LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C10-9-004

APPLICANT: Catholic Charities Archdiocese Of N. O.

PROJECT TITLE: Rape Counseling Program

PROJECT FUNDS :

FUND:	$ 135,000	80.00%	PROJECT DURATION:	12 months
MATCH:	$ 33,750	20.00%	START DATE:	02/01/2011
TOTAL:	$ 168,750	100.00%	END DATE:	01/31/2012

Continuation of C05-9-014

PROJECT SUMMARY:

This project will provide 24-hour crisis line and crisis counseling services to both domestic violence and sexual assault victims in Orleans Parish. These services provide a vital link to victims who are confused and uncertain as to where to turn for services and assistance. As the primary provider of social and support services in Orleans Parish, and the lead community based organization managing the new Family Justice Center, Crescent House in in the best position to respond promptly, effectively and appropriately. Crescent House has been on the forefront of establishing and maintaining collaborative efforts to connect victims to services. With the Sex Crime Unit having a presence in the Family Justice Center as well as the Crescent House sexual assault therapist on site, in collaboration with the SANE Unit at the University, we are ready to respond to victims' needs and provide comprehensive services.

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: C10-9004 CVA Purpose Area: 1

1. TITLE OF PROJECT
Rape Counseling/Crisis Line

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: C09-9-004

3. PROJECT DURATION
Total Length: 12 Months *(Not to exceed 12 Months)*
Desired Start Date: 2/1/2011
Desired End Date: 1/31/2012

4. PROJECT FUNDS

Federal Funds:	$135,000
Cash Match	$17,750
In-Kind Match:	$16,000
Total Project:	**$168,750**

5A. APPLICANT AGENCY INFORMATION
Agency Name: Catholic Charities Archdiocese of New Or
Physical Address: 1000 Howard Avenue
City: New Orleans Zip: 70113-1972
Mailing Address: 1000 Howard Avenue
City: New Orleans Zip: 70113-1972
Phone: (504) 310-6926 FAX: (504) 310-6876
Email: maryclairelandry@archdiocese-no.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: James R. Kelly
Title: Co-President and Co-CEO
Agency Name: Catholic Charities Archdiocese of New Orlean
Address: 1000 Howard Avenue
City: New Orleans Zip: 70113-1972
Phone: (504) 592-5683 FAX: (504) 596-3098
Email: jkelly@archdiocese-no.org

Fed Employer Tax Id: 72 - 0408911 DUNS: 795171297 - CCR CAGE/NCAGE: 1L6S9 CCR Expiration Date: 1/13/2011

6. IMPLEMENTING AGENCY
Name: James R. Kelly
Title: Co-President and Co-CEO
Agency: Catholic Charities Archdiocese o
Address: 1000 Howard Avenue
City: New Orleans Zip: 70113-1972
Phone: (504) 592-5683 FAX: (504) 596-3038
Email: jkelly@archdiocese-no.org

7. PROJECT DIRECTOR
Name: Mary Claire Landry
Title: Director, D.V./Sexual Assault Ser
Agency: Catholic Charities Archdiocese o
Address: 1000 Howard Avenue
City: New Orleans Zip: 70113-1972
Phone: (504) 310-6926 FAX: (504) 310-6876
Email: maryclairelandry@archdiocese-no.org

8. FINANCIAL OFFICER
Name: Cheryl LaBorde
Title: CFO
Agency: Catholic Charities Archdiocese o
Address: 1000 Howard Avenue
City: New Orleans Zip: 70113-1972
Phone: (504) 310-8720 FAX: (504) 523-1119
Email: cdlaborde@archdiocese-no.org

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

This project will provide 24 hour crisis line and crisis counseling services to both domestic violence and sexual assault victims in Orleans Parish. These services provide a vital link to victims who are confused and uncertain as to where to turn for services and assistance. As the primary provider of social and support services in Orleans Parish, and the lead community based organization managing the new Family Justice Center, Crescent House is in the best position to respond prompty, effectively and appropriately. Crescent House has been on the forefront of establishing and maintaining collaborative efforts to connect victims to services. With the NOPD Sex Crime Unit having a presence in the Family Justice Center, as well as the Crescent House sexual assault therapist on-site, in collaboration with the SANE Unit at University, we are ready to respond to victims' needs and provide comprehensive services.

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: Cory Turner Title: Business Manager
Phone: (504) 596-3086 Fax: (504) 310-6876 E-Mail: cturner@archdiocese-no.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$103,380	$0	$16,000	**$119,380**
SECTION 200. FRINGE BENEFITS	$16,986	$0	N/A	**$16,986**
SECTION 300. TRAVEL	$0	$0	$0	**$0**
SECTION 400. EQUIPMENT	$0	$0	$0	**$0**
SECTION 500. SUPPLIES	$1,600	$0	$0	**$1,600**
SECTION 600. CONTRACTUAL	$13,034	$6	N/A	**$13,040**
SECTION 700. RENOVATION COSTS	$0	$0	$0	**$0**
SECTION 800. OTHER DIRECT COSTS	$0	$17,744	$0	**$17,744**
TOTAL:	**$135,000**	**$17,750**	**$16,000**	**$168,750**

Provide Source of *Cash* Match: United Way, Civil Fees

Provide Source of *In-Kind* Match: Volunteers

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
Director	Mary Claire Landry	FT	$6,375.91	10.00%	12.00	$7,651.09	☒	☐
Project Director	Pamela Albers	FT	$3,940.75	65.00%	12.00	$30,737.85	☒	☐
Sexual Assault Counselor	Leah Foster	FT	$3,452.67	100.00%	12.00	$41,432.04	☒	☐
Business Manager	Cory Turner	FT	$4,421.67	15.00%	12.00	$7,959.00	☒	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
	SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:					$87,779.98	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
Crisis Line Counselor		PT	$10.00	20.00	100.00%	52.00	$10,400.00	☒	☐
Medical Advocate		PT	$25.00	4.00	100.00%	52.00	$5,200.00	☒	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
	SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES						$15,600.00	F = Fed Funds C = Cash Match	

VOLUNTEERS:

DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions.	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
Crisis Line Releif Counselors, volunteers to monitor children during counseling, community educators	1,600.00	$10.00	$16,000.00
			$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES			$16,000.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	$103,380
CASH MATCH	$0
IN-KIND MATCH	$16,000
PERSONNEL TOTAL	$119,380

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:

There should be no need for overtiime for the above-listed positions.

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

Salaires are determined based upon comparable amounts paid for similarly-qualified candidates.

C) Project duties of each position requested:

Director -- oversee the operation of Domestic Violence and Sexual Assualt programs. 10% of the Director's time will be spend supervising the personnel and overseeing the work funded though this project.

Project Director -- Conducts one-on-one counseling and support groups under this project. Oversees training for services provided under this grant to both employees of CCANO and throughout the community. Monitors the attainment of goals and objectives and completes reports for the grant. Directly supervises the project and staff funded through the project.

Sexual Assault Counselor -- Conducts one-on-one counseling and support groups under this project.

Business Manager -- Oversees expenditures for the project -- revises budgets, as needed. Oversees the timesheet and contracts function.

Crisis Line Counselor -- Answers crisis line calls after office hours.

Medical Advocate -- Attends to survivors of sexual assault in University Hospital's SANE unit.

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.]

The Director, Project Director, Sexual Assualt Counselor, and Business Manager positions are existing personnel who will be retained for the purposes of this project. The part-time Medical Advocate is currently funded through ARRA funds and we hope to retain this postion through this funding. The Crisis Line Counselor will be a new personnel.

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. Mary Claire Landry	.062		$7,651	$474	5. Cory Turner	.062		$7,959	$493
2. Pamela Albers	.062		$30,737	$1,905	6. Crisis Line Counselo	.062		$10,400	$644
3. Leah Foster	.062		$41,432	$2,568	7.	.062			$0
4. Medical Advocate	.062		$5,200	$322	8.	.062			$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Mary Claire Landry	.0145		$7,651	$110	5. Cory Turner	.0145		$7,959	$115
2. Pamela Albers	.0145		$30,737	$445	6. Crisis Line Counselo	.0145		$10,400	$150
3. Leah Foster	.0145		$41,432	$600	7.	.0145			$0
4. Medical Advocate	.0145		$5,200	$75	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. Mary Claire Landry	321.00	12.00	10.00%	$385	5.				$0
2. Pamela Albers	321.00	12.00	65.00%	$2,503	6.				$0
3. Leah Foster	321.00	12.00	100.00%	$3,852	7.				$0
4.				$0	8.				$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1. Mary Claire Landry	0.020		$7,651	$153	5. Cory Turner	0.020		$7,959	$159
2. Pamela Albers	0.020		$30,737	$614	6. Crisis Line Counselo	0.020		$10,400	$208
3. Leah Foster	0.020		$41,432	$828	7.	0.020			$0
4. Medical Advocate	0.020		$5,200	$104	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. Mary Claire Landry	0.011	CHECK TYPE:	$700	$7	5. Cory Turner	0.011	CHECK TYPE:	$1,050	$11
2. Pamela Albers	0.011		$4,550	$50	6. Crisis Line Counselo	0.011		$7,000	$77
3. Leah Foster	0.011	☐ FUTA	$7,000	$77	7.	0.011	☐ FUTA	$0	$0
4. Medical Advocate	0.011	☒ SUTA	$5,200	$57	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):	$15,129				FRINGE BENEFITS TOTAL (B):	$1,857

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

Fringe Benefits Total (A+B): $16,986

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$16,986
CASH MATCH	$0
TOTAL FRINGE BENEFITS	$16,986

SECTION 500. SUPPLIES

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

TYPE OF SUPPLIES	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH F	C	IK
Basic Supply Allowance @ $50 per month	1.00	$600.00	$600.00	☒	☐	☐
Sexual Assault Program Palm Cards/Brochures	10,000.00	$0.10	$1,000.00	☒	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
			$0.00	☐	☐	☐
		SUBTOTAL OF SECTION A SUPPLIES:	$1,600.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

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

The basic supplies include client folders, paper for folders and hand-outs, business cards, and other supplies needed for the personnel under this funding source.

We also request a supply of Sexual Assault Programs infomational cards and brochures for dissemination to notify the public of the program.

B) Its relationship to this project.

The above supplies are needed for the operation of the sexual assault program.

SECTION 500. SUPPLIES (Continued)

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

TYPE	TITLE OF PUBLICATIONS/FILMS	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH F	C	IK
				$0.00	☐	☐	☐
				$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	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
	SUBTOTAL OF SECTION B SUPPLIES:			$0.00	F = Federal Funds C = Cash Match IK = In-kind Match		

BRIEFLY EXPLAIN:

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

SECTION 500. SUPPLIES SUMMARY	
FEDERAL FUNDS	$1,600
CASH MATCH	
IN-KIND MATCH	
SUPPLIES TOTAL	**$1,600**

SECTION 600. CONTRACTUAL

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

INDIVIDUAL CONSULTANT	TYPE OF SERVICE OR TASK	HOURS DEVOTED	RATE PER HOUR	TOTAL COST	PAID WITH F	C
Name: Diedre Hayes Title: LCSW Agency:	Specialized counseling for mental health/addictions and special needs clients.	326.00	$40.00	$13,040.00	☒	☒
Name: Title: Agency:				$0.00	☐	☐
Name: Title: Agency:				$0.00	☐	☐
Name: Title: Agency:				$0.00	☐	☐
			SUBTOTAL OF CONTRACTUAL COSTS	$13,040.00	F = Federal Funds C = Cash Match	

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH F	C
			$0.00							$0.00	☐	☐
			$0.00							$0.00	☐	☐
			$0.00							$0.00	☐	☐
			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:

Assistance providing clinical services to victims of sexual abuse, who may or may not have other issues such as mental health issues and addictive disorders. The contractor will ensure compliane with accreditation standards for clincal services and will assist the Program Directror with case reviews.

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

This position is necessary because fo the experieince of the consultant in providing our counselors with clinical assistance , ensuring that victims are provided with the best possible clinical services. This assists us with ensuring that any waiting time for services is kept to a minimum.

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

Contractural rate of pay is consistent for LSCW's providing services in the New Orleans area. This rate takes into account the contractor's pay, plus the costs involved (insurance and other requirements) for contracting with the agency.

SECTION 600. CONTRACTUAL SUMMARY	
FEDERAL FUNDS	$13,034
CASH MATCH	$6
CONTRACTUAL TOTAL	**$13,040**

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
Database/Client Tracking	Average $33.25 per month (Actual)	12.00	$33.25	$399.00	☐	☒	☐
Cell Phone/Beeper Services	Average $47.00 per month (Actual)	12.00	$47.00	$564.00	☐	☒	☐
I.T. Administration	Average $234 per month (Actual)	12.00	$234.00	$2,808.00	☐	☒	☐
H.R. Administration	Average $111.25 per month (Actual)	12.00	$111.25	$1,335.00	☐	☒	☐
Payroll	Average $51.25 per month (Actual)	12.00	$51.25	$615.00	☐	☒	☐
Accounts Payable	Average $19.64 per month (Actual)	12.00	$19.64	$235.68	☐	☒	☐
Accounts Receivable	Average $16.29 per month (Actual)	12.00	$16.29	$195.48	☐	☒	☐
Budget and Billing	Average $94.28 per month (Actual)	12.00	$94.28	$1,131.36	☐	☒	☐
St. Joseph Worker	1 year for volunteer	1.00	$10,460.00	$10,460.00	☐	☒	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
	SUBTOTAL OF OTHER DIRECT COSTS:			$17,743.52			

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

BRIEFLY EXPLAIN:

A) Need for each type listed; and

Database/Client Tracking is used by CCANO to track clients and services. Costs are allocated to each program throughout CCANO. Cell Phone/Beeper Services allow 24 hours access to callers to the crisis line. I.T. Admin costs are allocated across programs for network access and maintenace of systems. H.R. Admin costs are allocated across programs for upkeep of HR files, monitoring for best practices/licensing/accreditation, etc. Payroll costs are allocated to each program. Accounts Payable and Accouns Receivable costs are allocated to each program, as are Budget and Billing costs. The St. Joseph Worker figure is is an amount we pay for the services of a volunteer from the St. Joseph Worker program. This worker monitors children during the time parents (survivors) are in counseling.

B) Its relationship to project.

These direct costs are costs directly related to program/project operations.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	$17,744
IN-KIND MATCH	$0
OTHER DIRECT COSTS TOTAL	**$17,744**

PROGRAM NARRATIVE

A. PROBLEM DEFINITION

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

The following information was sited from the document: Rape in Louisiana: A Report to the State by Dean G. Kilpatrick and Kenneth J. Ruggerio, 2003:

According to the National Women's Study (NWS) and the National violence Against women Survey (NVAWS), data from these studies indicate that approximately 13.4% of adult women in the United States have been victims of forcible rape sometime in their lifetime. These studies also found that risk of ever being raped was related to a woman's age, her race/ethnicity, and the region of the nation she lives in. Both studies found that the majority of rapes these adult women experienced occurred when under the age of 18.

Based on this national information, a prevalence of rape in Louisiana was developed. We estimated that approximately 13.1% of adult women in Louisiana have been victims of one or more completed forcible rapes during their lifetime. According to the 2008 census, there are about 3 million women 18 years of age or older living in Louisiana. This means that the estimated number of adult women in LA who have ever been raped is about 390,000. This estimate of the magnitude of Louisiana's rape problem is conservative because it does not include women who have never been forcibly raped but how have experienced attempted rapes, drug or alcohol facilitated rapes, alcohol or drug facilitated rapes, incapacitation rapes, or statutory rapes (i.e. rapes in which no force or threat was used but the perpetrator had sex with an underage child or young adolescent). Nor does this estimate include any types of rape that have been experienced by female residents of LA who are currently under the age of 18. Nor does the estimate include male rape victims of any age.

*15.42% of adult women in the U.S. are of Hispanic ethnicity, whereas 3.6% of adults in Louisiana are of Hispanic ethnicity
* 72.1% of adult women in the U.S. are of European descent (non-Hispanic), 62.5% of adults in Louisiana are of European descent
3.8% of adult women in the U.S. are of African descent (non-Hispanic), 31.9% of adults in Louisiana are of African descent.
Converting the 13.1% of Louisiana percentage, of the 113, 355 women over 18 years of age living in Orleans Parish, over 14, 761 women have been raped. (U.S. Census 2009).

Of female Americans who are raped, 54% experience their first rape before the age og 18. (Tjaden, Patricia and Nancy Thoennes. Prevalence, Incidence and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey. National Institute of Justice, U.S. Department of Justice, November, 1998).
Women with a childhood history of sexual abuse are 4.7 times more likely to be subsequently raped. Merrill, LL.et al. childhood Abuse and Sexual Revictimization in a Female Navy recruit sample. Naval Health Research Center, 1997).

Currently with this grant we have two full time and one contract counselor available to see sexual assault victims.

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

After Hurricane Katrina, the YWCA ceased operations in Orleans parish and Crescent House became the service provider for the parish. Crescent House is the only primary sexual assault response and recovery program operating in Orleans parish; and, we are recognized by LAFASA (Louisiana Foundation Against Sexual Assault) as the primary service provider in Orleans parish.

In addition, the mental health resources in the city were decimated after the storm and have not returned to their previous level as of this date. After Hurricane Katrina, approximately 75% of mental health practitioners left the city. Whether due to losing their property, practice or clients, or that the mental health providers are not hiring because of budgetary constraints, many of those practitioners still have not returned to the city.

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.

Our primary mission is to alleviate the shock, trauma, grief, and anger experienced by sexual assault survivors. By providing counseling and medical advocacy, we will work diligently to provide the emotional and psychological support necessary for victims of sexual assault to begin their healing process.

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: To assist 100 primary victims of sexual assault/sexual abuse in recovering from the effects of sexual trauma.
Objective 1: To provide 50 individual therapy sessions to primary victims per quarter.
Objective 2: To provide 125 units of group support to primary victims per quarter.

Goal 2: To operate a 24 hour crisis line in Orleans Parish that handles both sexual assault and domestic violence crisis intervention and counseling services.
Objective 1: To track the number of calls placed to the hotline number, tracking both sexual assault calls and domestic violence calls.
Objective 2: Provide 20 hours of initial training to counselors, students and volunteers prior to handling calls

Goal 3: To provide a safe supportive atmosphere in which the survivors are able to express themselves:

Objective 1: Reduced symptom severity that is exhibited due to the traumatic stress of the sexual assault
Objective 2: Self reports of art therapy positively impacting a survivor's recovery and ability to cope.

Goal 4: To provide on-call medical advocate response to University Hospital SANE unit.

Objective 1: Train 1-5 medical advocates over the course of the funding period.
Objective 2: Provide on-site response, support, and referral information to patients in ER/SANE unit.
Objective 3: Provide 20 hours of sexual assault advocacy training to medical advocates.
Objective 4: {rovide follow-up support services to sexual assault survivors as requested by survivor.

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.

Master degreed therapists will provide specialized therapy and support to primary vicitms in individual and group settings. Child victims will receive age-appropriate play therapy. Treatment goals will focus on ameliorating the negative effects of trauma, such as reducing nightmares, establishing safety, and addressing feelings of depression and anxiety. This method is already in place.

Trained crisis line manager and counselors will provide crisis intervention, lethality assessments and safety planning to victims of domestic violence and sexual assault and will be cross trained to handle any type of call that comes in. The crisis line is operational 24 hours a day, seven days per week, and is already in place.

Trained medical advocates (advocates must possess at least a Bachelor's Degree) will provide on-site emergency response to the ER/SANE unit of University Hospital. Advocates will be on a rotation schgedule and available during their shift to provide on-site emergency response. Advocates will receive 20 hours of specialized sexual assault training that includes an orientation and tour of the SANE until This method will be in place prior to the start of this funding -- by October 15, 2010.

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: Pam Albers PHONE: (504) 310-6925 EMAIL: palbers@ccano.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: 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.)

*Serve 200 victims of sexual assault/abuse. Grant period statistics show we assisted 173 survivors of sexual assault/abuse

*Provide 50 individual counseling sessions to primary victims per quarter. We averaged 15 sessions per quarter with the highest quarter figure being 36 and the lowest quarter figure begin 5.

*Provide 125 units of group support per quarter. We averaged 26 group counseling units per quarter. The highest quarter figure was 47 units and the lowest was 5 units.

*To assist 50 secondary victims of sexual assault in their recovery. We provided individual support counseling for 10 secondary victims. We did not provide group support for secondary victims due to a lack of interest.

* To operate a 24 hour crisis line in Orleans Parish that handles sexual assault crisis intervention and provides counseling services We track all crisis line calls. Each call is recorded on a log sheet and designated by type including sexual assault.
We provided 40 hours of training to new staff persons, students and interns who would be answering the crisis line prior to handling crisis line calls. We provided ongoing training and access to further training from other agencies to our staff, students and volunteers answering the crisis line. Training documentation is kept on record at Crescent House and is gathered and evaluated on a quarterly basis.

2. Did the project work as expected? Explain.

Our project is still relatively new and we are becoming more and more recognized as a sexual assault service provider in our community; and, our referrals continue to increase.

Our projections were optimistic and perhaps a bit high given the newness of our program. However, we are collaborating with several agencies in the community and we anticipate increasing our visibility and service delivery.

Our crisis line service is consistent and our staff is highly trained to provide the utmost in service and referral information.

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?

Goal 2 in the previous contract stated: To assist 50 secondary victims of sexual assault/abuse in their own recovery from the effects of trauma and in supporting their loved ones as effectively as possible. This goal was removed for this contract. We did not feel that this service was needed or utilized by our client base.

Goal 4 in the previous contract stated: To provide emergency civil legal services to protective parents in the form of legal consultation and evaluation in litigation on behalf of child victims of sexual abuse. This goal was removed in the contract. Again, we did not feel that this service was utilized by our client base.

Addition to the contract goal is g oal 4: To provide on call medical advocate response to University Hospital SANE unit. This goal was added due to volume of emergency room visits by rape trauma victims who request an advocate to speak to and be present during the SANE unit experience. We provide response for between 7-15 calls per month for this service.

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?

The data will be collected from clients seeking sexual assault services who agree to fill out a client satisfaction survey. Clients are told that the survey is not mandatory and that their participation or lack of has no impact on seeking other services.

2. When will the data be collected?

Data is collected monthly

3. Who will collect and analyze the data?

Case managers, counselors and group facilitators pass out the surveys and ask the participants to place them in the survey box. Surveys are analyzed by the program director each month.

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

Name: Pamela Albers, LCSW Phone: (504) 310-6925 Email: palbers@ccano.org

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

Survey information is reviewed quarterly and so is service delivery. Following the quarterly reports an overview of that quarter is done with an eye for change as needed.

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.

Recipients to receive project results on a monthly, quarterly and yearly basis are:

LCLE (quarterly)
LAFASA
Program Director
Business Manager (grants manager)
Case managers
Counselors
Group facilitators
Board of Directors (quarterly)

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.

We are consistantly working with local stakeholders to maintain funding for programs. Currently, municipal funding for programs is very limited, and, though we keep the need for services in the public eye, other needs are often addressed through the use of local funding. This project is funded with the City of New Orleans as the oversight agency. We continue to work with United Way and other area funders to increase amounts dedicated for program services. Working with Catholic Charities' Development Office, we constantly seek new funding sources for our programs.

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.

Services are provided at Crescent House (2814 South Carrollton Avenue) and at the New Orleans Family Justice Center Annex. At boht locations, staffing is available to assist survivors throughout the day, and through the use of the Crisis Line. Survivors who are in need of emergency housing in Orleans Parish are also assisted by a case manager dedicated to survivors living within the parish. Additionally, we have transitional housing resources for sexual assault survivors who are homeless due to sexual abuse.

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:	6/30/2009
2.	Dates covered by last audit:	7/1/2008 - 6/30/2009
3.	Date of next audit:	6/30/2010
4.	Dates to be covered by next audit:	7/1/2009 - 6/30/2010
5.	Date next audit will be forwarded to LCLE:	12/31/2010

☐ 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?

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.

The Program Director will maintain an effective relationship with the Louisiana Crime Victims Reparations Program to ensure that victims are aware of the services and can apply without problems for assistance. Crescent House provides an information packet to the sexual assault survivor on the first contact. The Crime Victims Reparations flyer is part of the packet. The flyer and the application process are explained to the applicant and we encourage them to call us with questions about the application or the process. We also provide contact information for the Crime Victims Reparations representative and encourage the applicant to contact the representative with questions or concerns.

2. Describe how applicant has/will coordinate activities with other criminal justice system/private service providers in the community. If you have obtained cooperative agreements, a copy may be attached to the application in addition to the brief description.

The Program Director has many years of experience as a social worker and mental health professional. She has established working relationships with other community organizations and criminal justice agencies in the community. Our agency collaborates with the SANE nurses at University Hospital, as well as with other staff at local hospitals that treat sexual assault victims. Our staff have provided extensive training to the emergency room staff to also triage sexual assault cases. We are an integral part of the Mayor's Domestic Violence Advisory Committee and work very closely with all the collaborative partners of that committee.

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.

Our agency has a close working relationship with both the Sexual Assault Detectives as well as the Domestic Violence Detectives who work out of the New Orleans Family Justice Center. We work diligently with the survivors to see law enforcement as a support and a resource and model how their involvement can help them. By partnering with them in services, survivors see the positive benefits of our collaboration. Survivors are encouraged to do what is best for them. We assist the survivor in evaluating her situation and making the personal decision to report or not to report.

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.

Our agency is in full compliance with the Louisiana Child Protection Act in screening prospective employees.