

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: M11-8-022

APPLICANT: Oasis A Safe Haven for Survivors of Domestic & Sexual Violence

PROJECT TITLE: Sexual Assault Counselor

PROJECT FUNDS :

| | | | |
|--------|----|---------------|---------|
| FUND: | \$ | <u>17,215</u> | 100.00% |
| MATCH: | \$ | <u>0</u> | 0.00% |
| TOTAL: | \$ | <u>17,215</u> | 100.00% |

PROJECT DURATION: 12 months

START DATE: 04/01/2012

END DATE: 03/31/2013

Continuation of M95-8-025

PROJECT SUMMARY:

An Outreach Advocate will travel in the five-parish area to provide services to sexual assault victims. Project services will include crisis counseling, support groups, referrals, information, medical and legal advocacy and 24-hour availability of volunteer response teams for medical and legal accompaniment in outlying areas of southeast Louisiana. The counselor will network with allied agencies to enhance inter-referrals. Through these services, victims will cope with the trauma of sexual assault and begin the healing process.

RECOMMENDATION : FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 01/09/12 IS REVIEWED AND APPROVED BY LCLE STAFF.



**LOUISIANA COMMISSION
ON LAW ENFORCEMENT
AND THE ADMINISTRATION
OF CRIMINAL JUSTICE**

**S.T.O.P. VIOLENCE AGAINST
WOMEN FORMULA GRANT
PROGRAM**

CFDA #16.588

FOR LCLE USE ONLY:

Project ID: M11-8-022

VAWA Purpose Area: 12

| | | | |
|---|--|--|--|
| 1. TITLE OF PROJECT <u>Sexual Assault Rape Crisis Outreach Counselor</u> | | 2. <input type="checkbox"/> NEW PROJECT <u>M10</u> <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: <u>M11-8-022</u> | |
| 3. PROJECT DURATION Total Length: <u>12</u> Months (Not to exceed 12 Months) Desired Start Date: <u>4/1/2012</u> Desired End Date: <u>3/31/2013</u> | | 4. PROJECT FUNDS Federal Funds: <u>\$17,215</u> Cash Match In-Kind Match: <u>\$0</u> Total Project: <u>\$17,215</u> | |
| 5A. APPLICANT AGENCY INFORMATION Agency Name: <u>Calcasieu Women's Shelter</u> <u>ONSIS, Asafe Haven</u> Physical Address: <u>601 W. 18th Street</u> City: <u>Lake Charles</u> Zip: <u>70601-8243</u> Mailing Address: <u>PO Box 276</u> City: <u>Lake Charles</u> Zip: <u>70602-0216</u> Phone: (337) 436-4552 FAX: (337) 436-8327 Email: <u>kathywilliams@cwshelter.org</u> | | 5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: <u>Kathy Williams</u> Title: <u>Executive Director</u> Agency Name: <u>Calcasieu Women's Shelter</u> Address: <u>PO Box 276</u> City: <u>Lake Charles</u> Zip: <u>70602-0216</u> Phone: (337) 436-4552 FAX: (337) 436-8327 Email: <u>kathywilliams@cwshelter.org</u> | |
| Fed Employer Tax Id: <u>72 - 0859660</u> DUNS: <u>618013767 -</u> CCR CAGE/NCAGE: <u>5ELY2</u> CCR Expiration Date: <u>3/3/2012</u> | | | |

| | | |
|---|---|---|
| 6. IMPLEMENTING AGENCY Name: <u>Kathy Williams</u> Title: <u>Executive Director</u> Agency: <u>Calcasieu Women's Shelter</u> Address: <u>PO Box 276</u> City: <u>Lake Charles</u> Zip: <u>70602-0216</u> Phone: (337) 436-4552 FAX: (337) 436-8327 Email: <u>kathywilliams@cwshelter.org</u> | 7. PROJECT DIRECTOR Name: <u>Nina Delome</u> Title: <u>Program Director</u> Agency: <u>Calcasieu Women's Shelter</u> Address: <u>PO Box 276</u> City: <u>Lake Charles</u> Zip: <u>70602-0216</u> Phone: (337) 494-7273 FAX: (337) 494-7269 Email: <u>ndelome@cwshelter.org</u> | 8. FINANCIAL OFFICER Name: <u>John Fontenot</u> Title: <u>Treasurer</u> Agency: <u>Calcasieu Women's Shelter</u> Address: <u>PO Box 276</u> City: <u>Lake Charles</u> Zip: <u>70602-0216</u> Phone: (337) 436-4552 FAX: (337) 436-8327 Email: <u>cws@cwshelter.org</u> |
|---|---|---|

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

An Outreach Advocate will travel in the five - parish area to provide services to sexual assault victims. Services will include crisis counseling, support groups, referrals, information, medical and legal advocacy and 24 availability of volunteer response teams for medical and legal accompaniment in outlying areas of Southwest Louisiana. The counselor will network with allied agencies to enhance referrals. Through these services, victims will cope with the trauma of sexual assault and begin the healing process.

2011 DEC - 8 - 8 PM 1:30

LA COMMISSION
ON LAW ENFORCEMENT

VAWA - 1

VAWA PURPOSE AREAS

Check the VAWA Purpose Area(s) that this project will address. You will be required to report performance on each chosen purpose area.

- 1. Training law enforcement officers, judges, other court personnel, and prosecutors to more effectively identify and respond to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence.
- 2. Developing, training, or expanding units of law enforcement officers, judges, other court personnel, and prosecutors specifically targeting violent crimes against women, including sexual assault and domestic violence.
- 3. Developing and implementing more effective police, court, and prosecution policies, protocols, orders, and services devoted to preventing, identifying, and responding to violent crimes against women, including the crimes against women, including sexual assault and domestic violence.
- 4. Developing, installing, or expanding data collection and communication systems, including computerized systems, linking police, prosecutions, and the courts or for the purpose of identifying and tracking arrests, protection orders, violations of protection orders, prosecutions, and convictions for violent crimes against women, including the crimes of sexual assault and domestic violence, including the reporting of such information to the National Instant Criminal Background Check System.
- 5. Developing, enlarging, or strengthening victim services programs, including sexual assault and domestic violence, and dating violence programs; developing or improving the delivery of victim services to underserved populations; providing specialized domestic violence court advocates in courts where a significant number of protection orders are granted; and increasing reporting and reducing attrition rates for cases involving violent crimes against women, including sexual assault and domestic violence.
- 6. Developing, enlarging, or strengthening programs addressing stalking.
- 7. Developing, enlarging, or strengthening programs addressing the needs and circumstances of Indian tribes dealing with violent crimes against women, including the crimes of sexual assault and domestic violence.
- 8. Supporting formal and informal statewide, multi-disciplinary efforts, to the extent not supported by state funds, to coordinate the response of state law enforcement agencies, prosecutors, courts, victim services agencies, and other state agencies and departments, to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence.
- 9. Training of sexual assault forensic medical personnel examiners in the collection and preservation of evidence, analysis, prevention, and providing expert testimony and treatment of trauma related to sexual assault.
- 10. Developing, enlarging, or strengthening programs to assist law enforcement, prosecutors, courts, and others to address the needs and circumstances of older and disabled women who are victims of domestic violence or sexual assault, including recognizing, investigating, and prosecuting instances of such violence of assault and targeting outreach and support, counseling, and other victim services to such older and disabled individuals.
- 11. Providing assistance to victims of domestic violence and sexual assault in immigration matters.
- 12. Maintaining core victim services and criminal justice initiatives while supporting complementary new initiatives and emergency services for victims and their families.
- 13. Provide for special victim assistants in law enforcement agencies to serve as liaisons between victims and law enforcement in order to improve the enforcement of protection orders. (Jessica Gonzales Victim Assistants)
- 14. Improving responses to police-perpetrated domestic violence. (Crystal Judson Domestic Violence Protocol Program)

VAWA - 2

PROJECT BUDGET SUMMARY

INSTRUCTIONS: The Checklist is self-explanatory. In Project Summary, applicable budget category totals will be automatically entered from each of the Detailed Project Budget Summaries. Provide source of Cash and/or In-Kind Match. In last table, enter the percentage of STOP funds directed to each area that this project will address.

CHECKLIST:

| | | |
|--|-------------------------------------|--------------------------|
| | YES: | NO: |
| Are all budgeted items allowable per Program Guidelines? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Were instructions followed to determine allowable personnel/contractual costs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all line item computations correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do line items add to category totals? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Have category totals been rounded to nearest dollar? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Each category amount listed in the table below must equal category totals in each budget section.

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

PROJECT BUDGET SUMMARY

| BUDGET CATEGORY | FEDERAL FUNDS | CASH MATCH | IN-KIND MATCH | SECTION TOTAL |
|--------------------------------|-----------------|------------|---------------|-----------------|
| SECTION 100 PERSONNEL | \$17,215 | \$0 | \$0 | \$17,215 |
| SECTION 200 FRINGE BENEFITS | \$0 | \$0 | N/A | \$0 |
| SECTION 300 TRAVEL | \$0 | \$0 | \$0 | \$0 |
| SECTION 400 EQUIPMENT | \$0 | \$0 | \$0 | \$0 |
| SECTION 500 SUPPLIES | \$0 | \$0 | \$0 | \$0 |
| SECTION 600 CONTRACTUAL | \$0 | \$0 | N/A | \$0 |
| SECTION 800 OTHER DIRECT COSTS | \$0 | \$0 | \$0 | \$0 |
| TOTAL: | \$17,215 | \$0 | \$0 | \$17,215 |

Provide Source of Cash Match:

Provide Source of In-Kind Match:

USE OF STOP FUNDS IN PERCENTAGES

| Type of Victimization Served: | Percentage of STOP Funds Used: |
|---------------------------------------|--------------------------------|
| Sexual Assault | 100% |
| Domestic Violence/Dating Violence | 0% |
| Stalking | 0 |
| Total (must equal 100 percent) | 100% |

SECTION 100. PERSONNEL

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

FULL-TIME EMPLOYEES:

| POSITION TITLE | EMPLOYEE NAME | FT | ACTUAL MONTHLY SALARY | TIME DEVOTED TO PROJECT | NUMBER OF MONTHS | TOTAL SALARY PAID BY GRANT | PAID WITH | |
|---|---------------|----|-----------------------|-------------------------|------------------|----------------------------|--------------------------|--------------------------|
| | | | | | | | F | C |
| Outreach Advocate | Angela Dix | FT | \$1,434.58 | 100.00% | 12.00 | \$17,214.96 | <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"/> |
| | | FT | | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES: | | | | | | \$17,214.96 | <input type="checkbox"/> | <input type="checkbox"/> |

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 | <input type="checkbox"/> | <input type="checkbox"/> |

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 | \$17,215 |
| CASH MATCH | |
| IN-KIND MATCH | |
| PERSONNEL TOTAL | \$17,215 |

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:

Victims of sexual assault need crisis intervention, information and referral and counseling services fully available. An Outreach Advocate extends program presence into the five parish region.

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

Salary is based on current positions within our program

C) Project duties of each position requested:

The Outreach Advocate will travel within a five parish area to provide individual counseling and support groups, provide crisis intervention, accompaniment and advocacy, and referrals and assist in recruitment, training and follow-up with response team volunteers.

D) Indicate if personnel will be new or existing personnel. If existing, indicate if position has been backfilled. If this is a continuation application, indicate the personnel's original status. [Existing personnel is an employee that currently works for the agency, but will now be working on grant activities. If so, the position from which the employee is moved must be filled. If employee is the same from the previous grant, indicate if the employee was originally hired for that position.]

Existing personnel will fill this position. Angela Dix is in this position currently.

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. Angela Dix | .062 | | \$0 | \$0 | 5. | .062 | | \$0 | \$0 |
| 2. | .062 | | \$0 | \$0 | 6. | .062 | | \$0 | \$0 |
| 3. | .062 | | \$0 | \$0 | 7. | .062 | | \$0 | \$0 |
| 4. | .062 | | \$0 | \$0 | 8. | .062 | | \$0 | \$0 |
| MEDICARE | RATE | | SALARY | TOTAL | MEDICARE | RATE | | SALARY | TOTAL |
| 1. Angela Dix | .0145 | | \$0 | \$0 | 5. | .0145 | | \$0 | \$0 |
| 2. | .0145 | | \$0 | \$0 | 6. | .0145 | | \$0 | \$0 |
| 3. | .0145 | | \$0 | \$0 | 7. | .0145 | | \$0 | \$0 |
| 4. | .0145 | | \$0 | \$0 | 8. | .0145 | | \$0 | \$0 |
| HEALTH LIFE INSURANCE | RATE | MONTHS | TIME DEVOTED TO PROJECT | TOTAL | HEALTH LIFE INSURANCE | RATE | MONTHS | TIME DEVOTED TO PROJECT | TOTAL |
| 1. | | | | \$0 | 5. | | | | \$0 |
| 2. | | | | \$0 | 6. | | | | \$0 |
| 3. | | | | \$0 | 7. | | | | \$0 |
| 4. | | | | \$0 | 8. | | | | \$0 |
| WORKMAN'S COMPENSATION | RATE | | SALARY | TOTAL | WORKMAN'S COMPENSATION | RATE | | SALARY | TOTAL |
| 1. | | | \$0 | \$0 | 5. | | | \$0 | \$0 |
| 2. | | | \$0 | \$0 | 6. | | | \$0 | \$0 |
| 3. | | | \$0 | \$0 | 7. | | | \$0 | \$0 |
| 4. | | | \$0 | \$0 | 8. | | | \$0 | \$0 |
| UNEMPLOYMENT TAX | RATE | TYPE | SALARY | TOTAL | UNEMPLOYMENT TAX | RATE | TYPE | SALARY | TOTAL |
| 1. | | CHECK TYPE: | \$0 | \$0 | 5. | | CHECK TYPE: | \$0 | \$0 |
| 2. | | | \$0 | \$0 | 6. | | | \$0 | \$0 |
| 3. | | <input type="checkbox"/> FUTA | \$0 | \$0 | 7. | | <input type="checkbox"/> FUTA | \$0 | \$0 |
| 4. | | <input type="checkbox"/> SUTA | \$0 | \$0 | 8. | | <input type="checkbox"/> SUTA | \$0 | \$0 |
| PUBLIC/PRIVATE RETIREMENT | RATE | | SALARY | TOTAL | PUBLIC/PRIVATE RETIREMENT | RATE | | SALARY | TOTAL |
| 1. | | | \$0 | \$0 | 5. | | | \$0 | \$0 |
| 2. | | | \$0 | \$0 | 6. | | | \$0 | \$0 |
| 3. | | | \$0 | \$0 | 7. | | | \$0 | \$0 |
| 4. | | | \$0 | \$0 | 8. | | | \$0 | \$0 |
| OTHER: | RATE | | SALARY | TOTAL | OTHER: | RATE | | SALARY | TOTAL |
| 1. | | | \$0 | \$0 | 5. | | | \$0 | \$0 |
| 2. | | | \$0 | \$0 | 6. | | | \$0 | \$0 |
| 3. | | | \$0 | \$0 | 7. | | | \$0 | \$0 |
| 4. | | | \$0 | \$0 | 8. | | | \$0 | \$0 |
| FRINGE BENEFITS TOTAL (A): | | | | \$0 | FRINGE BENEFITS TOTAL (B): | | | | \$0 |

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

FRINGE BENEFITS TOTAL (A+B): \$0

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

PROGRAM NARRATIVE

A. PROBLEM DEFINITION

1. Identify the nature and magnitude of the specific problem existing in your particular community that needs to be addressed through this proposed project. Document the need, not the symptoms or solutions. Be sure to include current valid local data or state data, if local data is not available, to support the justification. Give the source and date of your information. State the needs of your agency and the needs of the victims in your area as related to this problem and justify the need for the proposed project.

The Rape Crisis Outreach Program has served victims of sexual assault in Region V of Louisiana since 1981. New data collected for 2002 by the Bureau of Justice Statistics identifies 663,320 incidents of rape and sexual assault. Calls to the National Sexual Assault Hotline (1-800-HOPE) continue to rise each year. The steady increase in request for services continues to rise.

Victims of recent assault are requesting services. Many are individuals in crisis who were assaulted months, years or even decades in the past. Over twelve months, the Rape Crisis Outreach served 270 adult victims and 184 children. There were 137 hospital accompaniments and 95 legal accompaniments. There still is a stigma attached to sexual assault and the low incidence of reporting in the rural areas is expected to be significant.

There are barriers to women receiving services in the outlying areas such as: lack of transportation, distance from services and lack of information. The need for a safe place to attend support groups and increased referrals will lower the barriers of those affected by the crime of sexual assault.

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

There is a gap in services in that other than the Rape Crisis Outreach Program there are no low cost or free services for victims of sexual assault in the five (5) parish area. This has been determined by the call ins and referrals from working closely with law enforcement agencies and the task force.

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.

- 1) Maintain availability of crisis intervention services for sexual assault victims in their local area.
- 2) Maintain follow-up crisis counseling, advocacy, and support services for sexual assault victims in outlying areas.

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:

Twenty - five (25) sexual assault victims in outlying and rural areas will receive crisis intervention services including accompaniment through emergency room examination and / or law enforcement procedures as documented by call/ call-out records, client records and monthly statistics.

Goal 1, Objective 2:

Seventy (70) sexual assault victims will receive crisis counseling, advocacy and referrals in their local area as documented by client call sheets, client records and monthly service statistics.

Goal 2, Objective 1:

Fourty (40) sexual assault victims will receive individual and / or group crisis counseling and follow - up advocacy services within their local area as measured by monthly statistical reports and client files.

Goal 2, Objective 2:

Twenty (20) sexual assault victims will receive legal advocacy and -or law enforcement or court accompaniment services in their local area as indicated by monthly statistical records and client files.

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:

Trained volunteer advocates will provide in-person crisis intervention services to sexual assault victims at the hospital emergency rooms and / or law enforcement agencies in the outlying communities, accompanying victims through the sex crime evidence collection examination and / or the initial criminal reporting process. The Outreach Advocate will assist the Volunteer Coordinator with recruitment and on-going training and follow-up with the volunteer teams to insure quality services are available on a 24 hour basis.

Goal 1, Objective 2:

Volunteer Advocates and the Outreach Advocate will provide crisis counseling services to sexual assault victims in their local areas. These services will include information about available medical, legal and safety resources; advocacy and referrals; and support in making decisions and identifying resources and environmental supports. A referral network with law enforcement, medical and social services agencies will be maintained to enhance the victims' access to services.

Goal 2, Objective 1:

Outreach Advocate will travel in the five (5) parish area to provide individual and group crisis counseling and follow-up services to victims in their local areas.

Goal 2, Objective 2:

Outreach Advocate and Volunteer Advocates will provide information about reporting and other legal processes to victims in outlying areas and will assist victims in making follow-up contacts with the criminal justice system, providing support and accompaniment as needed through the criminal investigation and prosecution process.

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.
- | | |
|---|---|
| <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Court | <input 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 checked="" 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: Angela Dix PHONE: (337) 494-7273 EMAIL: adix@cwshelter.org
- 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: Tahirah Johnson PHONE: (337) 436-4552 EMAIL: tjohnson@cwshelter.org
- 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.)

Goal 1/ Objective 1: Fifty-five (55) sexual assault victims in outlying areas received crisis intervention services, including hospital accompaniment and/or law enforcement advocacy.

Goal 1/ Objective 2: Seventy-six (76) sexual assault victims received crisis counseling, advocacy and referrals in their local areas.

Goal 2/Objective 1: Forty (40) sexual assault victims received individual and/or group crisis counseling and follow-up advocacy services within their local area.

Goal 2/Objective 2: Fifty-five (55) sexual assault victims received legal advocacy and/or law enforcement or court accompaniment services within their local area.

2. Did the project work as expected? Explain.

The project was a success in that it accomplished the goals of maintaining availability of crisis intervention, follow-up crisis counseling, advocacy and support services for sexual assault victims in the outlying parishes, where little or no such services exist. Success of this project is indicated through the numbers of victims served and on-going referrals from outlying parishes.

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 is collected from the Outreach Advocate (Angela Dix).

2. When will the data be collected?

Data will be collected weekly (client call/call-out sheets) and monthly (outreach activity report and monthly statistical report).

3. Who will collect and analyze the data?

Data will be collected and analyzed by Program Director (Nina Delome).

4. Who will be responsible for submitting the data for the VAWA Annual Report: 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?

Upon evaluation of the data, Outreach Advocate, Program Director and Executive Director, with input from Executive Board Sexual Violence Committee, will identify areas in need of improvement/change and will collaborate with community gatekeepers and allied agencies in outlying parishes, to complete a plan of action.

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.

Rape Crisis Outreach projects will be reported out and monitored monthly through statistical reports to the Calcasieu Women's Shelter administration, to the Shelter Board of Directors and to the Louisiana Foundation Against Sexual Assault. Quarterly reports will be prepared and submitted to the Louisiana Department of Public Health and the Louisiana Commission on Law Enforcement.

J. CONTINUATION

Yes No Do you plan to continue this project at the conclusion of federal support?
Since continued STOP funding is limited and not assured, alternate funding sources should be sought. Name the sources and potential sources of continued funding for this project at the conclusion of Federal support.

Other funding is received through Louisiana Commission on Law Enforcement for a Crime Victims' Assistance grant, through Office of Public Health for a Preventive Health Block grant, through United Way and through contributions and fundraising.

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 staff is housed in a 10 room office building located at 435 10th Street, Lake Charles. Office space includes 5 staff offices; a counseling / grouproom; two reception / waiting areas, a conference room and a library / multi-purpose room. Equipment and furniture include a copier, fax machine, six computers and 4 printers, meeting room chairs, tables, desks, filing cabinets (two locking for client and volunteer files), and chairs for staff and volunteers. Outreach counseling and support services are provided in donated office spaces or on site at hospitals, churches or law enforcement agencies in the outlying areas.

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
 2. Dates covered by last audit:
 3. Date of next audit:
 4. Dates to be covered by next audit:
 5. Date next audit will be forwarded to LCLE:
- This organization/agency expends less than \$500,000 in federal funds from all sources during the fiscal year of the organization/agency.

M. VOLUNTEERS

Yes No Are you using volunteers as match?
If yes, describe the duties and functions to be performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). If volunteers are used as match, their duties must directly relate to the focus of this project and information stated in Section 100 Personnel.

Yes No Are volunteers screened in compliance with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate?

Volunteers are an important part of this program.

Volunteers are not included in this grant.

N. CONSULTATION

Law enforcement, prosecution, the courts, probation and parole agencies and victim services providers must consult with each other. Briefly describe the process used to consult, coordinate, and collaborate with each agency. Attach original current letters of support and/or written cooperative agreements indicating awareness and cooperation/role with this project.

Counselors assist persons affected by the crime of sexual assault with information about the reporting and prosecutorial processes. Program staff members actively network with criminal justice professionals, as well as other service providers, and provide information to increase awareness and sensitivity to the needs of the sexual violence victims. 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 out a crisis counselor, or referring for follow-up services. A Sexual Violence Committee, composed of members of the Executive Board of diverse and multi-disciplinary backgrounds, was formed in 2011 to assist with planning and evaluating program services.

Cooperative services and reciprocal referrals are on-going with allied agencies, such as: District Attorney's Offices, Children's Advocacy Center, Elderly Services Programs, local law enforcement agencies, Department of Children and Family Services, McNeese State University Counseling Center, Cenikor Alcohol and Drug Abuse Clinic and Office of Juvenile Justice.

Rape Crisis Outreach has worked closely with the area medical and criminal justice personnel to maintain the Sexual Assault Nurse Examiner/Sexual Assault Resource Team (SANE/SART) project which became operational January 1, 2002. Other ongoing networking efforts include involvement with the Lake Charles Leadership Council, Tri-Parish Sex Offender Management Team, Suicide Prevention Coalition, LAFASA, Calcaseiu Juvenile Sex Offender Management Program.

Kathy Guidry

From: Kathy Guidry
Sent: Monday, January 09, 2012 7:27 AM
To: 'Kathy Williams'
Cc: 'Judy Benitez'
Subject: M11-8-022, Oasis A Safe Haven for Survivors of Domestic & Sexual Violence, Sexual Assault Counselor

Ms. Kathy Williams
Oasis, A Safe Haven for Survivors of Domestic & Sexual Violence
PO Box 276
Lake Charles, LA 70602-0276

RE: M11-8-022, Sexual Assault Counselor

Dear Ms. Williams:

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

Based on the preliminary review of the referenced application, the following issues must be addressed and resolved. Additional issues may arise between the agency review process and the Advisory Board/Commission meetings. If so, you will be given every opportunity and assistance to address and/or resolve any additional issues to avoid delaying the application to be presented.

1. The forms, LA Secretary of State Corporations Division, W-9, Vendor Locator Form, you submitted to this office indicating the name change has been inserted into this application. However, please submit verification of the CCR final approval showing the name change. Remember your CCR registration expires 3/3/2012 and must be renewed and maintained throughout the grant period.
2. Pg. 1, Please resubmit showing the new name. The complete zip code +4 is required—street address 70601-8243; po box 70602-0276.
3. Pg. 4, Section 100 Personnel – The job description needs to show the new name.
4. Pg. 14, A. Problem Definition
 - a. #1 – Please provide current local data to support the problem. For example: The statement 'over twelve months' does not specify the time.
 - b. #2 – Please identify the five parishes where the gap occurs.
5. Pg. 15, B. Goals – The goal should be a concise brief statement of the overall accomplishment of the problem definition. The two statements appear to be what will be provided to solve the problem.
6. Pg. 16, D. Activities/Methods – A timeframe when activities will occur is needed. Also please identify the parishes that will be covered.
7. Pg. 20, I. Evaluation and Dissemination of Reporting –
 - a. A copy of your evaluation form is required.

b. #6 – Needs to reflect the new name and state that LCLE will receive quarterly progress reports and expenditure reports quarterly/monthly, as applicable to the report.

8. Pg. 22, N. Consultation – At least three current letters of support is required.
9. Pg. 29, Certifications of Requirements – Resubmit with new name.
10. A new organizational chart with the new name is needed.

Please email or mail ONLY the changes as directed on the appropriate application pages and return only those pages for which changes or additional information was requested. Please do not fax replies, as they are not always legible.

All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. This information is due to LCLE by Friday, January 20, 2012. Please contact Judy Benitez or me if you have any questions pertaining to this letter.

Sincerely,

Katherine C. Guidry
Federal Programs Section Manager
LA Commission on Law Enforcement
602 N. 5th St., 1st Floor
Mailing Address:
PO Box 3133
Baton Rouge, LA 70821-3133
P: (225) 342-1829
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