

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C11-9-004

APPLICANT: Catholic Charities Archdiocese Of N. O.

PROJECT TITLE: Rape Counseling Program

PROJECT FUNDS :

FUND: \$ 135,000 80.00%
MATCH: \$ 33,750 20.00%
TOTAL: \$ 168,750 100.00%

PROJECT DURATION: 12 months

START DATE: 02/01/2012

END DATE: 01/31/2013

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 is 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: C11-9-004 CVA Purpose Area: 1

1. TITLE OF PROJECT Rape Counseling/Crisis Line		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-9-004	
3. PROJECT DURATION Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 2/1/2012 Desired End Date: 1/31/2013		4. PROJECT FUNDS Federal Funds: \$135,000 Cash Match: \$0 In-Kind Match: \$33,750 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: mclandry@ccano.org		5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Gordon Wadge Title: President and CEO Agency Name: Catholic Charities Archdiocese of New Orleans Address: 1000 Howard Avenue City: New Orleans Zip: 70113-1972 Phone: (504) 592-5683 FAX: (504) 596-3098 Email: gwadge@ccano.org	
Fed Employer Tax Id: 72-0408911 DUNS: 795171297 - CCR CAGE/CAGE: 1L6S9 CCR Expiration Date: 1/21/2012			

6. IMPLEMENTING AGENCY Name: Gordon Wadge Title: President and CEO Agency: Catholic Charities Archdiocese of Address: 1000 Howard Avenue City: New Orleans Zip: 70113-1972 Phone: (504) 592-5683 FAX: (504) 596-3038 Email: gwadge@ccano.org	7. PROJECT DIRECTOR Name: Mary Claire Landry Title: Director, D.V./Sexual Assault Ser Agency: Catholic Charities Archdiocese of Address: 1000 Howard Avenue City: New Orleans Zip: 70113-1972 Phone: (504) 310-6926 FAX: (504) 310-6876 Email: mclandry@ccano.org	8. FINANCIAL OFFICER Name: Cheryl LaBorde Title: CFO Agency: Catholic Charities Archdiocese of Address: 1000 Howard Avenue City: New Orleans Zip: 70113-1972 Phone: (504) 310-8720 FAX: (504) 523-1119 Email: cdllaborde@ccano.org
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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 promptly, 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 staff in collaboration with the SANE Unit at University, we are ready to respond to victims' needs and provide comprehensive services.

LA COMMISSION
ON LAW ENFORCEMENT
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CVA - 1

Revised JULY 2010

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: Mary Claire Landry Title: Director
Phone: (504) 310-6885 Fax: (504) 310-6876 E-Mail: mclandry@ccano.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$101,008	\$0	\$33,750	\$134,758
SECTION 200. FRINGE BENEFITS	\$19,396	\$0	N/A	\$19,396
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$0	\$0	\$0	\$0
SECTION 600. CONTRACTUAL	\$8,200	\$0	N/A	\$8,200
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$6,396	\$0	\$0	\$6,396
TOTAL:	\$135,000	\$0	\$33,750	\$168,750

Provide Source of Cash Match:

Provide Source of In-Kind Match: Volunteers

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Revised JULY 2010

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
Director	Mary Claire Landry	FT	\$6,344.00	10.00%	12.00	\$7,612.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program Director	Pamela Albers	FT	\$3,921.00	65.00%	12.00	\$30,583.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual Assault Counselor	Leah Foster	FT	\$3,435.47	90.00%	12.00	\$37,103.07	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$75,299.67		

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
Crisis Line Counselor	Iola Harkness	PT	\$12.36	40.00	100.00%	52.00	\$25,708.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input checked="" 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:							\$25,708.80		

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 counselors, volunteers to monitor children during counseling or support groups, community educators, patient advocates	3,375.00	\$10.00	\$33,750.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$33,750.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$101,008
CASH MATCH	\$0
IN-KIND MATCH	\$33,750
PERSONNEL TOTAL	\$134,758

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 overtime for the above-listed positions.

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

Salaries 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 Assault programs. 10% of the Director's time will be spend supervising the personnel and overseeing the work funded through 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.

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

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 Assault Counselor, and Crisis Line Counselor positions are existing personnel who will be retained for the purposes of this project.

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		\$7,612	\$471	5.	.062			\$0	
2. Pamela Albers	.062		\$30,584	\$1,896	6.	.062			\$0	
3. Leah Foster	.062		\$37,103	\$2,300	7.	.062			\$0	
4. Iola Harkness	.062		\$25,708	\$1,593	8.	.062			\$0	
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL	
1. Mary Claire Landry	.0145		\$7,651	\$110	5.	.0145			\$0	
2. Pamela Albers	.0145		\$30,737	\$445	6.	.0145			\$0	
3. Leah Foster	.0145		\$37,103	\$537	7.	.0145			\$0	
4. Iola Harkness	.0145		\$25,708	\$372	8.	.0145			\$0	
HEALTHLIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTHLIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	
1. Mary Claire Landry	265.00	12.00	10.00%	\$318	5.				\$0	
2. Pamela Albers	265.00	12.00	65.00%	\$2,067	6.				\$0	
3. Leah Foster	265.00	12.00	90.00%	\$2,862	7.				\$0	
4. Iola Harkness	265.00	12.00	100.00%	\$3,180	8.				\$0	
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	
1. Mary Claire Landry	0.020		\$7,651	\$153	5.	0.020			\$0	
2. Pamela Albers	0.020		\$30,737	\$614	6.	0.020			\$0	
3. Leah Foster	0.020		\$37,103	\$742	7.	0.020			\$0	
4. Iola Harkness	0.020		\$25,708	\$514	8.				\$0	
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	
1. Mary Claire Landry	0.011	CHECK	\$700	\$7	5.	0.011	CHECK		\$0	
2. Pamela Albers	0.011	TYPE:	\$4,550	\$50	6.	0.011	TYPE:		\$0	
3. Leah Foster	0.011	<input type="checkbox"/> FUTA	\$7,000	\$77	7.	0.011	<input type="checkbox"/> FUTA	\$0	\$0	
4. Iola Harkness	0.011	<input checked="" type="checkbox"/> SUTA	\$7,000	\$77	8.	0.011	<input checked="" 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: ST, LT, Life Insurance	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL	
1. Mary Claire Landry	0.01		\$7,651	\$76	5.				\$0	
2. Pamela Albers	0.01		\$30,737	\$307	6.				\$0	
3. Leah Foster	0.01		\$37,103	\$371	7.				\$0	
4. Iola Harkness	0.01		\$25,708	\$257	8.				\$0	
FRINGE BENEFITS TOTAL (A):				\$19,396	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): \$19,396

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$19,396
CASH MATCH	\$0
TOTAL FRINGE BENEFITS	\$19,396

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.	205.00	\$40.00	\$8,200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF CONTRACTUAL COSTS				\$8,200.00	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 (Exclude Taxi)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH	
Name:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										\$0.00	F = Federal Funds C = Cash Match	

BRIEFLY EXPLAIN:

- A) Purpose of each consultant or other contractual service requested:
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 compliance with accreditation standards for clinical services and will assist the Program Director with case reviews.
- B) Why the service requested is necessary and cost effective:
This position is necessary because of the experience 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:
Contractual 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	\$8,200
CASH MATCH	\$0
CONTRACTUAL TOTAL	\$8,200

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 \$23 per month (Actual)	12.00	\$23.00	\$276.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone/Beeper Services	Average \$40.00 per month (Actual)	12.00	\$40.00	\$480.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.T. Administration	Average \$243 per month (Actual)	12.00	\$243.00	\$2,916.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.R. Administration	Average \$100.00 per month (Actual)	12.00	\$100.00	\$1,200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payroll	Average \$62 per month (Actual)	12.00	\$62.00	\$744.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounts Payable	Average \$20 per month (Actual)	12.00	\$20.00	\$240.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounts Receivable	Average \$5.00 per month (Actual)	12.00	\$5.00	\$60.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget and Billing	Average \$40 per month (Actual)	12.00	\$40.00	\$480.00	<input checked="" 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:				\$6,396.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

BRIEFLY EXPLAIN:

A) Need for each type listed, and 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 maintenance 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 Accounts Receivable costs are allocated to each program, as are Budget and Billing costs.

B) Its relationship to project. These direct costs are costs directly related to program/project operations.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$6,396
CASH MATCH	\$0
IN-KIND MATCH	\$0
OTHER DIRECT COSTS TOTAL	\$6,396

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 cited 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 who 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 of 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, 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.

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 for the year.

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 patient advocate response to University Hospital SANE unit.

Objective 1: Train 1-5 patient 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 patient advocates.

Objective 4: Provide 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 degree therapists will provide specialized therapy and support to primary victims 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.

Safe and therapeutic counseling office space will be made available both at Crescent House and the New Orleans Family Justice Center for the individual and group counseling sessions. The therapists will utilize therapeutic art projects modeled after the "Window Between Worlds" where our primary therapist, Pam Albers, has been trained.

Trained patient 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 schedule 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 unit at the hospital.

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: 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](http://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. MAJOR 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: Serve 100 victims of sexual assault/abuse. Grant period statistics show we assisted 171 survivors of sexual assault/abuse. Objective 1: Provide 50 individual counseling sessions to primary victims per quarter. We averaged 32 sessions per quarter with the highest quarter figure being 39 and the lowest quarter figure being 27. An additional 24 sessions were no shows.

Objective 2: 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.

Goal 2: To operate a 24 hour crisis line in Orleans Parish that handles sexual assault crisis intervention and provides counseling services.

Objective 1: The crisis line was successfully operated for 24 hours throughout the year and all calls were tracked. Each call is recorded on a log sheet and designated by type including sexual assault. According to the National Sexual Assault Hotline, during this annual year 265 calls were routed to our crisis line in addition to our local crisis line number.

Objective 2: 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.

Goal 3: A safe supportive environment is provided at the FJC Annex. Clients self report through evaluations and consumer surveys - surveys are reviewed on a quarterly basis as part of our accreditation process - surveys are positive.

2. Did the project work as expected? Explain.

Our project has steadily become established and we are now recognized as a sexual assault service provider in our community; and, our referrals continue to increase. In 2010 our program received accreditation as a sexual assault center by the Louisiana Foundation Against Sexual Assault. In 2011 we are providing leadership in the development of a SART team in Orleans Parish and have hosted a 2 day planning meeting to set goals and objectives for the Rape Crisis Network. Our program is also working very closely with the NOPD, the Civil Rights Division of DOJ, Office of Violence Against Women and the Office of Crime Victims to better address the needs of sexual assault victims in our community and to begin work on an integrated sexual assault response protocol, similar to the one we have developed for domestic violence response.

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?

I. EVALUATION AND DISSEMINATION OF RESULTS

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 constantly 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 the 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 (1000 Howard Avenue). At both locations, staffing is available to assist survivors throughout the day, and 24 hours a day, by way 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:	6/30/2010
2. Dates covered by last audit:	7/1/2009 - 6/30/2010
3. Date of next audit:	6/30/2011
4. Dates to be covered by next audit:	7/1/2010 - 6/30/2011
5. Date next audit will be forwarded to LCLE:	12/31/2011

This organization/agency expends less than \$500,000 in federal funds from all sources during the fiscal year of the organization/agency.

M. VOLUNTEERS

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

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

Volunteers are screened and trained and are in compliance with the La. Child Protection Act. Volunteers are used as crisis line counselors, monitors for child and survivor activities, community educators, patient advocates, etc.

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 collaborators 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 collaborating 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.