



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: C12-1-

CVA Purpose Area:

1. TITLE OF PROJECT

VICTIM ASSISTANCE PROGRAM

2. NEW PROJECT

CONTINUATION PROJECT OF: C09-1-015/C11-1-014

3. PROJECT DURATION

Total Length: 12 Months (Not to exceed 12 Months)

Desired Start Date: 8/1/2012

Desired End Date: 7/31/2013

4. PROJECT FUNDS

Federal Funds: \$32,160

Cash Match: \$7,940

In-Kind Match: \$100

Total Project: \$40,200

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:

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: JIMMY MULLER

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.

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LA COMMISSION
LAW ENFORCEMENT

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
COUNSELOR/SUPERVISOR	BETH SCROGGINS	FT	\$3,000.00	30.00%	12.00	\$10,800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COUNSELOR	DORTHEA PALMER	FT	\$2,501.00	50.00%	12.00	\$15,006.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COUNSELOR	CHRISTI RATCLIFF	FT	\$2,500.00	33.00%	12.00	\$9,900.00	<input checked="" type="checkbox"/>	<input checked="" 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:						\$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	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
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	\$32,160
CASH MATCH	\$3,546
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. RATCLIFF WAS HIRED IN OCTOBER OF 2011.

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. CHRISTI RATCLIFF	.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. CHRISTI RATCLIFF	.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.				\$0	5.				\$0
2. DORTHEA PALMER	277.70	12.00	50.00%	\$1,666	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1.	0.025			\$0	5.				\$0
2.	0.025			\$0	6.				\$0
3.	0.025			\$0	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.		<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	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):				\$4,394	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): \$4,394

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	\$4,394
TOTAL FRINGE BENEFITS	\$4,394

SECTION 300. TRAVEL

Itemize travel expenses of project personnel. Mileage is unallowable in agency owned vehicles. Charges are not to exceed established agency travel rates, but in no case can this exceed current Louisiana Travel Guideline rates. *Only 50% of out-of-state travel reimbursement and requires prior approval from LCLE.*

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH		
				F	C	IK
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE) NAME/POSITION TITLE/PURPOSE OF TRAVEL	TRAVEL DESTINATION	TRAVEL DATES:		PAID WITH		
		FROM	TO	F	C	IK
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH		
											F	C	IK
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$0

SECTION 400. EQUIPMENT

List each type separately. The unit cost should include tax and shipping and handling when applicable. Do not use Brand Names. Sole source requires LCLE's approval. Submit a Sole Source justification, if applicable. Please refer to application instructions for direction.

TYPE OF EQUIPMENT	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
				F	C	IK
			\$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"/>
			\$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 EQUIPMENT:			\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

BRIEFLY EXPLAIN:

A. Justify the need for each equipment item requested; [*NOTE: Computer equipment (hardware and/or software) requires a completed Computer Questionnaire.]

B. Indicate procurement method; and

C. Relationship to this project:

SECTION 400. EQUIPMENT SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
EQUIPMENT TOTAL	\$0

SECTION 400. COMPUTER QUESTIONNAIRE

If a computer and/or computer software is requested, the following must be completed. Please do not exceed spaces provided.

1. How will the purchase of computer equipment and/or software enhance the program to be funded?

2. How will the computer(s) be integrated into and/or enhance your current system?

3. What is the cost of each of the following:

A. Installation?

B. Staff training to use the computer equipment?

C. The on-going operational costs, such as maintenance agreements, supplies, etc.?

4. How will additional costs be supported?

SECTION 500. SUPPLIES

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

TYPE OF SUPPLIES	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
				F	C	IK
			\$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"/>
			\$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"/>
			\$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 SECTION A SUPPLIES:			\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

BRIEFLY EXPLAIN:

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

B) Its relationship to this project.

SECTION 500. SUPPLIES (Continued)

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

TYPE	TITLE OF PUBLICATIONS/FILMS	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
				\$0.00	<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"/>
				\$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"/>
				\$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 SECTION B SUPPLIES:				\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

BRIEFLY EXPLAIN:

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

SECTION 500. SUPPLIES SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
SUPPLIES TOTAL	\$0

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: 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"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF CONTRACTUAL COSTS				\$0.00	F = Federal Funds C = Cash Match	

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

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

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

SECTION 600. CONTRACTUAL SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
CONTRACTUAL TOTAL	\$0

SECTION 700. RENOVATION

Note: Do not budget this category unless LCLE gives prior approval for proposed renovations-- even if funded as In-Kind Match.

Is your building registered or does your building qualify with the National Historic Society? YES NO

If yes, you must meet the requirements set forth by Section 106 of the National Historic Preservation Act (16. U.S.C. Section 470, et. seq., as amended). List planned renovations and itemized costs explain the need for each.

PRE-APPROVED RENOVATIONS	TOTAL COST	PAID WITH		
		F	C	IK
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF RENOVATION COSTS:	\$0			

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

SECTION 700. RENOVATION COSTS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
RENOVATION COSTS TOTAL	\$0

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
				\$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"/>
				\$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"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

BRIEFLY EXPLAIN:
A) Need for each type listed; and

B) Its relationship to project.

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

PROGRAM NARRATIVE

A. PROBLEM DEFINITION

1. Identify the nature and magnitude of the specific problem existing in your particular community that needs to be addressed through this proposed project. Document the need, not the symptoms or solutions. Be sure to include current valid local data 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.

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 38 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 LESS THAN FIVE (5).

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

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 IT IS 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 70 STUDENTS WHO HAVE BEEN IDENTIFIED AS VICTIMS OF CHILD ABUSE, 50 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 70 STUDENTS PLACED AT RUTHERFORD HOUSE WHO HAVE BEEN IDENTIFIED AS VICTIMS OF CHILD ABUSE, 50 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 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.

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. THE COUNSELING PROGRAM HAS BEEN INSTRUMENTAL IN REDUCING THE AVERAGE RESIDENTIAL STAY FROM SEVEN (7) MONTHS TO LESS THAN FIVE (5) MONTHS. STUDENTS ALSO HAVE REDUCED TIME SPENT OUT OF CLASS AND IN THE "IN SCHOOL SUSPENSION" PROGRAM. ON GROUNDS COUNSELING STAFF ARE AVAILABLE FROM 7:00AM UNTIL 7:00PM AND ARE ON CALL IF NEEDED FOR EVENING SESSIONS OR WEEKEND PROBLEMS.

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 ANALYZING 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.

CONFIDENTIALITY 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 EXPENDITURES 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, 2011
- 2. Dates covered by last audit: JULY 1, 2010 - JUNE 30, 2011
- 3. Date of next audit: NOV. 21, 2012
- 4. Dates to be covered by next audit: JULY 1, 2011 - JUNE 30, 2012
- 5. Date next audit will be forwarded to LCLE: DEC. 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 performed by the volunteers. Indicate the number of volunteer hours per dutyfunction 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 OF 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.