LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C10-1-017

APPLICANT: Rutherford House

PROJECT TITLE: Victim Assistance Program

PROJECT FUNDS :

FUND:	$ 34,540	80.00%	
MATCH:	$ 8,635	20.00%	
TOTAL:	$ 43,175	100.00%	

PROJECT DURATION: 12 months

START DATE: 08/01/2010

END DATE: 07/31/2011

Continuation of C00-1-011

PROJECT SUMMARY:

Rutherford House will provide a total of three (3) Masters level counselors to provide client services to victims of physical and sexual abuse.

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) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 08/17/10 IS REVIEWED AND APPROVED BY LCLE STAFF.
3. ALL PAID PERSONNEL MUST WORK HOURS WHICH DO NOT CONFLICT OR OVERLAP WITH OTHER PAID HOURS OR OTHER JOBS. IF PAYMENT FOR ANY PERSONNEL IS ON AN OVERTIME, HOURLY BASIS, THE RATE OF PAY MAY NOT EXCEED 1 AND 1/2 TIMES THE EMPLOYEE'S REGULAR HOURLY RATE OF PAY.
4. PRE-AWARD COSTS ALLOWABLE FROM 08/01/2010.
5. NO RELEASE OF FUNDS BY LCLE UNTIL PRIOR PROJECT C09-1-015 IS FINALIZED.
6. SUBGRANTEE AGREES TO MAINTAIN ITS NONPROFIT STATUS IN "GOOD STANDING" WITH THE LOUISIANA SECRETARY OF STATE'S COMMERCIAL DIVISION FOR THE DURATION OF THE SUBGRANT PERIOD.

LOUISIANA COMMISSION ON LAW ENFORCEMENT AND THE ADMINISTRATION OF CRIMINAL JUSTICE

CRIME VICTIM ASSISTANCE FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY: Project ID: C10 - 1 - 017 CVA Purpose Area: 1,3,4

1. TITLE OF PROJECT
VICTIM ASSISTANCE PROGRAM

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: C09-1-015

3. PROJECT DURATION
Total Length: 12 Months *(Not to exceed 12 Months)*
Desired Start Date: 8/1/2010
Desired End Date: 7/31/2011

4. PROJECT FUNDS

Federal Funds:	$34,540
Cash Match	$8,635
In-Kind Match:	
Total Project:	$43,175

5A. APPLICANT AGENCY INFORMATION
Agency Name: RUTHERFORD HOUSE
Physical Address: 1707 LINE AVENUE
City: SHREVEPORT Zip: 71101-4670
Mailing Address: 1707 LINE AVENUE
City: SHREVEPORT Zip: 71101-4670
Phone: (318) 222-0222 FAX: (318) 222-0385
Email: rh12345@shreve.net

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: ELIOT KNOWLES
Title: 1707 LINE AVENUE
Agency Name: RUTHERFORD HOUSE
Address: 1707 LINE AVENUE
City: SHREVEPORT Zip: 71101-4670
Phone: (318) 222-0222 FAX: (318) 222-0385
Email: rh12345@shreve.net

Fed Employer Tax Id:23 - 7355397 DUNS: 09408 - 8994 CCR CAGE/NCAGE: 5DQE1 CCR Expiration Date: 4/30/10

6. IMPLEMENTING AGENCY
Name: ELIOT KNOWLES
Title: EXECUTIVE DIRECTOR
Agency: RUTHERFORD HOUSE
Address: 1707 LINE AVENUE
City: SHREVEPORT Zip: 71101-4670
Phone: (318) 222-0222 FAX: (318) 222-0385
Email: rh12345@shreve.net

7. PROJECT DIRECTOR
Name: ELIOT KNOWLES
Title: EXECUTIVE DIRECTOR
Agency: RUTHERFORD HOUSE
Address: 1707 LINE AVENUE
City: SHREVEPORT Zip: 71101-4670
Phone: (318) 222-0222 FAX: (318) 222-0385
Email: rh12345@shreve.net

8. FINANCIAL OFFICER
Name: BEN POLITZ
Title: BOARD PRESIDENT
Agency: RUTHERFORD HOUSE
Address: 1707 LINE AVENUE
City: SHREVEPORT Zip: 71101-4670
Phone: (318) 222-0222 FAX: (318) 222-0385
Email: rh12345@shreve.net

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

RUTHERFORD HOUSE WILL PROVIDE A TOTAL OF THREE (3) MASTER'S LEVEL COUNSELORS TO PROVIDE CLIENT SERVICES TO VICTIMS OF PHYSICAL AND SEXUAL ABUSE.

VOCA PURPOSE AREAS

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

☒	Sexual Assault
☐	Domestic Abuse
☒	Child Abuse
☒	Previously Underserved

State Type of Previously Underserved: SURVIVORS OF HOMICIDE VICTIMS

PROJECT BUDGET SUMMARY

INSTRUCTIONS: The Checklist is self-explanatory. In Project Summary, applicable budget category totals will be automatically entered from each of the Detailed Project Budget Summaries. Provide source of Cash and/or In-Kind Match. In last table, check the type of victimization types that this project will address.

CHECKLIST:

	YES:	NO:
Are all budgeted items allowable per Program Guidelines?	☒	☐
Were instructions followed to determine allowable personnel/contractual costs?	☒	☐
Are all line item computations correct?	☒	☐
Do line items add to category totals?	☒	☐
Have category totals been rounded to nearest dollar?	☒	☐

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

Person Completing Budget Section: ELIOT KNOWLES Title: EXECUTIVE DIRECTOR
Phone: (318) 222-0222 Fax: (318) 222-0385 E-Mail: rh12345@shreve.net

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$34,540	$1,166	$100	$35,806
SECTION 200. FRINGE BENEFITS	0	7369	N/A	$7,369
SECTION 300. TRAVEL	$0	$0	$0	$0
SECTION 400. EQUIPMENT	$0	$0	$0	$0
SECTION 500. SUPPLIES	$0	$0	$0	$0
SECTION 600. CONTRACTUAL	$0	$0	N/A	$0
SECTION 700. RENOVATION COSTS	$0	$0	$0	$0
SECTION 800. OTHER DIRECT COSTS	$0	$0	$0	$0
TOTAL:	34,540	8535	$100	$43,175

Provide Source of *Cash* Match:

Provide Source of *In-Kind* Match:

SECTION 100. PERSONNEL

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

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
COUNSELOR/SUPERVISOR ✓	BETH SCROGGINS ✓	FT	$3,000.00	30.00%	12.00	$10,800.00	☒	☐
COUNSELOR ✓	DORTHEA PALMER ✓	FT	$2,501.00	50.00%	12.00	$15,006.00	☒	☐
COUNSELOR ✓	GINA DAVIS ✓	FT	$2,500.00	33.00%	12.00	$9,900.00	☒	☒
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						$35,706.00	F = Fed Funds C = Cash Match	

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
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
VOLUNTEERS WILL BE UTILIZED TO PROVIDE ONE-ON-ONE COUNSELING	10.00	$10	$100.00
			$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			$100.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	$34,540
CASH MATCH	$1,166
IN-KIND MATCH	$100
PERSONNEL TOTAL	$35,806

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:

OVER 80% OF THE STUDENTS PLACED INTO RUTHERFORD HOUSE ARE VICTIMS OF CRIME, ESPECIALLY SEXUAL AND PHYSICAL ABUSE. WE WILL UTILIZE THREE (3) STAFF MEMBERS TO PROVIDE COUNSELING AND DIRECT SERVICES TO THOSE STUDENTS.

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

THE LISTED SALARIES ARE COMPETATIVE WITH THOSE IN SIMILAR POSITIONS IN THE SHREVEPORT AREA.

C) Project duties of each position requested:

ALL THREE COUNSELORS WILL PROVIDE DIRECT COUNSELING SERVICES TO VICTIMS OF CRIME. THESE SESSIONS WILL PROVIDE INDIVIDUAL, GROUP AND FAMILY COUNSELING.

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.]

MS. SCROGGINS AND MS. PALMER ARE EXISTING PERSONNEL. MS. DAVIS WAS HIRED IN JULY OF 2010.

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. BETH SCROGGINS	.062		$10,800	$669	5.	.062			$0
2. DORTHEA PALMER	.062		$15,006	$930	6.	.062			$0
3. GINA DAVIS	.062		$9,900	$613	7.	.062			$0
4.	.062			$0	8.	.062			$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. BETH SCROGGINS	.0145		$10,800	$156	5.	.0145			$0
2. DORTHEA PALMER	.0145		$15,006	$217	6.	.0145			$0
3. GINA DAVIS	.0145		$9,900	$143	7.	.0145			$0
4.	.0145			$0	8.	.0145			$0
HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1. BETH SCROGGINS	277.00	12.00	30.00%	$997	5.				$0
2. DORTHEA PALMER	276.00	12.00	50.00%	$1,656	6.				$0
3. GINA DAVIS	277.00	12.00	33.00%	$1,096	7.				$0
4.				$0	8.				$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1. BETH SCROGGINS	0.025		$10,800	$270	5.				$0
2. DORTHEA PALMER	0.025		$15,006	$375	6.				$0
3. GINA DAVIS	0.025		$9,900	$247	7.				$0
4.				$0	8.				$0
UNEMPLOYMENT TAX Based on first $7,000 or Less	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first $7,000 or Less	RATE	TYPE	SALARY	TOTAL
1.		CHECK TYPE:		$0	5.		CHECK TYPE:		$0
2.				$0	6.				$0
3.		☐ FUTA		$0	7.		☐ FUTA		$0
4.		☐ SUTA		$0	8.		☐ SUTA		$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
FRINGE BENEFITS TOTAL (A):				$7,369	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): $7,369

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	$7,369
TOTAL FRINGE BENEFITS	$7,369

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 thproposed project.

RESEARCH HAS CLEARLY SHOWN THAT ABUSE AND DELINQUENCY ARE CLOSELY CORRELATED. AN OJJDP STUDY INDICATED THAT 45% OF DELINQUENT YOUTH HAD A HISTORY OF NEGLECT AND ABUSE. DURING THE 36 YEAR HISTORY OF RUTHERFORD HOUSE, A OVERWHELMING MAJORITY OF OUR PLACEMENTS HAVE BEEN ABUSED. THE PERCENTAGE IS CONSISTENTLY IN EXCESS OF 80%.

THE NEED FOR ADDITIONAL COUNSELORS IS ABSOLUTELY NECESSARY FOR US TO HELP OUR STUDENTS BE INDEPENDENT OUTSIDE STATE CARE. THIS HAS BECOME EVEN MORE CRITICAL AS THE STATE REDUCES TIME THAT STUDENTS CAN SPEND WITH OUR AGENCY. THE AVERAGE STAY HAS BEEN DECREASED FROM EIGHT (8) MONTHS TO FOUR (4).

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

TRADITIONAL PROGRAMS IN THE SHREVEPORT AREA PRIMARILY WORK WITH ADULT VICTIMS. BOTH THE YWCA AND PROVIDENCE HOUSE PROVIDED SERVICES TO THIS POPULATION DURING PAST YEARS. RUTHERFORD HOUSE IS THE ONLY LOCAL RESIDENTIAL AND DAY PROGRAM DEALING WITH JUVENILES IN STATE CUSTODY.

B. GOALS

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

THE PRIMARY GOAL OF THE PROGRAM IS TO HELP STUDENTS EFFECTED BY ABUSE AND NEGLECT ACHIEVE A MORE POSITIVE SELF IMAGE AND THUS BREAK THE CYCLE OF ABUSE. ABUSED AND NEGLECTED STUDENTS HAVE A VERY LOW SELF CONCEPT AND THINK THAT THIS BEHAVIOR IS A NORMAL PART OF PARENTING. THEY OFTEN BLAME THEMSELVES FOR WHAT HAS HAPPENED TO THEM. CHILDREN BURDENED WITH GUILT AND SHAME GENERALLY DO NOT SOCIALIZE WELL OR DO WELL IN SCHOOL. IN ADDITION TO POOR GRADES AND ATTENDANCE, THEY OFTEN ACT OUT TO GAIN ATTENTION EVEN IF ITIS NEGATIVE ATTENTION.

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.**

PROGRESS IN COUNSELING IS VERY HARD TO MEASURE AND OFTEN CANNOT BE TESTED VERY ACCURATELY. WE HAVE, HOWEVER, FOUND THAT SCHOOL ATTENDANCE AND BEHAVIOR ARE IMPORTANT INDICATORS THAT STUDENTS ARE DEALING MORE EFFECTIVELY WITH THE ASPECTS OF THEIR ABUSE. THE IMPROVEMENT OF STUDENT SELF CONCEPT CAN BE MEASURED BY PRE AND POST TESTING UTILIZING THE SELF ESTEEM SCALE (SES).

1. OF THE 120 STUDENTS WHO HAVE BEEN IDENTIFIED AS VICTIMS OF CHILD ABUSE, 80 WILL SHOW IMPROVEMENT IN THE ACADEMIC AREA. PRE AND POST DATA WILL BE COLLECTED TO SHOW IMPROVEMENT IN SCHOOL ATTENDANCE AND GRADE POINT AVERAGE.

2. OF THE 120 STUDENTS PLACED AT RUTHERFORD HOUSE WHO HAVE BEEN IDENTIFIED AS VICTIMS OF CHILD ABUSE, 80 WILL SHOW IMPROVEMENT IN SELF ESTEEM. THIS WILL BE SHOWN BY PRE AND POST TEST UTILIZING THE SELF ESTEEM SCALE.

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 THREE (3) STAFF MEMBERS PAID IN PART BY THIS GRANT PROVIDE BOTH FAMILY AND INDIVIDUAL COUNSELING FOR THE CRIME VICTIMS IDENTIFIED IN INTAKE PACKETS. STUDENTS RECEIVE, AT A MINIMUM, TWO(2) HOURS OF FAMILY COUNSELING AND FOUR (4) HOURS IN INDIVIDUAL COUNSELING EACH MONTH. THIS DOES NOT INCLUDE THE ACADEMIC COUNSELING AND DAILY GROUP COUNSELING SESSIONS PROVIDED BY OTHER RUTHERFORD HOUSE AND CADDO SCHOOL PERSONNEL.

THE SELF CONCEPT SCALE IS ADMINISTERED UPON ENTRY INTO THE RUTHERFORD HOUSE PROGRAM AND AT THREE (3) MONTH INTERVALS.

SCHOOL BEHAVIOR AND ATTENDANCE ARE MONITORED BY BOTH RUTHERFORD HOUSE AND CADDO PARISH STAFF ON A WEEKLY BASIS. THIS IS REFLECTED IN WEEKLY SCHOOL PROGRESS NOTES AND WEEKLY STAFF MEETINGS. STUDENT LOGS ARE ALSO KEPT BY EACH OF THE FIVE GROUP HOME PROGRAM DIRECTORS. THE RUTHERFORD HOUSE SCHOOL PROGRAM IS IS IN SESSION ON A YEAR ROUND SCHEDULE.

RUTHERFORD HOUSE OPERATES ITS OWN SPECIAL ACTIVITIES CLASSROOM THAT DEALS WITH STUDENTS WHO HAVE SHOWN SIGNIFICANT PROBLEMS. THIS CLASSROOM IS STAFFED BY TWO (2) RUTHERFORD HOUSE EMPLOYEES WHO COUNSEL WITH EACH STUDENT AND WORK TO REDUCE OR ELIMINATE DISCIPLINE INCIDENTS THAT CAUSE THE STUDENT TO BE REMOVED FROM CLASS.

VOLUNTEERS WILL BE USED TO PROVIDE ONE ON ONE COUNSELING AND PROVIDE MENTORING SERVICES TO VICTIMS OF CRIME. THESE SESSIONS WILL ALSO BE UTILIZED TO IMPROVE STUDENT SELF CONCEPT THROUGH ACADEMIC AND SUCCESS IN OUR RESIDENTIAL PROGRAM. AS REQUIRED BY THE STATE, EACH VOLUNTEER WILL BE TRAINED IN AGENCY POLICIES AND HAVE A STATE BACKGROUND CHECK THAT WILL PERMIT CONTACT WITH THE STUDENTS ASSIGNED TO OUR AGENCY.

OUR AGENCY UTILIZES COMPREHENSIVE QUARTERLY REPORTS THAT SHOW PROGRESS OR LACK OF PROGRESS CONCERNING STUDENT BEHAVIOR. THE BEHAVIOR MODIFICATION PROGRAM REFLECTS THIS PROGRESS USING A LEVEL SYSTEM.

SCHOOL GRADES ARE RECORDED WEEKLY WITH PROGRESS BEING REFLECTED ON SHEETS SUBMITTED TO THE MAIN OFFICE. REPORT CARDS ARE GENERATED EVERY NINE WEEKS.

D-2. TRAINING PROJECTS

Complete this page in lieu of Section D – Activities/Methods. This page is to be completed only if this application is for the training of individuals involved in the criminal justice system. DO NOT use this for in-house training.

1. Training Curriculum (topics to be included):

2. Type of personnel to be trained:

3. Number of personnel to be trained:

4. Geographical locations of trainees (who will be invited):

5. Dates and hours of training:

6. Location of training:

7. Explanation supporting the effectiveness of the training program including how the program will meet the identified need.

E. DEMOGRAPHICS

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

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

2. Type of Organizations:

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

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

- ☒ Community-Based Organization
- ☐ Court
- ☐ Domestic Violence Program
- ☐ Domestic Violence State Coalition
- ☐ Dual Program (Sexual Assault and Domestic Violence)
- ☐ Dual State Coalition (Sexual Assault and Domestic Violence)
- ☐ Government Agency (Department of Human Services, Bureau of Health)
- ☐ Law Enforcement
- ☐ Probation, Parole, or Other Correctional Agency
- ☐ Prosecution
- ☐ Sexual Assault Program
- ☐ Sexual Assault State Coalition
- ☐ Tribal Coalition
- ☐ Tribal Government
- ☐ Tribal Sexual Assault and/or Domestic Violence Program
- ☐ Unit of Local Government
- ☐ University/School
- ☐ Other (Specify):

☐ Yes ☒ No Is this a faith-based organization?

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

F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

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

NAME: DORTHEA PALMER PHONE: (318) 222-0222 EMAIL: rh12345@shreve.net

☒ Yes ☐ No 2. Does this individual also serve as agency's point of contact for LAVNS? If not, please provide name and contact information:

NAME: PHONE: ( ) - EMAIL:

☐ Yes ☒ No 3. Has this individual attended trainings provided by LCLE to learn how victims are served by LAVNS? If no, agency will request LAVNS training from LCLE within 30 days of award. NOTE: More information regarding the LAVNS program, including training information, can be found at: http://lcle.la.gov/programs/lavns.asp.

☒ Yes ☐ No 4. Does the agency have posters displayed for promoting LAVNS and brochures readily available to victims? If no, please go to the LCLE website to request free LAVNS materials at: www.lcle.la.gov/lavns.

G. CRIME VICTIMS REPARATIONS (CVR)

☒ Yes ☐ No 1. Is same individual responsible for assisting victims in regard to services available through the CVR program? If not, pleasprovide name and contact information:

NAME: PHONE: ( ) - EMAIL:

☒ Yes ☐ No 2. Does the agency know who the Crime Victims Reparations (CVR) Claims Investigator is at the Parish Sheriff's Office?

☒ Yes ☐ No 3. Does the agency have posters displayed for promoting CVR and brochures readily available to victims? If no, please fax a written request (contact person, agency name, mailing address) for free CVR posters and brochures to 225-925-6159. NOTE: More information regarding the CVR program, including applications and other forms, can be found at: http://lcle.la.gov/programs/cvr.asp

H. PRIOR RESULTS (For Continuation Projects Only)

1. Based on the objectives of the previous application, what were the measurable outcomes? (Refer to the previous project's performance stated in the quarterly progress reports and other additional information.)

DURING THE YEARS THAT OUR COUNSELORS HAVE BEEN PARTIALLY FUNDED BY CRIME VICTIMS GRANTS, RUTHERFORD HOUSE HAS CONSISTENTLY MET OR EXCEEDED OUR OBJECTIVES. OVER 80% OF VICTIMS SERVED BY OUR AGENCY HAVE IMPROVED IN THEIR SELF CONCEPT. IN ADDITION OVER 90% HAVE IMPROVED ATTENDANCE AND GRADES EARNED IN OUR YEAR ROUND EDUCATIONAL PROGRAM.

DUE TO SERIOUS REDUCTIONS AT THE STATE LEVEL THREE (3) OTHER LOCAL PROGRAMS PROVIDING RESIDENTIAL SERVICES TO ADOLESCENTS HAVE SHUT THEIR DOORS. WE NOW FIND OURSELVES THE SOLE PROVIDER FROM ALEXANDRIA, LOUISIANA TO RUSTON, LOUISIANA. WE TOO ARE HARD PRESSED TO MEET OUR FINANCIAL OBLIGATIONS. CRIME VICTIM FUNDING IS A MOST NECESSARY PART OF OUR TREATMENT PROGRAM.

2. Did the project work as expected? Explain.

AS IS STATED ABOVE, THE COUNSELING PROJECT HAS EXCEEDED OUR EXPECTATIONS AND HAS BECOME A MOST IMPORTANT PART OF OUR AGENCY PROGRAM.

3. Have the original goals and objectives been revised? ☐ Yes ☒ No

If Yes, explain what changes will be made in the continuation of this project and why?

I. EVALUATION AND DISSEMINATION OF REPORTING

A COPY OF YOUR EVALUATION FORMS USED FOR THIS PROJECT MUST BE INCLUDED.

1. From who will the data be collected– what is the source?

STUDENTS PLACED AT RUTHERFORD HOUSE

2. When will the data be collected?

DAILY

3. Who will collect and analyze the data?

RUTHERFORD HOUSE STAFF

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

Name: DORTHEA PALMER Phone: (318) 222-222 Email: rh12345@shreve.net

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

THE DIRECTOR OF RUTHERFORD HOUSE WILL EVALUATE THE PROJECT'S SUCCESS BY ANALIZING DATA TO BE SURE THE AGENCY IS MEETING THE GOAL AND OBJECTIVES OF THE PROGRAM.

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.

CONFIDENTUALITY OF OUR STUDENTS WILL BE PROTECTED. STATISTICAL ANALYSIS WILL BE PROVIDED TO THE LOUISIANA COMMISSION ON LAW ENFORCEMENT AND THE OFFICE OF JUVENILE JUSTICE WITHOUT INDIVIDUAL NAMES. QUARTERLY REPORTS AND EXPENDITURRES WILL BE REPORTED TO L.C.L.E. AS SCHEDULED.

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.

STATE OF LOUISIANA OFFICE OF JUVENILE SERVICES AND THE LOUISIANA OFFICE OF COMMUNITY SERVICES. WE HAVE OVER THE YEARS THAT WE HAVE RECEIVED FUNDING REDUCED THE PORTION OF SALARIES PAID BY GRANT FUNDS FROM 100% TO WELL UNDER 50%.

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.

THE MAIN RUTHERFORD HOUSE BUILDING LOCATED AT 707 LINE AVENUE HAS OVER 17,000 SQUARE FEET OF OFFICE, CLASSROOM AND THERAPY SPACE. AFTER THE TRADITIONAL SCHOOL DAY (8-3) MOST OF THIS BUILDING IS AVAILABLE FOR THIS PROJECT. THERE IS ALSO AN ARTS LAB OF 8,000 SQUARE FEET THAT CAN BE UTILIZED FOR VICTIMS ASSISTANCE. TRANSPORTATION IS PROVIDED UTILIZING THE NINE (9) VAN FLEET OPERATED BY RUTHERFORD HOUSE.

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: NOV. 20, 2009
2. Dates covered by last audit: JULY 1, 2008 - JUNE 30, 2009
3. Date of next audit: NOV. 21, 2010
4. Dates to be covered by next audit: JULY 1, 2009 - JUNE 30, 2010
5. Date next audit will be forwarded to LCLE: DEC. 31, 2010

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

M. VOLUNTEERS

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

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

N. REQUIRED COMPONENTS

1. Subgrantees are required to help victims apply for victim compensation. Describe a specific plan on how applicant has or will interface with the Louisiana Crime Victims Reparations Program.

RUTHERFORD HOUSE WILL INFORM THOSE VICTIMS ELIGIBLE UNDER THE LOUISIANA CRIME VICTIMS REPARATIONS PROGRAM OF THE EXISTENCE OT THIS PROGRAM AND ITS REQUIREMENTS. BROCHURES WILL BE AVAILABLE AND CONTACT WITH THE SHERIFFS' DEPARTMENT WILL BE MAINTAINED.

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.

RUTHERFORD HOUSE ENJOYS A SOLID RELATIONSHIP WITH THE BOSSIER SHERIFFS' OFFICE AND BOSSIER CITY POLICE DEPARTMENT AS WELL AS THE CADDO SHERIFFS' OFFICE AND THE SHREVEPORT POLICE DEPARTMENT. CURRENTLY IN ADDITION TO OUR NORMAL RESIDENTIAL COMPONENT, WE ALSO PROVIDE EMERGENCY PLACEMENT FOR ALL FOUR AGENCIES. OUR AGENCY NOW PROVIDES A CURFEW CENTER FOR THE CITY OF SHREVEPORT. THE POLICE AND SHERIFF'S DEPUTIES HAVE ALWAYS RESPONDED TO OUR NEEDS.

ALTHOUGH THE YWCA AND PROVIDENCE HOUSE SERVES VICTIMS OF ABUSE, THEIR CLIENTS ARE PRIMARILY ADULTS. THE GINGERBREAD HOUSE SERVES SMALL CHILDREN WHO ARE VICTIMS OF ABUSE. RUTHERFORD HOUSE SERVES ADOLESCENT CLIENTS WHO ARE REFERRED FROM DIFFERENT SOURCES THAN CLIENTS OF THESE OTHER PROGRAMS.

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.

DURING COUNSELING VICTIMS OF UNREPORTED CRIMES WILL BE ENCOURAGED TO REPORT THE CRIME TO LOCAL AUTHORITIES, EVEN IF THE REPORT IS ANONYMOUS.

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.

RUTHERFORD HOUSE EMPLOYEES AND VOLUNTEERS ARE SCREENED BEFORE BEING ALLOWED TO WORK WITH OUR STUDENTS. STAFF DRIVERS LICENSES ARE CHECKED AND INDIVIDUALS ARE FINGER-PRINTED AND SUBMITTED TO THE STATE POLICE FOR A COMPLETE CRIMINAL BACKGROUND CHECK. ALL SECTIONS OF THE CHILD PROTECTION ACT WILL BE FOLLOWED.

VOLUNTEERS ARE ALWAYS UNDER DIRECT SUPERVISION OF RUTHERFORD HOUSE STAFF AND HOLD, AT LEAST, A BACHELOR'S DEGREE.

BOBBY JINDAL
GOVERNOR

JOEY WATSON
EXECUTIVE DIRECTOR

State of Louisiana

Office of the Governor

Louisiana Commission on Law Enforcement and Administration of Criminal Justice

August 17, 2010

Mr. Eliot Knowles
c/o Ms. Sybil Richards
Northwest LEPD, Inc.
615 Main Street
Pineville, LA 71360-6935

RE: C10-1-017; Rutherford House; "*Victim Assistance Program*"

Dear Mr. Knowles:

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 September 15, and 16, 2010, respectively. The meetings will be held at the Shreveport Convention Center, 104 Market Street in Shreveport. Phone: (318) 698-0900. This application request is to continue the C09-1-015 project and is over $20,000; therefore, you are required to attend the Victim Services Advisory Board and Commission meetings.

Based on the preliminary review of the referenced application, there are issues listed below that need to be addressed. However, please be advised that 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) Page 1; Project Funds: The following figures: Federal Funds ($34,540) + Cash Match ($8,635) + In-Kind Match ($0) totaling $43,175 in Section 4 on Page 1 do not match the Project Budget Summary on Page 2: Federal Funds ($34,540) + Cash Match ($8,535) + In-Kind Match ($100). Please correct.
2) Please provide the source of both Cash and In-Kind Match declared on Page 2.
3) Page 19; Prior Results: Please provide more information explaining how the counseling project exceeded your expectations in becoming an important part of your agency program.
4) Subgrant Award Report: Section 3 is blank; Section 8 totals $35,540 (should total $34,540); and Section 9 is blank. Please correct.

Please submit your response to LCLE by close of business (5:00 p.m.) on Tuesday, September 7, 2010. All deficiencies named in this letter must be resolved and approved by LCLE staff in order to be presented to the Victim Services Advisory Board and Commission at the September meetings.

Sincerely,

Rutha Chatwood

Rutha Chatwood
Victim Services Program Manager

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