

APPLICATION NUMBER: M11-8-023

APPLICANT: Catholic Charities Archdiocese Of N. O.

PROJECT TITLE: Sexual Assault Program

PROJECT FUNDS :

FUND: \$ 13,271 100.00%  
MATCH: \$ 0 0.00%  
TOTAL: \$ 13,271 100.00%

PROJECT DURATION: 12 months

START DATE: 05/01/2012

END DATE: 04/30/2013

Continuation of M09-8-023

PROJECT SUMMARY:

This is a new grant to cover the supervision and development of the sexual assault medical advocate program at Crescent House. Trained medical advocates are a vital part of the Sexual Assault Nurse examiner (SANE) treatment team in the emergency room. When a rape survivor is presented for care, the medical advocate is present to support the survivor waiting for the medical exam, provide support during the medical exam, providing information about community and social services, offering emotional support and providing for safe shelter and transportation, if necessary.

RECOMMENDATION: FUND X DENY   

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 01/06/12 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: M11-8-023 VAWA Purpose Area: 12

|   |  |   |  |
|---|--|---|--|
| 1. TITLE OF PROJECT<br>Sexual Assault Program   |  | 2. <input type="checkbox"/> NEW PROJECT<br><input checked="" type="checkbox"/> CONTINUATION PROJECT OF: <u>M11-8-023</u><br><u>M10-8-023</u>  |  |
| 3. PROJECT DURATION<br>Total Length: <u>12</u> Months (Not to exceed 12 Months)<br>Desired Start Date: <u>5/1/2012</u><br>Desired End Date: <u>4/30/2013</u>  |  | 4. PROJECT FUNDS<br>Federal Funds: \$13,271<br>Cash Match: \$0<br>In-Kind Match: \$0<br>Total Project: \$13,271   |  |
| 5A. APPLICANT AGENCY INFORMATION<br>Agency Name: Catholic Charities Archdiocese of New Orleans<br>Physical Address: 1000 Howard Avenue<br>City: New Orleans Zip: 70113-1916<br>Mailing Address: 1000 Howard Avenue<br>City: New Orleans Zip: 70113-1916<br>Phone: (504) 596-3086 FAX: (504) 310-6876<br>Email: <u>cturner@ccano.org</u> |  | 5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY<br>Authorized Official: Gordon Wadge<br>Title: CEO/President<br>Agency Name: Catholic Charities Archdiocese of New Orleans<br>Address: 1000 Howard Avenue<br>City: New Orleans Zip: 70113-1916<br>Phone: (504) 596-3099 FAX: (504) 523-2789<br>Email: <u>gwadge@ccano.org</u> |  |
| Fed Employer Tax Id: <u>72 - 0408911</u> DUNS: <u>795171297 -</u> CCR CAGE/NCAGE: <u>1L6S9</u> CCR Expiration Date: <u>1/21/2013</u>  |  |   |  |

|  |   |   |
|--|---|---|
| 6. IMPLEMENTING AGENCY<br>Name: Gordon Wadge<br>Title: CEO/President<br>Agency: Catholic Charities Archdiocese of<br>Address: 1000 Howard Avenue<br>City: New Orleans Zip: 70113-1916<br>Phone: (504) 596-3099 FAX: (504) 523-2789<br>Email: <u>gwadge@ccano.org</u> | 7. PROJECT DIRECTOR<br>Name: Mary Claire Landry<br>Title: Director<br>Agency: Catholic Charities Archdiocese<br>Address: 1000 Howard Avenue<br>City: New Orleans Zip: 70113-1916<br>Phone: (504) 310-6926 FAX: (504) 310-6876<br>Email: <u>mclandry@ccano.org</u> | 8. FINANCIAL OFFICER<br>Name: Cheryl LaBorde<br>Title: Chief Financial Officer<br>Agency: Catholic Charities Archdiocese of<br>Address: 1000 Howard Avenue<br>City: New Orleans Zip: 70113-1916<br>Phone: (504) 310-8720 FAX: (504) 523-1119<br>Email: <u>cdlaborde@ccano.org</u> |
|--|---|---|

9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)  
This funding will be used to supervise and further develop the sexual assault patient advocate program at Crescent House. Trained patient advocates are a vital part of the Sexual Assault Nurse Examiner (SANE) treatment team in the emergency room. When a rape survivor is presented for care, the patient advocate is present to provide support for the survivor, providing information about community and social services, offering emotional support, and providing safe shelter and transportation, if necessary. Additionally, we are requesting funding for a contracted sexual assault counselor to assist with counseling of sexual assault survivors.

2011 DEC - 8 PM 1:30

LA COMMISSION  
LAW ENFORCEMENT

VAWA - 1

Revised JULY 2010

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

Revised JULY 2010

**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:**

|  |  |                              |
|--|--|------------------------------|
| Are all budgeted items allowable per Program Guidelines?                       | YES: <input checked="" type="checkbox"/> | NO: <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: Mary Claire Landry Title: Director, DV/SA Services

Phone: (504) 310-6885 Fax: (504) 310-6876 E-Mail: mclandry@ccano.org

**PROJECT BUDGET SUMMARY**

| BUDGET CATEGORY                | FEDERAL FUNDS   | CASH MATCH | IN-KIND MATCH | SECTION TOTAL   |
|--------------------------------|-----------------|------------|---------------|-----------------|
| SECTION 100 PERSONNEL          | \$7,765         | \$0        | \$0           | \$7,765         |
| SECTION 200 FRINGE BENEFITS    | \$1,606         | \$0        | N/A           | \$1,606         |
| SECTION 300 TRAVEL             | \$0             | \$0        | \$0           | \$0             |
| SECTION 400 EQUIPMENT          | \$0             | \$0        | \$0           | \$0             |
| SECTION 500 SUPPLIES           | \$240           | \$0        | \$0           | \$240           |
| SECTION 600 CONTRACTUAL        | \$3,000         | \$0        | N/A           | \$3,000         |
| SECTION 800 OTHER DIRECT COSTS | \$660           | \$0        | \$0           | \$660           |
| <b>TOTAL:</b>                  | <b>\$13,271</b> | <b>\$0</b> | <b>\$0</b>    | <b>\$13,271</b> |

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                        |
| Program Manager                                  | Pam Albers, LCSW | FT | \$3,806.42            | 17.00%                  | 12.00            | \$7,765.09                 | <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"/> |
|  |                  | 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: |                  |    |                       |                         |                  | \$7,765.09                 | F = Fed Funds                       | C = Cash Match           |

**PART-TIME OR OVERTIME EMPLOYEES:**

| POSITION TITLE   | EMPLOYEE NAME | FT | 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"/> |
|  |               |    |    |                                    |                 |                         |                 | \$0.00                     | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES: |               |    |    |                                    |                 |                         |                 | \$0.00                     | 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 |
|--|--------------|---------------------------|---------------|
|  |              |                           | \$0.00        |
|  |              |                           | \$0.00        |
| SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:  |              |                           | \$0.00        |

**SECTION 100. PERSONNEL SUMMARY**

|                        |                |
|------------------------|----------------|
| FEDERAL FUNDS          | \$7,765        |
| CASH MATCH             | \$0            |
| IN-KIND MATCH          | \$0            |
| <b>PERSONNEL TOTAL</b> | <b>\$7,765</b> |

**SECTION 200 PERSONNEL (Continued) - BRIEFLY (PLAIN):**

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:

The Program Director will train and oversee patient advocates who will be in volunteer and paid positions. Patient advocates are a vital part of the Sexual Assault Nurse Examiner (SANE) treatment team in the emergency room. When a rape survivor is presented for care, the patient advocate is present to support the survivor as she/he waits for the medical exam, support during the medical exam, providing information about community and social services, offering emotional support and providing for safe shelter and transportation if necessary.

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

The salary range for this position is determined by the Catholic Charities Human Resources Department, which compares comparable positions and duties from within the community. Ms. Pam Albers is an LCSW will provide the supervision envisioned for this project.

C) Project duties of each position requested:

The Program Director provides supervision, training, and support for the patient advocates.

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.]

The Program Director is an existing position that has not been backfilled.

**SECTION 200. FRINGE BENEFITS (Employer's Share Only)**

Enter the Individual Name(s) of the employees receiving fringe benefits for each position funded through this grant. There are two sets of each benefit below to allow budgeting for eight employees. For further information and direction, please refer to the application instructions.

Check:  All Fringe Benefits Will Be Paid by Applicant Agency  Additional Fringe Benefits Will Be Paid by Applicant Agency

| EMPLOYEES' NAMES:                 |        |                               |                         |                | EMPLOYEES' NAMES: (Continued)     |       |                               |                         |            |
|-----------------------------------|--------|-------------------------------|-------------------------|----------------|-----------------------------------|-------|-------------------------------|-------------------------|------------|
| SOCIAL SECURITY                   | RATE   |                               | SALARY                  | TOTAL          | SOCIAL SECURITY                   | RATE  |                               | SALARY                  | TOTAL      |
| 1. Pam Albers                     | .062   |                               | \$7,765                 | \$481          | 5.                                | .062  |                               |                         | \$0        |
| 2.                                | .062   |                               |                         | \$0            | 6.                                | .062  |                               |                         | \$0        |
| 3.                                | .062   |                               |                         | \$0            | 7.                                | .062  |                               |                         | \$0        |
| 4.                                | .062   |                               |                         | \$0            | 8.                                | .062  |                               |                         | \$0        |
| MEDICARE                          |        |                               |                         |                | MEDICARE                          |       |                               |                         |            |
|                                   | RATE   |                               | SALARY                  | TOTAL          |                                   | RATE  |                               | SALARY                  | TOTAL      |
| 1. Pam Albers                     | .0145  |                               | \$7,762                 | \$112          | 5.                                | .0145 |                               |                         | \$0        |
| 2.                                | .0145  |                               |                         | \$0            | 6.                                | .0145 |                               |                         | \$0        |
| 3.                                | .0145  |                               |                         | \$0            | 7.                                | .0145 |                               |                         | \$0        |
| 4.                                | .0145  |                               |                         | \$0            | 8.                                | .0145 |                               |                         | \$0        |
| HEALTH LIFE INSURANCE             |        |                               |                         |                | HEALTH LIFE INSURANCE             |       |                               |                         |            |
| Provide monthly insurance rates   | RATE   | MONTHS                        | TIME DEVOTED TO PROJECT | TOTAL          | Provide monthly insurance rates   | RATE  | MONTHS                        | TIME DEVOTED TO PROJECT | TOTAL      |
| 1. Pam Albers                     | 341.50 | 12.00                         | 17.00%                  | \$696          | 5.                                |       |                               |                         | \$0        |
| 2.                                |        |                               |                         | \$0            | 6.                                |       |                               |                         | \$0        |
| 3.                                |        |                               |                         | \$0            | 7.                                |       |                               |                         | \$0        |
| 4.                                |        |                               |                         | \$0            | 8.                                |       |                               |                         | \$0        |
| WORKMAN'S COMPENSATION            |        |                               |                         |                | WORKMAN'S COMPENSATION            |       |                               |                         |            |
|                                   | RATE   |                               | SALARY                  | TOTAL          |                                   | RATE  |                               | SALARY                  | TOTAL      |
| 1. Pam Albers                     | 0.020  |                               | \$7,765                 | \$155          | 5.                                |       |                               |                         | \$0        |
| 2.                                |        |                               |                         | \$0            | 6.                                |       |                               |                         | \$0        |
| 3.                                |        |                               |                         | \$0            | 7.                                |       |                               |                         | \$0        |
| 4.                                |        |                               |                         | \$0            | 8.                                |       |                               |                         | \$0        |
| UNEMPLOYMENT TAX                  |        |                               |                         |                | UNEMPLOYMENT TAX                  |       |                               |                         |            |
| Based on first \$7,000 or Less    | RATE   | TYPE                          | SALARY                  | TOTAL          | Based on first \$7,000 or Less    | RATE  | TYPE                          | SALARY                  | TOTAL      |
| 1. Pam Albers                     | 0.011  | CHECK TYPE:                   | \$7,765                 | \$85           | 5.                                |       | CHECK TYPE:                   |                         | \$0        |
| 2.                                |        |                               |                         | \$0            | 6.                                |       |                               |                         | \$0        |
| 3.                                |        | <input type="checkbox"/> FUTA |                         | \$0            | 7.                                |       | <input type="checkbox"/> FUTA |                         | \$0        |
| 4.                                |        | <input type="checkbox"/> SUTA |                         | \$0            | 8.                                |       | <input type="checkbox"/> SUTA |                         | \$0        |
| PUBLIC/PRIVATE RETIREMENT         |        |                               |                         |                | PUBLIC/PRIVATE RETIREMENT         |       |                               |                         |            |
|                                   | RATE   |                               | SALARY                  | TOTAL          |                                   | RATE  |                               | SALARY                  | TOTAL      |
| 1.                                |        |                               |                         | \$0            | 5.                                |       |                               |                         | \$0        |
| 2.                                |        |                               |                         | \$0            | 6.                                |       |                               |                         | \$0        |
| 3.                                |        |                               |                         | \$0            | 7.                                |       |                               |                         | \$0        |
| 4.                                |        |                               |                         | \$0            | 8.                                |       |                               |                         | \$0        |
| OTHER: Life Insurance             |        |                               |                         |                | OTHER:                            |       |                               |                         |            |
|                                   | RATE   |                               | SALARY                  | TOTAL          |                                   | RATE  |                               | SALARY                  | TOTAL      |
| 1. Pam Albers                     | 0.01   |                               | \$7,765                 | \$77           | 5.                                |       |                               |                         | \$0        |
| 2.                                |        |                               |                         | \$0            | 6.                                |       |                               |                         | \$0        |
| 3.                                |        |                               |                         | \$0            | 7.                                |       |                               |                         | \$0        |
| 4.                                |        |                               |                         | \$0            | 8.                                |       |                               |                         | \$0        |
| <b>FRINGE BENEFITS TOTAL (A):</b> |        |                               |                         | <b>\$1,606</b> | <b>FRINGE BENEFITS TOTAL (B):</b> |       |                               |                         | <b>\$0</b> |

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

**FRINGE BENEFITS TOTAL (A+B): \$1,606**

| SECTION 200. FRINGE BENEFITS SUMMARY |                |
|--------------------------------------|----------------|
| FEDERAL FUNDS                        | \$1,606        |
| CASH MATCH                           | \$0            |
| <b>TOTAL FRINGE BENEFITS</b>         | <b>\$1,606</b> |





## 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.

Sexual assault survivors have extensive post-assault medical and mental health needs. Injury detection, medical forensic examination, screening and treatment for STIs (sexually transmitted infections or diseases), pregnancy testing and emergency contraception are all very important issues to be addressed quickly. In addition, are the many emotional and psychological injuries that need to be addressed and supported. When a survivor arrives to the emergent care unit of the hospital her/his emotional and physical state is fragile and vulnerable. There are quite often no family or friends present to support the survivor.

In 1970, to address many of the shortcomings in the usual hospital emergency room treatment - long wait times, incorrect evidence collection, improper treatment and patient reports of feeling like they were being blamed for provoking the assault, SANE (sexual assault nurse examiner) programs were developed. The patient advocate is part of this program that works to circumvent the many shortcomings of usual emergency room care.

SANE programs place a strong emphasis on treating survivors with dignity and respect in order to decrease post-assault trauma. Many SANE programs work with local rape crisis centers to provide survivor advocates to provide emotional support, family support, information, referrals and connections with local and state rape crisis support programs. That is the role of the patient advocates that this grant is applying for.

We are currently placing advocates in University Hospital (LSUHSC), in New Orleans, to assist the SANE program on their site. The SANE program there reports between 5-7 rape survivors having a need for a patient advocate. Additionally, we are providing services at Children's Hospital in New Orleans and have entered into an MOU with the facility for the implementation of the program there.

Victim experiences receiving post-assault medical care in SANE programs are markedly different than traditional hospital emergency departments. Patients reported feeling respected, safe, reassured, in control and informed. Survivors also note that they appreciated the joint efforts of the SANE nurses and the rape crisis patient advocate. Survivors have noted that the nurses and advocates work well as a team to provide comprehensive psychological support to them as well as their families.

This Program Director will train and oversee patient advocates who will be engaged in services as either volunteer or paid patient advocates. In this position the Program Director will train, manage, schedule, and support those in patient advocate positions.

We have also included 1.5 counseling hours per week, through a contractor, to allow for counseling services for one additional client at any given time.

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

University Hospital (LSUHSC) in New Orleans requested that Crescent House work with them to provide services in the hospital. We are also offering services at Children's Hospital in New Orleans and have an established MOU. The SANE Unit at University Hospital has between 5-7 rape survivors presenting at their unit each month that require a patient advocate. At Children's Hospital, we will cover periods that other social workers are not available to assist patients. Without these services, many clients might not have the extra supports offered, or the slate of referrals that can be provided to them.

### B. GOALS

**GOALS:** The primary mission of all projects is to have a positive impact on the victims, not just to accumulate statistics on how many are served. Based on the problem identified, BRIEFLY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

Goal 1: To train and establish a special team of patient advocates to provide emotional support for survivors, families and friends, information, referrals, emergency shelter, transportation, and access to rape crisis services.

Goal 2: To provide patient advocacy services at Children's Hospital in New Orleans.

Goal 3: To contract with a LCSW social worker to provide counseling for one survivor, at 1.5 hours per week.

### 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.

Objectives:

Goal 1: \*To provide and/or supervise advocacy services to University Hospital rape survivors

\*To increase the number of patient advocates providing support, including volunteers. Currently, we have a minimum of four active advocates at any given time. With the addition of a new facility (Children's Hospital), we will need to double the available advocates in the program. The goal is to have an additional four trained advocates during this period.

\*To oversee the training of a minimum of four patient advocates during the grant period

Goal 2: \*To successfully implement services at Children's Hospital

\*To provide and/or supervise advocacy services to Children's Hospital sexual assault/rape survivors

Goal 3: \*To provide sexual assault counseling services to one survivor, at hours convenient to the 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.

The Program Director is a Licensed Clinical Social Worker (LCSW), who will provide training, supervision, and support for patient advocates. This Program Director is responsible for developing a team of patient advocates who will respond to advocacy calls from the University Hospital SANE program, and to Children's Hospital (upon approval of an MOU).

The program, through the Patient Advocates, will be available to provide:

- \* In person advocacy services to rape survivors, family and friends as requested by the survivor and or hospital
- \* A community information and resource packet will be given to each survivor and or family member that includes:

Information on state and local rape crisis programs

Survivor information brochure:

Educational pamphlet about rape and sexual assault

Information about rape trauma symptoms

Local health clinics

Local mental health clinics

State rape crisis hotline number

Counseling services available through Crescent House

- \* A care kit will be offered to each rape survivor that includes:

New underwear

Shorts and a t-shirt

Socks

Toothbrush and toothpaste

Comb

Soap

- \*Provide hotel accommodations for at least one night for a rape survivor who is not safe staying in the home.

The advocate on call would do a needs assessment and danger assessment with the survivor and based on need and danger levels will make a reservation at a contracted hotel service provider for the survivor.

- \*Provide transportation for survivor to a safe location

The advocate on call would make a needs assessment and based on the need provide transportation to a safe location.

- \*Advocates will complete 40 hours of sexual assault training as well as a specialized training from University Hospital

- \*Advocate would ask survivor to fill out a brief survey (5 questions) to evaluate efficacy of program and service quality.

We will also contract with an LCSW to provide counseling service at 1.5 hours per week. This will allow us to serve an additional sexual assault survivors on days and times convenient to the survivor.

\*\*\*Services have already started and will continue during the length of the grant period.\*\*\*

#### 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 checked="" 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://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. PROJECT 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.)

In May, 2011 through November, 2011, we have served 97 clients through this grant. We have trained eight patient advocates to respond to University Hospital's SANE unit. Our outcomes for the past period were:

Goal: To train and establish a special team of patient advocates to provide emotional support for survivors, families and friends, information, referrals, emergency shelter, transportation, and access to rape crisis services.

Objectives:

- \*To provide and/or supervise advocacy services to University Hospital rape survivors
- \* To increase the number of patient advocates providing support to 6 advocates
- \* Establish support services for rape survivors
- \* To oversee the training of a minimum of four patient advocates during the grant period

We have met these goals.

2. Did the project work as expected? Explain.

Yes, the program worked as expected. The nurses and administration at University Hospital have been very supportive and value the services we offer. We have a signed MOU with Children's Hospital and are awaiting the go ahead from the director of the emergency room to begin our services.

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?

We will continue to train advocates during this continuation grant period, and will expand services to include Children's Hospital in New Orleans.

## 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 who agree to fill out a short, five question, client satisfaction survey. Clients are told that the survey is not mandatory and that their participation or lack of participation has no impact on seeking other services.

2. When will the data be collected?

After services are delivered.

3. Who will collect and analyze the data?

Data will be collected by advocates at the time services are delivered. The program manager and the project director will analyze the data to determine the quality of services offered by the program through this project.

4. Who will be responsible for submitting the data for the VAWA Annual Report: State name and contact information.

Name: Pam Albers

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 and service delivery are reviewed quarterly. Following the quarterly reports an overview of that quarter is done to assure that the program is meeting goals and is providing quality services. The program manager, Pam Albers, will request any updating of, or revision to, strategy.

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  
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 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.

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. Of course, patient advocacy services are provided on-site at University Hospital and Children's Hospital during this funding period.

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: 6/30/2011
- 2. Dates covered by last audit: 7/1/2010 - 6/30/2011
- 3. Date of next audit: 6/30/2012
- 4. Dates to be covered by next audit: 7/1/2011 - 6/30/2012
- 5. Date next audit will be forwarded to LCLE: 12/31/2012

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?

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

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.

Crescent House has a long history of collaboration with many other organizations in the community. We are integral members of the Mayor's Advisory Task Force on Domestic Violence, and have been since its beginning, 16 years ago. We continue to be at the forefront in providing leadership and vision to address the needs of victims of domestic violence, violence, sexual assault and stalking in the greater New Orleans area. We work very closely with the New Orleans Police Department's Domestic Violence Unit, and through the New Orleans Family Justice Center and Project SAVE, have a close working relationship with the courts, district attorneys, and city attorneys. Also, we have a memorandum of understanding with University Hospital and Children's Hospital to provide patient advocacy, as outlined in this proposal.

**Kathy Guidry**

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**From:** Kathy Guidry  
**Sent:** Friday, January 06, 2012 3:34 PM  
**To:** 'Mary Claire Landry'  
**Cc:** 'Judy Benitez'  
**Subject:** M11-8-023, Catholic Charities Archdiocese of New Orleans, Sexual Assault Program

Ms. Mary Claire Landry  
Catholic Charities Archdiocese of New Orleans  
1000 Howard Ave.  
New Orleans, LA 70113-1916

RE: M11-8-023; "Sexual Assault Program"

Dear Ms. Landry:

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. Pg. 1, According to the CCR website, the expiration date is 1/4/2013. Please correct your copy.
2. Pg. 4, Section 100 Personnel.
  - a. Need to submit a Job Description for the Program Manager, to include description, experience, education, and salary range.
  - b. Need to submit a resume for Ms. Pam Albers.
3. Pg. 13, Section 800 Other Direct Costs – Need to complete Sections A and B.
4. Pg. 14, A. Problem Definition – Please provide current local statistics to support the problem.
5. Pg. 15, B. Goal – The goal should be a concise brief statement that explains the overall accomplishments this project hopes to achieve.
6. Pg. 15, C. Objectives – Objectives need to be stated in measurable terms using absolute numbers, not percentages.
7. Pg. 16, D. Activities/Methods – Need to state the timeframe.
8. Pg. 19, H. Prior Results
  - a. #1 – Please refer to the objectives stated in the previous subgrant, M10-8-033 and provide the results for each objective.
  - b. #3 – It states that the goals and objectives were revised. However, there is no difference in the goals and objectives stated on page 15 from those stated in the previous subgrant, M10-8-023. Please clarify.
9. Pg. 20, I. Evaluation and Dissemination of Reporting –

- a. Please provide a copy of your evaluation form that clients/victims complete once service is received.
- b. #2 – What is the timeframe—weekly, monthly?
- c. #5 – Who determines if updates/revisions will be made?
- d. #6 – Need to state LCLE will receive quarterly progress reports and expenditure reports quarterly/monthly, as applicable to the report.

10. Pg. 21, L. Audit Requirements – Remember a copy of your most current audit must be submitted to LCLE.

11. Pg. 22, N. Consultation – At least three current letters of support are required.

12. Pg. 29, Certificates of Requirements - Need an original signature signed in blue ink.

13. An organizational chart is required.

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 **Wednesday, January 18, 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  
C: (225) 241-5978  
F: (225) 342-1846  
Email: [kathy.guidry@lcle.la.gov](mailto:kathy.guidry@lcle.la.gov)