602-0276

Phone: (337) 436-4552 FAX: (337) 436-8327

Email: cwshelter@cwshelter.org

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

This project serves survivors of rape and sexual assault by providing individual and group counseling, information, referrals, medical and court accompaniment, legal advocacy, 24-hour toll free crisis line and peer support groups in five parishes of Southwest Louisiana. Services are also available to friends and family members of the survivors. Response teams of volunteers in Calcasieu, Cameron, Allen, Beauregard and Jeff Davis parishes meet survivors at the hospital emergency rooms for support and advocacy. Through these services survivors learn to cope with the effects of sexual assault.

2012 AUG 20 PM 2:12
LA COMMISSION
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:

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 Director	Nina Delome	FT	\$3,604.00	100.00%	12.00	\$43,248.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Volunteer Coordinator	Barbara Cahoe	FT	\$2,000.00	100.00%	12.00	\$24,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Counselor	Chelsie Robles	FT	\$1,033.00	100.00%	12.00	\$12,396.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$79,644.00	F = Fed Funds C = Cash Match	

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH	
								F	C
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$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	\$63,715
CASH MATCH	\$15,929
IN-KIND MATCH	
PERSONNEL TOTAL	\$79,644

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:

Program Director provides staff supervision and monitoring of the program and provides counseling to sexual assault survivors.

Counselor provides individual and group counseling to sexual assault survivors.

Volunteer Coordinator recruits, trains, schedules and supervises volunteers who assist survivors with crisis intervention and follow-up services: volunteers provide crisis intervention, advocacy and referrals in the five parish area.

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

Salaries are based on actual salaries in these positions within the agency.

C) Project duties of each position requested:

Program Director: Provide staff supervision, collect data for quarterly progress reports and expenditure reports, provide counseling to survivors of sexual assault.

Counselor: Provide individual and group counseling, advocacy and referrals to sexual assault survivors.

Volunteer Coordinator: Recruit, train, supervise and schedule volunteer advocates providing services to sexual assault survivors.

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.]

Program Director and Volunteer Coordinator are existing personnel, originally hired for this program in a previous grant period. Counselor is existing staff whom was hired for this position during that last grant period, in which a revision was done. Counselor devotes 100% of her time to counseling.

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. Nina Delome	.062		\$43,248	\$2,681	5.	.062			\$0
2. Barbara Cahee	.062		\$24,000	\$1,488	6.	.062			\$0
3. Chelsie Robles	.062		\$12,396	\$768	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Nina Delome	.0145		\$43,248	\$627	5.	.0145			\$0
2. Barbara Cahee	.0145		\$24,000	\$348	6.	.0145			\$0
3. Chelsie Robles	.0145		\$12,396	\$179	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. Nina Delome	442.00	12.00	100.00%	\$5,304	5.				\$0
2. Barbara Cahee	528.00	12.00	100.00%	\$6,336	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL
1.		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):				\$17,731	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): \$17,731

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$14,185
CASH MATCH	\$3,546
TOTAL FRINGE BENEFITS	\$17,731

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: Nina Delome TITLE: Program Director PURPOSE: to provide counseling to survivors in their home parish	\$0.51	2,000.00	\$1,020.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: Chelsie Robles TITLE: Counselor PURPOSE: to provide counseling to survivors in their home parish	\$0.51	2,198.04	\$1,121.00	<input checked="" type="checkbox"/>	<input checked="" 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:			\$2,141.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE) NAME/POSITION TITLE/PURPOSE OF TRAVEL	TRAVEL DESTINATION	TRAVEL DATES:		PAID WITH		
		FROM	TO	F	C	IK
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	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	\$1,713
CASH MATCH	\$428
IN-KIND MATCH	
TRAVEL TOTAL	\$2,141

SECTION 400. EQUIPMENT

List each type separately. The unit cost should include tax and shipping and handling when applicable. Do not use Brand Names. Sole source requires LCLE's approval. Submit a Sole Source justification, if applicable. Please refer to application instructions for direction.

TYPE OF EQUIPMENT	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"/>
SUBTOTAL OF EQUIPMENT:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

BRIEFLY EXPLAIN:

A. Justify the need for each equipment item requested; [*NOTE: Computer equipment (hardware and/or software) requires a completed Computer Questionnaire.]

B. Indicate procurement method; and

C. Relationship to this project:

SECTION 400. EQUIPMENT SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
EQUIPMENT 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

SECTION A: List items within this category by major type; e.g., office supplies (pens, pencils, paper, etc.), postage, blank cassette tapes, etc. Include tax and shipping costs in Unit Price. If office supplies average \$50 per month or less, i.e., \$600 for a 12-month grant period, do not itemize items. List as "Basic Supply Allowance" under "Type" and the dollar amount under "Total Cost". Please refer to application instructions for direction.

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

BRIEFLY EXPLAIN:

A) Need for and use of each major supply type requested:

B) Its relationship to this project.

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
Rent	2000 sq ft x .40=800 x 12 =9600	12.00	\$400.00	\$4,800.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Balance paid by other sources			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	\$400 per month	12.00	\$117.10	\$1,405.20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Balance paid by other sources			\$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:				\$6,205.20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F Federal Funds
C Cash Match
IK In Kind Match

BRIEFLY EXPLAIN:

A) Need for each type listed; and

Rent is needed to provide office space needed to house the program and to provide services to survivors; telephone is needed to provide a means for survivors to contact the agency for assistance and for employees to contact survivor service providers with services they need .

B) Its relationship to project.

Office space, rented, is needed to provide a place to house the program, which is providing direct services to survivors. Telephone is needed to allow survivors to contact staff and for staff to contact survivors and survivor service providers.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$4,964
CASH MATCH	\$1,241
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	\$6,205

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.

Since 1981, over 7,000 sexual assault survivors have received sexual assault services such as counseling and accompaniment through law enforcement and the criminal justice process. Information and support have been provided to survivor's families and others affected by the crime. Program statistics reveal a steady number of request for crisis services every year. Services are being requested by survivors of recent assaults and by individuals in crisis who were assaulted months, years and even decades in the past. Outreach contacts with law enforcement agencies in outlying areas in all five parishes in our area continue to reveal low reporting rates for reporting in the more rural areas, the number of unidentified survivors is expected to be significant. Though outreach services now reach into the rural and outlying areas, lack of transportation, distance and lack of information about existing services pose additional barriers to survivors receiving needed services. In spite of increased outreach efforts, there has been limited response to support groups in rural areas.

Locally, law enforcement agencies in Southwest Louisiana reported sexual violence cases as follows: DeQuincy PD had 6 reports with 13 victims; Vinton PD 3 reports; Cameron Sheriff's Office 23 reports; Jeff Davis Sheriff's Office reports 8 adults and 23 juveniles; Oberlin PD 1 report; Allen Parish Sheriff's Office 22 reports and Beauregard Sheriff's Office 123 reports. Thirteen (13) local law enforcement agencies were unable to provide Oasis with their 2011 statistics.

Statistics provided by Oasis were collected in house and from local law enforcement.

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 community resources is the need for sexual assault support, advocacy and counseling services in Southwest Louisiana for survivors with limited financial, transportation and legal resources. The gap in services was identified through crisis calls to the Sexual Assault program of Oasis A Safe Haven for Survivors of Domestic and Sexual Violence by law enforcement, medical personnel, social service providers and survivors requesting legal, medical and emotional support and advocacy services for sexual assault survivors. The need for the aforementioned services is for sexual assault survivors and their loved ones in Southwest Louisiana. These services need to be available in the rural areas of Calcasieu, Jeff Davis, Cameron, Allen and Beauregard Parishes, as well as the cities of Southwest Louisiana.

B. GOALS

GOALS: The primary mission of all projects is to have a positive impact on the victims, not just to accumulate statistics on how many are served. Based on the problem identified, BRIEFY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

Goal 1: Sexual assault survivors in Southwest Louisiana will receive assistance in coping with and recovering from the trauma of sexual assault and return to pre-crisis state.

Goal 2: Survivors will receive assistance with understanding and accessing the legal system.

C. OBJECTIVES

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

Goal 1:

Objective 1: Provide 400 survivors with crisis intervention and information and referral services for community resources.

Objective 2: Provide 300 survivors and their loved ones with individual/group counseling to improve or alleviate anxiety and other post-traumatic stress symptoms enabling them to return to pre-crisis state.

Goal 2:

Objective 1: Provide 250 survivors with information and support regarding the legal system and reporting procedures.

Objective 2: Accompany 75 survivors through the reporting and/or court process to provide support and advocacy.

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.

Goal1 Objective 1: Advocates and volunteers will take survivor calls and meet with them to provide intervention and accompaniment through sex crime victim kit examination and support the survivor in making decisions and identifying resources and environmental support.

Goal 1 Objective 2: Program Director/Counselor will provide individual counseling and facilitate weekly counseling support groups as requested by survivors.

Goal 2 Objective 1: Staff and volunteer advocates will assist survivors with legal system questions through phone and in person contacts.

Goal 2 Objective 2: Staff and volunteer advocates will assist clients through law enforcement and court processes and provide encouragement and support.

All activities will take place on-going during the twelve month grant period beginning on 12/1/12 and continuing through the end date of 11/30/13.

D-2. TRAINING PROJECTS

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

1. Training Curriculum (topics to be included):

2. Type of personnel to be trained:

3. Number of personnel to be trained:

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

5. Dates and hours of training:

6. Location of training:

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

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.)

Based on the objectives of our 2011 application, our measurable outcomes were:

- 1: Of 420 sexual assault survivors, 420 received crisis intervention, information and referral services as documented by client call sheets/monthly service statistics.
- 2: Of 420 sexual assault survivors, 342 received group and individual counseling to improve or alleviate anxiety and other post-trauma stress symptoms as measured by observation/assessment of counselor/advocate in client files.
- 3: Oasis provided 220 survivors information and support regarding the legal system and reporting procedures as documented by the client call sheets and monthly statistical reports.
- 4: Oasis accompanied 94 survivors through the reporting and /or court process to provide support and advocacy as documented by client files and statistical reports.

2. Did the project work as expected? Explain.

The project was successful, meeting previously set goals. We anticipate that the program will continue to provide sexual assault survivors with the services necessary to assist them in navigating emotional, medical and legal processes. These services include: crisis intervention, information and referral services, group and individual counseling, information and support pertaining to the court and legal system.

3. Have the original goals and objectives been revised? Yes No

If Yes, explain what changes will be made in the continuation of this project and why?

I. EVALUATION AND DISSEMINATION OF REPORTING

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

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

Data will be collected from all primary and secondary survivors who call the crisis line via call sheet, come into the office via assessment review (one on one review) or present at Lake Charles Memorial Hospital SANE (Sexual Assault Nurse Examiner) site requesting assistance or information.

2. When will the data be collected?

Data will be collected at the time of contact (i.e. phone call, office visit, hospital call-out). This could be daily, weekly, monthly, semi-annually and annually. Satisfaction Surveys will be provided to victims at the hospital and upon termination of counseling in which clients will be asked to rate the services.

3. Who will collect and analyze the data?

Staff and volunteers collect data. Data will be analyzed by the Program Director and program staff.

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

Name: Nina Delome

Phone: (337) 494-7273

Email: ndelome@hotmail.com

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

The Program Director will meet with counselors, advocates and volunteer coordinator to update or revise the program strategy depending on the evaluation of the collected data. Should revisions need to be made, they will be incorporated within the program by the Program Director and Coordinator.

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 will receive Quarterly Progress Reports and monthly expenditure reports as specified at award time. Louisiana Foundation Against Sexual Assault will receive Monthly Progress Reports. Our Board of Directors will receive and annual report on the program results.

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.

Private donations, fundraising, other grants and United Way are potential resources for the continued funding of this program.

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.

Rape Counseling Program of Oasis A Safe Haven for Survivors of Domestic and Sexual Violence occupies a ten room office building at 435 10th Street, Lake Charles, LA. In addition to staff office space, there is a counseling/group space and a private client waiting area, a reception area and a conference room. Hospitals provide space for privacy for clients and crisis counselors during hospital accompaniments. Outreach counseling, advocacy and peer support groups are provided in outlying areas in spaces provided by local agencies/organizations or is shared with Oasis Domestic Violence Program staff at existing spaces provided. All locations provide supplies, office furniture and office equipment needed to maintain the program activities.

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 | 4/11/12 |
| 2. Dates covered by last audit: | 1/1/11-12/31/11 |
| 3. Date of next audit: | Nov/Dec |
| 4. Dates to be covered by next audit: | 1/1/12-6/30/12 |
| 5. Date next audit will be forwarded to LCLE: | at completion |

- 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?

Though we are not applying volunteers as a match, they do provide services. Volunteers are trained to provide confidential, non-judgemental support, to give information concerning medical and legal processes, to make referrals and record all contacts with clients. Volunteers receive on-going supervision and must complete twelve (12) hours of continuing education per year.

Volunteer Medical Advocates meet the survivor in the hospital emergency room, give information and support concerning the hospital and law enforcement processes, inform and refer the survivor to needed services, provide verbal and/or written information concerning follow up for sexually transmitted diseases, pregnancy and HIV testing, and Crime Victims Reparations. Volunteers provide approximately four to six hours of service per client.

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 staff receive information regarding the Crime Victims Reparations program and a list of current Sheriff's Office phone numbers and names of the CVR contact person. Each sexual assault survivor who is seen by a Rape Counseling Program counselor /advocate in the hospital emergency room is given information about the CVR program. Assistance is offered in making contact and furthering claims as needed.

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.

Rape Counseling Program works closely with the area law enforcement agencies and hospital rooms to facilitate crisis care and reporting activities for sexual assault survivors. Local law enforcement and hospital protocols include informing victims of Rape Counseling Program services and availability, calling a crisis counselor, or referring for follow-up services. Reciprocal referrals and cooperative client services are maintained with local SANE program and other area hospitals.

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.

It is the policy of Rape Counseling Program that the clients are encouraged but not required to report assaults to law enforcement. The importance of reporting as a therapeutic and preventative tool is explained, and information about the reporting process is given to all clients as appropriate. Support and accompaniment is offered and provided when requested. In the case of a survivor under the age of 17, madatory reporting laws are followed and either Child Protection or the appropriate local law eforcement agency is contacted.

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.

Oasis A Safe Haven for Survivors of Domestic and Sexual Violence, through the Rape Counseling Program, will comply with Louisiana Child Protection Act (LRS 15:587.1) a appropriate.