

**LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE**

**APPLICATION AND REVIEW
SUMMARY**

APPLICATION NUMBER: C10-7-013

APPLICANT: Family Service Of Greater New Orleans

PROJECT TITLE: Victim Assistance Program

PROJECT FUNDS :

FUND: \$ 29,620 80.00%

PROJECT DURATION: 12 months

MATCH: \$ 7,405 20.00%

START DATE: 10/01/2010

TOTAL: \$ 37,025 100.00%

END DATE: 09/30/2011

Continuation of C98-7-008

PROJECT SUMMARY:

To assist primary and secondary victims of crime in order to stabilize their lives after victimization by providing psychotherapy services and to expand awareness of services. This project serves Jefferson Parish.

RECOMMENDATION: FUND X DENY

SPECIAL CONDITIONS :

1. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.
2. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.



**LOUISIANA COMMISSION
ON LAW ENFORCEMENT
AND THE ADMINISTRATION
OF CRIMINAL JUSTICE**

CRIME VICTIM ASSISTANCE
FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY: Project ID: C10-7-013 CVA Purpose Area: 1, 2, 3, 4

1. TITLE OF PROJECT Victim Assistance Program		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C09-7-013	
3. PROJECT DURATION Total Length: <u>12</u> Months (Not to exceed 12 Months) Desired Start Date: 10/1/2010 Desired End Date: 9/30/2011		4. PROJECT FUNDS Federal Funds: \$29,620 Cash Match: \$0 In-Kind Match: \$7,405 Total Project: \$37,025	
5A. APPLICANT AGENCY INFORMATION Agency Name: Family Services of Greater New Orleans Physical Address: 2515 Canal Street, Suite 201 City: New Orleans Zip: 70119-6437 Mailing Address: 2515 Canal Street, Suite 201 City: New Orleans Zip: 70119-6437 Phone: (504) 822-0800 FAX: (504) 822-0831 Email: rmcclain@fsgno.org		5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Ron McClain Title: President & CEO Agency Name: Family Service of Greater New Orleans Address: 2515 Canal Street, Suite 201 City: New Orleans Zip: 70119-6437 Phone: (504) 822-0800 FAX: (504) 822-0831 Email: rmcclain@fsgno.org	
Fed Employer Tax id: 72 - 0408931 DLNS: 122622723 - CCR GAGE/NCAGE: 5DPM2 CCR Expiration Date: 2/28/2011			

6. IMPLEMENTING AGENCY Name: Ron McClain Title: President & CEO Agency: Family Service of Greater New Or Address: 2515 Canal Street, Suite 201 City: New Orleans Zip: 70119-6437 Phone: (504) 822-0800 FAX: (504) 822-0831 Email: rmcclain@fsgno.org	7. PROJECT DIRECTOR Name: Ginger Parsons, LCSW Title: Vice President of Programs Agency: Family Service of Greater New Or Address: 2515 Canal Street, Suite 201 City: New Orleans Zip: 70119-6437 Phone: (504) 827-4019 FAX: (504) 822-0831 Email: gparsons@fsgno.org	8. FINANCIAL OFFICER Name: Larry Taggart Title: Sr VP of Administration & Finance Agency: Family Service of Greater New Or Address: 2515 Canal Street, Suite 201 City: New Orleans Zip: 70119-6437 Phone: (504) 822-0800 FAX: (504) 822-0831 Email: ltaggart@fsgno.org
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9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)
Family Service of Greater New Orleans seeks continues funding to assist primary and secondary victims of crime, in order to stabilize their lives after victimization by providing psychotherapy services. Goals of the program are: to facilitate resolution of trauma, provide psychoeducational interventions, and to expand awareness of our services.

VOCA PURPOSE AREAS

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

<input checked="" type="checkbox"/>	Sexual Assault
<input checked="" type="checkbox"/>	Domestic Abuse
<input checked="" type="checkbox"/>	Child Abuse
<input checked="" type="checkbox"/>	Previously Underserved

State Type of Previously Underserved: Adult survivors of incest, 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were instructions followed to determine allowable personnel/contractual costs?	<input type="checkbox"/>	<input type="checkbox"/>
Are all line item computations correct?	<input type="checkbox"/>	<input type="checkbox"/>
Do line items add to category totals?	<input type="checkbox"/>	<input type="checkbox"/>
Have category totals been rounded to nearest dollar?	<input type="checkbox"/>	<input type="checkbox"/>

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

Person Completing Budget Section: Sarah Keith, LPC Title: Clinical Director
Phone: (504) 733-4031 Fax: (504) 733-4033 B-Mail: skeith@fsgno.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$18,929	\$0	\$7,405	\$26,334
SECTION 200. FRINGE BENEFITS	\$2,839	\$0	N/A	\$2,839
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$600	\$0	\$0	\$600
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$7,252	\$0	\$0	\$7,252
TOTAL:	\$29,620	\$0	\$7,405	\$37,025

Provide Source of Cash Match: n/a

Provide Source of In-Kind Match: Volunteer hours

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	EMPLOYER NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Project Director	Ginger Parsons	FT	\$6,043.44	3.00%	12.00	\$2,175.63	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clinical Director	Sarah Keith	FT	\$3,780.33	10.00%	12.00	\$4,536.39	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Full Time Clinician	Ruth Austin	FT	\$2,729.85	12.00%	12.00	\$3,930.98	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Full Time Clinician	Jennifer Homola	FT	\$2,577.50	12.00%	12.00	\$3,711.60	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Full Time Clinician	Lynne Capone	FT	\$3,458.33	2.00%	12.00	\$829.99	<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"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$15,184.59	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
Counselor - MA	Jessica Sigur	PT	\$20.00	12.00	10.00%	\$2.00	\$1,248.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Counselor - LPC	Patricia Keyworth	PT	\$25.00	10.00	5.00%	\$2.00	\$1,950.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Counselor - MA	Leslie Midibo	PT	\$20.00	8.00	5.00%	\$2.00	\$1,248.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$3,744.00	F = Fed Funds C = Cash Match	

VOLUNTEERS:

INSTRUCTIONS: 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 are Master's level student interns. Their duties include conducting intake sessions with clients, working with clients in individual, group and family therapy under supervision, completing paperwork associated with these clients, and attending group and individual supervision sessions weekly.	740.50	\$10.00	\$7,405.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$7,405.00

SECTION 100. PERSONNEL SUMMARY

FEDERAL FUNDS	\$18,929
CASH MATCH	
IN-KIND MATCH	\$7,405
PERSONNEL TOTAL	\$26,334

SECTION 100. PERSONNEL (Continued) - BRIEFLY EXPLAIN

Yes No Are job descriptions for each position attached? If not, explain:

Yes No Are resumes for each position attached? If not, explain:

A) Need for each position shown above; justify need for overtime:

There are no new positions on the grant. Clinicians listed on the grant are needed to provide individual, family and group counseling to clients at two office locations. The clinicians are also responsible for community collaborations. The Program Director will provide administrative components necessary for the project. Clinical Director will provide direct services, supervision of clinicians providing services, and some administrative duties. All of these positions are salaried and there will be no need for overtime.

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

Salaries are based on the Family Service of Greater New Orleans salary administrative program that sets the compensation based on program responsibility, required educational level, and comparable public sector norms for similar positions.

C) Project duties of each position requested:

Clinicians conduct individual, family and group counseling. The Program Director will provide administrative components to implement the program. Clinical Director will provide direct services, supervision to clinicians and volunteers, and some administrative duties.

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.]

This is a continuation grant. All positions were present in previous grant. However, Sarah Keith has been moved from Clinical Director of the West Jefferson office to Clinical Director of both the East Jefferson and West Jefferson Satellite offices.

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.

According to The Jefferson Parish Sheriff's office crime statistics, there have been 41 murders, 60 rapes and 1,133 assaults in 2010 through the month of October. In addition, there were 365 robberies, 7,462 thefts, and 909 auto thefts in the parish. These 9,970 crimes represent at least 9,970 victims of crime. According to the Rape, Abuse, and Incest National Network, about 60% of rape and assault instances are not reported to law enforcement. When combined with secondary victims (i.e. the children of women assaulted by their partner, parents of children who have been molested), and the victims of unreported crimes, the number of individuals in Jefferson Parish in need of supportive services is tremendous.

According to the most recently published United Way of Greater New Orleans Safety Net Strategic Plan, in 2008, there was an overall increase in crimes in the areas United Way serves, including Orleans and Jefferson Parishes. Furthermore, it was estimated in that report that the child abuse rate rose that year by approximately 68% from the previous year. Also in FY2008, there were 1,286 cases in Jefferson Parish and 792 cases in Orleans Parish of reported abuse and neglect, as per the Department of Social Services - Office of Community Services Child Welfare Quality Assurance and Research Section (www.pcal.org).

There is a need for affordable mental health services in this area, especially since Hurricane Katrina, and this grant will allow clinicians to counsel clients free of charge, which helps to remove a large barrier to many victims receiving therapeutic services. Of the Family Service of Greater New Orleans clients served in 2009, in Orleans, St. Bernard, Plaquemines, Jefferson, and St. Tammany Parishes, 92% had an annual household income of less than \$35,000 per year, and 39% of clients served had an annual income of less than \$10,000 (FSGNO 2009 Annual Report). For many victims of crime, this VOCA grant is the only way in which they can receive counseling services to help them begin the healing process.

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

Affordable mental health services are scarce in Jefferson Parish. Although there are a few other sliding scale agencies, such as Jefferson Parish Mental Health Center, they are largely over booked. Many crime victims cannot afford to pay a sliding scale fee for therapy. Although they require weekly therapy sessions to help reduce trauma-related symptoms and improve overall functioning, they may not be able to pay any fee at all. With help from the LCLE, Family Service has been able to serve clients of all ages that have been the victim of a crime and are unable to seek services elsewhere. We are seeking funds to continue to serve these clients.

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.

Assist 150 crime victims (unduplicated), including children, adolescents, and adults, to improve coping with trauma-related symptoms and to increase functioning.

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.

Objective #1: Provide 750 hours of therapeutic interventions to victims to reduce levels of depression and/or anxiety and to increase level of functioning.

Objective #2: Provide psychoeducational intervention to 150 victims regarding family violence, violent crime victimization, and trauma to teach alternatives to self-defeating behaviors.

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

Goal: Assist 100 crime victims (unduplicated), including children, adolescents, and adults, to improve coping with trauma-related symptoms and to increase functioning.

Objective #1: Provide 750 hours of therapeutic interventions to victims to reduce levels of depression and/or anxiety and to increase level of functioning.

Method: Masters level clinicians will provide individual, family and group therapy to 100 clients.

Objective #2: Provide psychoeducational intervention to 100 victims regarding family violence, violent crime victimization, and trauma to teach alternatives to self-defeating behaviors.

Method: Masters level clinicians will provide psychoeducational intervention to 100 victims to teach the dynamics of abuse, develop safety plans and decrease self-defeating behavior.

Timetable: Sessions will be conducted throughout the grant period of October 1, 2010, to September 30, 2011.

E. DEMOGRAPHICS

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

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

2. Type of Organization:

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

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

- | | |
|---|--|
| <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Court | <input type="checkbox"/> Sexual Assault Program |
| <input type="checkbox"/> Domestic Violence Program | <input type="checkbox"/> Sexual Assault State Coalition |
| <input type="checkbox"/> Domestic Violence State Coalition | <input type="checkbox"/> Tribal Coalition |
| <input 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 checked="" type="checkbox"/> Other (Specify): Private non-profit counseling |

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: Nancy Michel PHONE: (504) 361-2719 EMAIL: nmichel@jpd.a.us

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 training 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://lclc.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.lclc.la.gov/lavns](http://lclc.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: Kent Wolkart PHONE: (504) 376-2426 EMAIL: wolkart_ka@jpsd.com

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://lclc.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.)

Goal: Assist 100 crime victims (unduplicated), including children, adolescents, and adults, to improve coping with trauma-related symptoms and to increase functioning.

Family Service of Greater New Orleans served 68 crime victims in Jefferson Parish in the previous grant cycle.

Objective #1: Provide 750 hours of therapeutic interventions to victims to reduce levels of depression and/or anxiety and to increase level of functioning.

750 hours of counseling were provided

Method: Masters level clinicians will provide individual, family and group therapy to 100 clients.

Master's level clinicians provided services to 68 clients throughout the grant cycle.

Objective #2: Provide psychoeducational intervention to 100 victims regarding family violence, violent crime victimization, and trauma to teach alternatives to self-defeating behaviors.

Clients receiving services were also provided psychoeducational interventions.

Method: Masters level clinicians will provide psychoeducational intervention to 100 victims to teach the dynamics of abuse, develop safety plans and decrease self-defeating behavior.

The previous application's goal was to serve 100 crime victims. During the grant period, Family Service of Greater New Orleans served 68 crime victims in Jefferson Parish. The discrepancy may be due to the need for more sessions per client.

2. Did the project work as expected? Explain

Yes, the project worked as expected. Victims of crime are often traumatized. It is difficult to tell in advance how many sessions each victim will require in order to be stabilized and experience improved functioning. Sixty-eight clients were served at Family Service of Greater New Orleans during this grant cycle, for an average of 11 sessions per client. Some may have required fewer sessions, some more. Clients reported improved functioning, reductions in anxiety, hypervigilance, and sleep disruptions.

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?

Data will be collected from the clients themselves, through self-report in the form of mental health inventories.

2. When will the data be collected?

Data will be collected at the beginning of treatment and quarterly thereafter.

3. Who will collect and analyze the data?

Data will be collected by the clinicians performing the treatment. Data will be analyzed by Dave Haynik, LCSW, at our Canal Street office.

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

Name: Sarah Keith, LPC

Phone: (504) 733-4031

Email: sarahmurraykeith@gmail.com

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

Evaluation will be discussed on an individual client basis in clinical supervision between the clinicians and clinical director. When evaluation shows that a client is not improving due to treatment, alternative interventions and techniques will be discussed and implemented where appropriate. The clinician will be responsible for implementing changes in treatment to encourage a more beneficial outcome.

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.

The Louisiana Commission on Law Enforcement will receive Quarterly Progress reports and monthly Expenditure reports. Other recipients include the applicant and implementing agency, Family Service of Greater New Orleans; President and CEO, Ronald McClain; Project Director and Vice President of Programs, Ginger Parsons; and Clinical Director, Sarah Keith.

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.

At the conclusion of federal support, continued funding will be obtained through client fees, local and national foundations, fundraising dollars, and the United Way

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.

Office space is available at our East Jefferson location at 201 Evans Road, Bldg 3, Ste 311, in Harahan, as well as at our West Jefferson location at 1799 Stumpf Blvd, Bldg 5, Ste 3B, in Gretna. Each office has a client waiting room, clerical area, private offices, group therapy space, and play therapy equipment. All rooms are fully furnished and have telephone and computer access. A professional library is available to all staff.

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: 12/12/2009
- 2. Dates covered by last audit: 7/1/2008 - 6/30/2009
- 3. Date of next audit: Start date: 9/20/2010
- 4. Dates to be covered by next audit: 7/1/2009 - 6/30/2010
- 5. Date next audit will be forwarded to LCLE: Estimated date: 12/20/2010

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?

Volunteers are Master's Level Counseling and Social Work students, providing therapy under clinical supervision by a licensed therapist. Duties include individual, group, and family therapy sessions; completing paperwork regarding these sessions; seeking supervision, both individually and in a group setting, regarding these clients; and researching to ensure that the best methods are being utilized to treat each client individually. Jefferson Parish offices will house four volunteers during this grant cycle. Each will spend about 25% of their time devoted to victims of crime. Each volunteer works 20 hours per week; therefore, approximately 20 volunteer hours per week will be devoted to crime victims under the VOCA grant.

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

Clients are informed about the Louisiana Crime Victims Reparations Program, and provided with the contact person's name and telephone number. Subsequent to the client's submission of claim forms, Family Service therapists complete the Crime Victims' Reparations Mental Health Treatment Plan, and all required reviews and updates.

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

Family Service staff has participated in several community collaboratives such as the Crime Victims' Rights Week Planning Committee, National Family Week Planning Committee, and the Regional Domestic Violence Planning Committee. Family Service is also currently represented on the Jefferson Parish Mental Health Task Force as well as the Anti-Stalking Advisory Committee. Furthermore, Family Service collaborates with Jefferson Parish Juvenile Services, the Office of Community Service and local law enforcement.

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 the course of services, clients will increase their awareness of options for reporting crimes to law enforcement. Of course, clinicians at Family Service are mandated reporters of child, elderly and disabled persons abuse.

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.

Family Service is in compliance with the Louisiana Child Protection Act (LRS: 15:587.1)