LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C10-6-006

APPLICANT: Calcasieu Women's Shelter, Inc.

PROJECT TITLE: Rape Counseling Program

PROJECT FUNDS :

FUND:	$ 79,478	80.00%	
MATCH:	$ 19,870	20.00%	
TOTAL:	$ 99,348	100.00%	

PROJECT DURATION: 12 months

START DATE: 12/01/2010

END DATE: 11/30/2011

Continuation of C88-6-001

PROJECT SUMMARY:

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 in Southwest Louisiana. Services are also available to friends and family members of victims. Response teams of volunteers in Calcasieu, Allen, Beauregard, and Jeff Davis Parishes meet victims at hospital emergency rooms for support and advocacy. Through these services survivors learn to cope with effects of sexual assault.

RECOMMENDATION : **FUND** X **DENY** ___

SPECIAL CONDITIONS :

1. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.
2. SUBGRANTEE AGREES TO MAINTAIN ITS NONPROFIT STATUS IN "GOOD STANDING" WITH THE LOUISIANA SECRETARY OF STATE'S COMMERCIAL DIVISION FOR THE DURATION OF THE SUBGRANT PERIOD.
3. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.
4. NO RELEASE OF FUNDS BY LCLE UNTIL PRIOR PROJECT C09-6-006 IS FINALIZED.
5. ALL TRAVEL EXPENDITURES MUST BE IN ACCORDANCE WITH STATE TRAVEL REGULATIONS.

LOUISIANA COMMISSION ON LAW ENFORCEMENT AND THE ADMINISTRATION OF CRIMINAL JUSTICE

CRIME VICTIM ASSISTANCE FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY: Project ID: C10-6-006 CVA Purpose Area:

1. TITLE OF PROJECT
Rape Counseling Program

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: C09-6-006

3. PROJECT DURATION
Total Length: 12 Months (*Not to exceed 12 Months*)
Desired Start Date: 12/1/2010
Desired End Date: 11/30/2011

4. PROJECT FUNDS

Federal Funds:	$79,478
Cash Match	$19,870
In-Kind Match:	$0
Total Project:	**$99,348**

5A. APPLICANT AGENCY INFORMATION
Agency Name: Calcasieu Women's Shelter
Physical Address: 601 W. 18th ST.
City: Lake Charles Zip: 70601-
Mailing Address: P O 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: Calcasieu Women's Shelter
Address: P O 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: 3/11/2011

6. IMPLEMENTING AGENCY
Name: Kathy Williams
Title: Executive Director
Agency: Calcasieu Women's Shelter
Address: P O 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: Rape Crisis Outreach
Address: 435 10th St
City: Lake Charles Zip: 70601-
Phone: (337) 494-7273 FAX: (337) 494-7269
Email: ndelome@hotmail.com

8. FINANCIAL OFFICER
Name: John Fontenot
Title: Financial Officer
Agency: Calcasieu Women's Shelter
Address: P O Box 276
City: Lake Charles Zip: 70602-0276
Phone: (337) 436-4552 FAX: (337) 436-8327
Email: cws@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 victims. Response teams of volunteers in Calcasieu, Cameron, Allen, Beauregard and Jeff Davis parishes meet victims at hospital emergency rooms for support and advocacy. Through these services survivors learn to cope with the effects of sexual assault. Requesting pre-award cost from 12/1/2010.

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):	
☒	Sexual Assault
☐	Domestic Abuse
☐	Child Abuse
☐	Previously Underserved
State Type of Previously Underserved:	

PROJECT BUDGET SUMMARY

INSTRUCTIONS: The Checklist is self-explanatory. In Project Summary, applicable budget category totals will be automatically entered from each of the Detailed Project Budget Summaries. Provide source of Cash and/or In-Kind Match. In last table, check the type of victimization types that this project will address.

CHECKLIST:	YES:	NO:
Are all budgeted items allowable per Program Guidelines?	☒	☐
Were instructions followed to determine allowable personnel/contractual costs?	☒	☐
Are all line item computations correct?	☒	☐
Do line items add to category totals?	☒	☐
Have category totals been rounded to nearest dollar?	☒	☐

Each category amount listed in the table below must equal category totals shown on Pages 3 through 11.

Person Completing Budget Section: Donna Green Title: Program Director
Phone: (337) 436-4552 Fax: (337) 436-8327 E-Mail: dgreen@cwshelter.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$66,396	$5,569	$0	**$71,965**
SECTION 200. FRINGE BENEFITS	$5,080	$12,066	N/A	**$17,146**
SECTION 300. TRAVEL	$4,032	$0	$0	**$4,032**
SECTION 400. EQUIPMENT	$0	$0	$0	**$0**
SECTION 500. SUPPLIES	$0	$0	$0	**$0**
SECTION 600. CONTRACTUAL	$0	$0	N/A	**$0**
SECTION 700. RENOVATION COSTS	$0	$0	$0	**$0**
SECTION 800. OTHER DIRECT COSTS	$3,970	$2,235	$0	**$6,205**
TOTAL:	**$79,478**	**$19,870**	**$0**	**$99,348**

Provide Source of *Cash* Match: United Way and private donations

Provide Source of *In-Kind* Match: n/a

SECTION 100. PERSONNEL

Enter Position Titles and Names of the employees for each position funded through this grant. For further information and direction, please refer to the application instructions.

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
Program Director	Nina Delome	FT	$3,533.00	100.00%	12.00	$42,396.00	☒	☐
Volunteer Coordinator	Barbara Cahee	FT	$2,000.00	100.00%	12.00	$24,000.00	☒	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						$66,396.00	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	PAID WITH C
Counselor	Consuela Colston	PT	$17.85	12.00	50.00%	52.00	$5,569.20	☐	☒
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							$5,569.20	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	$66,396
CASH MATCH	$5,569
IN-KIND MATCH	
PERSONNEL TOTAL	$71,965

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:

Volunteer coordinator is needed to trains, recruits, shedules and supervises volunteers who assist victims with crisis intervention and follow-up services. Volunteer advocates is also needed to provide crisis intervention, advocacy and referrals in the five parish area.

Counselor is needed to provide individual and group counseling to sexual assault victims.

Project Director needed to provide staff supervision over program and also assists in providing counseling to sexual assault victims.

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:

Counselor: Provide indiviual and group counseling, advocacy and referrals to sexual assault victims.

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

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

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.]

Project Director and Coordinator are existing personnel, original hired for this program in previous grant period. Counselor is existing staff, devoting 50% of her time to aid in counseling of victims, these duties will not interfer with normal duties and position is not required to be backfilled.

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		$42,405	$2,629	5. ($42396 X.062=6229)	.062			$0
2. Barbara Cahee	.062		$24,000	$1,488	6.	.062			$0
3. Consuela Colston	.062		$5,568	$345	7.	.062			$0
4.	.062			$0	8.	.062			$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Nina Delome	.0145		$42,415	$615	5. ($42396X.0145=615)	.0145			$0
2. Barbara Cahee	.0145		$24,000	$348	6.	.0145			$0
3. Consuela Colston	.0145		$5,600	$81	7. ($5568X.0145=81)	.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.		☐ FUTA		$0	7.		☐ FUTA		$0
4.		☐ SUTA		$0	8.		☐ SUTA		$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
OTHER	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):	$17,146				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): $17,146

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$5,080
CASH MATCH	$12,066
TOTAL FRINGE BENEFITS	**$17,146**

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 services in home parish of the victim	$0.48	8,400.00	$4,032.00	☒	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
		SUBTOTAL FOR LOCAL TRAVEL:	$4,032.00	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: FROM	TO	PAID WITH F	C	IK
NAME: TITLE: PURPOSE:				☐	☐	☐
NAME: TITLE: PURPOSE:				☐	☐	☐
NAME: TITLE: PURPOSE:				☐	☐	☐

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

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	$4,032
CASH MATCH	$0
IN-KIND MATCH	$0
TRAVEL TOTAL	**$4,032**

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 X12 = 9600	12.00	$400.00	$4,800.00	☒	☒	☐
	Balance paid by other sources			$0.00	☐	☐	☐
Telephone	$400 per month	12.00	$117.10	$1,405.20	☒	☒	☐
	Balance paid by other sources			$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
SUBTOTAL OF OTHER DIRECT COSTS:				$6,205.20	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

A) Need for each type listed; and

B) Its relationship to project.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	$3,970
CASH MATCH	$2,235
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, in house records at Calcasieu Women's Shelter show over 6500 sexual assault victims have received sexual assault services such as counseling and accompaniment through law enforcement and criminal justice processes. Information and support have been provided to victims' families and others affected by the crime. Program statistics collected in house by Rape Crisis services within Calcasieu Women's Shelter reveal a steady number of requests for crisis services every year. Services are being requested by victims of recent assault 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 sexual assault-related crimes and/or few records available. Given the stigma still attached to sexual assault and the low incidence of reporting in the more rural areas, the number of unidentified victims is expected to be significant. Though outreach services now reach into rural and outlying areas, lack of transportation, distance and lack of information about existing services pose additional barriers to victims receiving needed services. In spite of increased outreach efforts, there has been limited response to support groups in rural areas.

Louisiana Foundation Against Sexual Assault reports that sexual assault centers (SAC's) across the state provided services to over 7,000 victims in 2009. Locally, law enforcement agencies (respectively submitted) in Southwest Louisiana report sexual violence complaints as follows: Lake Charles Police Dept. - 47, Cameron Sheriff's Office - 4, Kinder Police Department - 1, DeRidder Police Department - 10, Jeff Davis Sheriff's Office - 13, Jennings Police Department - 35, Welsh Police Department - 10. Seven (7) local law enforcement agencies were unable to provide Rape Crisis Outreach with their 2009 statistics.

Statistics provided by Rape Crisis Outreach 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 victims with limited financial, transportation and legal resources. This gap in services was identified through crisis calls to Rape Crisis Outreach by law enforcement, medical personnel, social service providers and survivors requesting legal, medical and emotional support and advocacy services for sexual assault victims. The need is for the aforementioned services for sexual assault victims and their loved ones in Southwest Louisiana. Those services need to be available in the rural areas of Calcasieu, Jeff Davis, Cameron, Allen and Beauregard parishes, as well as in 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 victims in Southwest Louisiana will receive assistance in coping with and recovering from the trauma of sexual assault and return to a pre-crisis state.
Goal 2. Victims 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 victims with crisis intervention and information and referral services for community resources.
Objective 2: Provide 300 victims and their loved ones with individual/group counseling to improve or alleviate anxiety and other post-traumatic stress symptoms enabling them to return to a pre-crisis state.

Goal #2
Objective 1. Provide 250 victims with information and support regarding the legal system and reporting procedures.
Objective 2. Accompany 75 victims 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.

Goal 1 Objective 1: Advocates and volunteers will take victim calls and meet with victims to provide crisis intervention, accompaniment through sex crime victim kit examination, and support the victim in making decisions and identifying resources and environmental supports.

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

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

Goal 2 Objecitve 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 12/1/2010 and will continue through to end date of 11/30/2011.

E. DEMOGRAPHICS

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

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

2. Type of Organizations:

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

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

- ☐ Community-Based Organization
- ☐ Court
- ☐ Domestic Violence Program
- ☐ Domestic Violence State Coalition
- ☐ Dual Program (Sexual Assault and Domestic Violence)
- ☐ Dual State Coalition (Sexual Assault and Domestic Violence)
- ☐ Government Agency (Department of Human Services, Bureau of Health)
- ☐ Law Enforcement
- ☐ Probation, Parole, or Other Correctional Agency
- ☐ Prosecution
- ☒ Sexual Assault Program
- ☐ Sexual Assault State Coalition
- ☐ Tribal Coalition
- ☐ Tribal Government
- ☐ Tribal Sexual Assault and/or Domestic Violence Program
- ☐ Unit of Local Government
- ☐ University/School
- ☐ Other (Specify):

☐ Yes ☒ No Is this a faith-based organization?

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

F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

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

NAME: Nina Delome PHONE: (337) 494-7273 EMAIL: ndelome@hotmail.com

☒ Yes ☐ No 2. Does this individual also serve as agency's point of contact for LAVNS? If not, please provide name and contact information:

NAME: PHONE: ( ) - EMAIL:

☐ Yes ☒ No 3. Has this individual attended trainings provided by LCLE to learn how victims are served by LAVNS? If no, agency will request LAVNS training from LCLE within 30 days of award. NOTE: More information regarding the LAVNS program, including training information, can be found at: http://lcle.la.gov/programs/lavns.asp.

☒ Yes ☐ No 4. Does the agency have posters displayed for promoting LAVNS and brochures readily available to victims? If no, please go to the LCLE website to request free LAVNS materials at: www.lcle.la.gov/lavns.

G. CRIME VICTIMS REPARATIONS (CVR)

☒ Yes ☐ No 1. Is same individual responsible for assisting victims in regard to services available through the CVR program? If not, please provide name and contact information:

NAME: PHONE: ( ) - EMAIL:

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

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

H. PRIOR RESULTS (For Continuation Projects Only)

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

Based on the objectives of our 2009 application, our measurable outcomes were:
Goal 1 Objective 1: As of 7/31/2010 299 new sexual assult victims were received, all received crisis intervention, all received information and referral services.
Goal 1 Objective 2: As of 7/31/2010 247 (of 299 new victims) received group/individual counseling services.

Goal 2 Objective 1: As of 7/31/2010 149 victims received legal advocacy support and information regarding legal system.
Goal 2 Objective 2: As of 7/31/2010 58 victims received personal assistance through the reporting and court procedures.

2. Did the project work as expected? Explain.

Yes the project has worked well. We have exceeded our anticipated goals and objectives as set in the previous grant program and anticipate the program to continue to serve and provide sexual assualt victims with services needed to include crisis intervention, information and referral services; provide group and individual counseling as needed; provide 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 victims who call the crisis line via call sheet, come into the office, via assessment review (one on one interview) or present at Lake Charles Memorial 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 project 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 the counselors, advocates and volunteer coordinator to update or revise the project's strategy depending on the evaluation of the collected data. Should revisions need to be made, they will be incorporated within the program by the project 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. Louisiana Foundation Against Sexual Assault will receive Monthly Progress Reports. Our Board of Directors and Advisory Board will receive an annual report on the project's 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, other grants and United Way funding are potential resource for the continued funding of this project.

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 Crisis Outreach 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 Calcasieu Women's Shelter domestic violence program staff at existing outreach offices. All locations provide supplies, office furniture, 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	June 30, 2010
2.	Dates covered by last audit:	1/09 - 12/09
3.	Date of next audit:	Jan/Feb 2011
4.	Dates to be covered by next audit:	1/10 - 12/11
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?

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

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 number and names of the CVR contact person. Each sexual assault victim who is seen by a Rape Crisis Outreach counselor 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 Crisis Outreach works closely with area law enforcement agencies and hospital emergency rooms to facilitate crisis care and reporting activities for sexual assault victims. Local law enforcement and hospital protocols include informing victims of Rape Crisis Outreach 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 Crisis Outreach that clients are encouraged but not required to report assaults to law enforcement. The importance of reporting as a therapeutic and a preventive 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 victim under that age of 17, mandatory reporting laws are followed and either Child Protection or the appropriate local law enforcement 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.

The Rape Crisis Outreach program will comply with Louisiana Child Protection Act (LRS 15:587.1) as appropriate.