

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C11-6-006

APPLICANT: Calcasieu Women's Shelter, Inc.

PROJECT TITLE: Rape Counseling Program

PROJECT FUNDS :

| | | | |
|--------|----|----------------|---------|
| FUND: | \$ | <u>82,829</u> | 80.00% |
| MATCH: | \$ | <u>20,707</u> | 20.00% |
| TOTAL: | \$ | <u>103,536</u> | 100.00% |

PROJECT DURATION: 12 months
START DATE: 12/01/2011
END DATE: 11/30/2012

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. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.



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: C11-6-006 CVA Purpose Area: 1

| | | | |
|---|--|--|--|
| 1. TITLE OF PROJECT Rape Counseling Program | | 2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-6-006 | |
| 3. PROJECT DURATION Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 12/1/2011 Desired End Date: 11/30/2012 | | 4. PROJECT FUNDS Federal Funds: \$82,829 Cash Match: \$20,707 In-Kind Match: \$0 Total Project: \$103,536 | |
| A. APPLICANT AGENCY INFORMATION Agency Name: Calcasieu Women's Shelter Physical Address: 601 W. 18 th ST. City: Lake Charles Zip: 70601-8243 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 | |
| Employer Tax ID: 72 - 0859660 DUNS: 618013767 - CCR CAGE/MCAGE: 5ELY2 CCR Expiration Date: 3/3/2012 | | | |

| | | | | | |
|---|--|--|--|---|--|
| 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 10 th St City: Lake Charles Zip: 70601-6082 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 | |
|---|--|--|--|---|--|

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, Iberville 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.

CVA - 1

LA COMMISSION
ON LAW ENFORCEMENT
AND THE ADMINISTRATION
OF CRIMINAL JUSTICE
2011 AUG 22 PM 2: 19

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):

| | |
|-------------------------------------|------------------------|
| <input checked="" type="checkbox"/> | Sexual Assault |
| <input type="checkbox"/> | Domestic Abuse |
| <input type="checkbox"/> | Child Abuse |
| <input type="checkbox"/> | 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Were instructions followed to determine allowable personnel/contractual costs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all line item computations correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do line items add to category totals? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Have category totals been rounded to nearest dollar? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

Person Completing Budget Section: Kathy Williams Title: Executive Director
Phone: (337) 436-4552 Fax: (337) 436-8327 E-Mail: kathywilliams@cwshelter.org

PROJECT BUDGET SUMMARY

| BUDGET CATEGORIES | FEDERAL FUNDS | CASH MATCH | IN-KIND MATCH | SECTION TOTAL |
|---------------------------------|-----------------|-----------------|---------------|------------------|
| SECTION 100. PERSONNEL | \$58,123 | \$13,842 | \$0 | \$71,965 |
| SECTION 200. FRINGE BENEFITS | \$13,716 | \$3,430 | N/A | \$17,146 |
| SECTION 300. TRAVEL | \$2,220 | \$0 | \$0 | \$2,220 |
| SECTION 400. EQUIPMENT | \$0 | \$0 | \$0 | \$0 |
| SECTION 500. SUPPLIES | \$0 | \$0 | \$0 | \$0 |
| SECTION 600. CONTRACTUAL | \$4,800 | \$1,200 | N/A | \$6,000 |
| SECTION 700. RENOVATION COSTS | \$0 | \$0 | \$0 | \$0 |
| SECTION 800. OTHER DIRECT COSTS | \$3,970 | \$2,235 | \$0 | \$6,205 |
| TOTAL: | \$82,829 | \$20,707 | \$0 | \$103,536 |

Provide Source of Cash Match: United Way and private donations

Provide Source of In-Kind Match: n/a

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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 | \$3,533.00 | 100.00% | 12.00 | \$42,396.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Volunteer Coordinator | Barbara Cahce | FT | \$2,000.00 | 100.00% | 12.00 | \$24,000.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES: | | | | | | \$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 | C |
| Counselor | Consuela Colston | PT | \$17.85 | 12.00 | 50.00% | \$2.00 | \$5,569.20 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES: | | | | | | | \$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 | HOURLY 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 | \$58,123 |
| CASH MATCH | \$13,842 |
| 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 trains, recruits, schedules and supervises volunteers who assist victims with crisis intervention and follow-up services; volunteers provide crisis intervention, advocacy and referrals in the five parish area.

Counselor provides individual and group counseling to sexual assault victims.

Project Director provides 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 individual 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, originally 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 interfere 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

| EMPLOYEE'S NAME(S) | | | | | EMPLOYEE'S NAME(S) (Continued) | | | | |
|----------------------------|---------|-------------------------------|--------------------------|----------|--------------------------------|-------|-------------------------------|--------------------------|-------|
| SOCIAL SECURITY | RATE | | SALARY | TOTAL | SOCIAL SECURITY | RATE | | SALARY | TOTAL |
| 1. Nina Delome | .062 | | \$42,405 | \$2,629 | 3. (\$42395 X .062=6229) | .062 | | | \$0 |
| 2. Barbara Cahce | .062 | | \$24,000 | \$1,488 | 4. | .062 | | | \$0 |
| 3. Consuela Colson | .062 | | \$3,568 | \$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 | 2. (\$42395 X .0145=615) | .0145 | | | \$0 |
| 2. Barbara Cahce | .0145 | | \$24,000 | \$348 | 6. | .0145 | | | \$0 |
| 3. Consuela Colson | .0145 | | \$5,600 | \$81 | 7. (\$5568 X .0145=81) | .0145 | | | \$0 |
| 4. | .0145 | | | \$0 | 8. | .0145 | | | \$0 |
| HEALTH/LIFE INSURANCE | RATE | MONTHS | TIME DEDUCTED TO PROJECT | TOTAL | HEALTH/LIFE INSURANCE | RATE | MONTHS | TIME DEDUCTED TO PROJECT | TOTAL |
| 1. Nina Delome | 442.00 | 12.00 | 100.00% | \$5,304 | 5. | | | | \$0 |
| 2. Barbara Cahce | \$28.00 | 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 | 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): | | | | \$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 | \$13,716 |
| CASH MATCH | \$3,430 |
| TOTAL FRINGE BENEFITS | \$17,146 |

SECTION 300. TRAVEL

Itemize travel expenses of project personnel. Mileage is allowable in agency owned vehicles. Charges are not to exceed established agency travel rates, but in no case can this exceed current Louisiana Travel Guideline rates. 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 | \$0.51 | 4,352.95 | \$2,220.00 | <input checked="" 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: | | | \$2,220.00 | | | |

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 | LONGING COSTS (Include Taxi) | 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 | \$2,220 |
| CASH MATCH | \$0 |
| IN-KIND MATCH | \$0 |
| TRAVEL TOTAL | \$2,220 |

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 | IK |
| Name: Sandra Armer Title: Counselor Agency: | Professional Counselor working with victims of sexual violence. | 80.00 | \$75.00 | \$6,000.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Name: Title: Agency: | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name: Title: Agency: | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name: Title: Agency: | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL OF CONTRACTUAL COSTS | | | | \$6,000.00 | F - Federal Funds C - Cash Match | | |

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

BRIEFLY EXPLAIN:

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

Contract counselor is needed to provide professional counseling to victims of sexual violence in immediate and rural areas this program serves.

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

Service is necessary to provide counseling to sexual violence victims. Often victims are unable to go forward with normal daily functions due to being sexually violated and reluctant to cooperate with justice system. Professional counseling reduces stress and trauma of victims. Due to a shortage of counselors in our community, contract services is necessary to meet our program needs.

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

Hourly rate for services is reasonable and consistent with that paid for similar services in this area. Professional counselor's are sought through various individual service providers and selected on specific qualifications to service victim's of sexual violence.

| SECTION 600. CONTRACTUAL SUMMARY | |
|----------------------------------|---------|
| FEDERAL FUNDS | \$4,800 |
| CASH MATCH | \$1,200 |
| CONTRACTUAL TOTAL | \$6,000 |

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 | 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 to house the program and to provide services to victims; telephone is needed to provide a means for victims to contact agency for assistance and for employees to contact victim services providers with services they need.

By its relationship to project.

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

| 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, 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 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 2010. Locally, law enforcement agencies in Southwest Louisiana report sexual violence complaints as follows: - Cameron Sheriff's Office - 10, Kinder Police Department - 1, Jeff Davis Sheriff's Office - 56, Iowa Police Department - 1, Sulphur Police Department - 34, Vinton Police Department - 2, Allen Parish Sheriff's Office - 25. Thirteen (13) local law enforcement agencies were unable to provide Rape Crisis Outreach with their 2010 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, BRIEFLY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

Goal 1: 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 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 12/1/11 and continuing through end date of 11/30/12.

E. DEMOGRAPHICS

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

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

2. Type of Organization:

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

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

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

Yes No Is this a faith-based organization?

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

F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

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

NAME: 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 2010 application, our measurable outcomes were:

- 1: Of 424 sexual assault victims, 424 received crisis intervention, information and referral services as documented by client call sheets/monthly service statistics.
- 2: Of 424 sexual assault victims, 333 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: Rape Crisis Outreach provided 210 victims information and support regarding the legal system and reporting procedures as documented by the client call sheets and monthly statistical reports.
- 4: Rape Crisis Outreach accompanied 170 victims through the reporting and/or court process to provide support and advocacy as documented by client files and statistical report.

2. Did the project work as expected? Explain.

The project was successful, fully meeting and exceeding previously set goals. We anticipate that the program will continue to provide sexual assault victims 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 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, 2011
2. Dates covered by last audit: 1/10 - 12/10
3. Date of next audit: Jan/Feb 2012
4. Dates to be covered by next audit: 1/11 - 12/12
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 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.