

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C10-7-026

APPLICANT: Plaquemines Community C.A.R.E. Center

PROJECT TITLE: Victim Outreach Program

PROJECT FUNDS :

FUND: \$ 21,840 80.00%

MATCH: \$ 5,460 20.00%

TOTAL: \$ 27,300 100.00%

PROJECT DURATION: 12 months

START DATE: 09/01/2011

END DATE: 08/31/2012

Continuation of C07-7-031

PROJECT SUMMARY:

Counseling program to serve victims of crime in Plaquemines Parish such as sexual assault, domestic violence, child abuse, and others.

RECOMMENDATION: FUND  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 08/16/11 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: C10-7-026 CVA Purpose Area: 1, 2, 3

<b>1. TITLE OF PROJECT</b> Victim Outreach Program		<b>2. <input type="checkbox"/> NEW PROJECT</b> <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C09-7-027	
<b>3. PROJECT DURATION</b> Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 9/1/2011 Desired End Date: 8/31/2012		<b>4. PROJECT FUNDS</b> Federal Funds: \$21,840 Cash Match In-Kind Match: \$5,460 Total Project: \$27,300	
<b>5A. APPLICANT AGENCY INFORMATION</b> Agency Name: Plaquemines Community C.A.R.E. Center Physical Address: 8480 Hwy 23, Suite 100 City: Belle Chasse Zip: 70037-2537 Mailing Address: 8480 Hwy 23, Ste 100 City: Belle Chasse Zip: 70037-2537 Phone: (504) 208-1290 FAX: (504) 208-1289 Email: jolsen@pcccf.org		<b>5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY</b> Authorized Official: Julie Olsen Title: Executive Director Agency Name: Plaquemines Community C.A.R.E. Center Address: 8480 Hwy 23, Ste 100 City: Belle Chasse Zip: 70037-2537 Phone: (504) 208-1290 FAX: (504) 208-1289 Email: jolsen@pcccf.org	

Fed Employer Tax Id: 20 - 3884943 DUNS: 785621819 - CCR CAGE/NCAGE: 4KNJ2 CCR Expiration Date: 6/28/2012

<b>6. IMPLEMENTING AGENCY</b> Name: Julie Olsen Title: Executive Director Agency: Plaquemines Community C.A.R.E. Address: 8480 Hwy 23, Ste 100 City: Belle Chasse Zip: 70037-2537 Phone: (504) 208-1290 FAX: (504) 208-1289 Email: jolsen@pcccf.org	<b>7. PROJECT DIRECTOR</b> Name: Athena Antippas Title: Clinician Agency: Plaquemines Community C.A.R.E. Address: 8480 Hwy 23, Ste 100 City: Belle Chasse Zip: 70037-2537 Phone: (504) 208-1290 FAX: (504) 208-1289 Email: aantippas@pcccf.org	<b>8. FINANCIAL OFFICER</b> Name: Dawn Barras Title: Program Director Agency: Plaquemines Community C.A.R.E. Address: 8480 Hwy 23, Ste 100 City: Belle Chasse Zip: 70037-2537 Phone: (504) 204-1290 FAX: (504) 208-1289 Email: mdubey@pcccf.org
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**9. BRIEF PROJECT DESCRIPTION:** (Please do not exceed space provided below.)  
Counseling program to serve victims of crime in Plaquemines Parish such as sexual assault, domestic violence, child abuse, and others.

**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 type="checkbox"/>	Previously Underserved

State Type of Previously Underserved:

**PROJECT BUDGET SUMMARY**

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

<b>CHECKLIST:</b>	<b>YES:</b>	<b>NO:</b>
Are all budgeted items allowable per Program Guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were instructions followed to determine allowable personnel/contractual costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all line item computations correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do line items add to category totals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have category totals been rounded to nearest dollar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Person Completing Budget Section: Dawn Barras Title: Program Director  
Phone: (504) 208-1290 Fax: (504) 208-1289 E-Mail: dbarras@pcccf.org

**PROJECT BUDGET SUMMARY**

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$17,010	\$0	\$5,460	\$22,470
SECTION 200. FRINGE BENEFITS	\$4,017	\$0	N/A	\$4,017
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	\$213	\$0	\$0	\$213
<b>TOTAL:</b>	<b>\$21,840</b>	<b>\$0</b>	<b>\$5,460</b>	<b>\$27,300</b>

**Provide Source of Cash Match:**

**Provide Source of In-Kind Match:** Volunteers providing intake, psychosocial, and counseling services

**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
Clinical Therapist	Athena Antippos	FT	\$3,150.00	45.00%	12.00	\$17,010.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		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:						\$17,010.00	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"/>
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
Intake worker - set up and maintain client files	246.00	\$10.00	\$2,460.00
Master's Level Interns - initial clinical intake and psychosocial history, individual and family counseling	300.00	\$10.00	\$3,000.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$5,460.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$17,010
CASH MATCH	
IN-KIND MATCH	\$5,460
PERSONNEL TOTAL	\$22,470

**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:

Clinician is needed to provide assessment and counseling services to victims of crime.

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

Salaries are based on standard agency paygrades for non profits in the area.

C) Project duties of each position requested:

The clinical therapist will conduct intake assessments, psychosocial histories, psychoeducation, and multi modal counseling to victims of crime.

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.]

Existing personnel will be utilized and this is the same status that the person held last year for this application.





## 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.

Statistics released by the Department of Justice indicate that in 2009, 30.3 out of every 100,000 Louisiana residents were a victim of sexual assault. Girls ages 16 -19 were most at risk for being victims of sexual assault.

In 2010, there were 596 crimes reported in Plaquemines Parish. There were 7 rapes reported in 2009 and 317 instances of assault, including domestic battery reported in 2010.

In 2009, the State of Louisiana reported 1359 rapes and over 19,000 instances of assault. There were a total of 198,000 crimes reported.

It has been shown that when victims of crime receive intervention services, they are less at risk of becoming perpetrators, being revictimized, and using inappropriate coping skills such as drugs or alcohol abuse. Services provided by Plaquemines Community C.A.R.E. Center include family, group, and individual counseling services, psychoeducational presentations, information and referral, and safety planning free of charge to residents of Plaquemines Parish. Continued funding of this program will allow us to continue serving clients who would not otherwise be able to afford services elsewhere.

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

Currently, Plaquemines Community C.A.R.E. Center is the only center providing services to residents in Plaquemines Parish that is located in Plaquemines Parish. Services are provided in 5 locations both on the North and South ends of the parishes to alleviate transportation issues that have often prevented individuals from receiving services. Services are also provided at no cost to residents to assist those where fees for service have provided a barrier to receiving services.

### 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 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 375 hours of therapeutic intervention to victims to reduce levels of depression and anxiety and to increase level of functioning.

Objective 2: Provide psychoeducational interventions to 75 victims regarding family violence, violent crime victimization, and trauma to teach alternatives to self defeating behaviors and to teach self protection skills.

#### 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.

For objective 1: Masters' level clinicians and interns will provided individual, family, and group therapy to reduce the symptoms of depression and anxiety on a minimum of a weekly basis to 75 crime victims over the course of the year covered by the grant.

For objective 2: Masters' level clinicians and interns will provide psychoeducational interventions on a minimum of a weekly basis to 75 victims to teach the dynamics of abuse, to develop safety plans, and to decrease self defeating behaviors over the course of the year covered by the grant.

The activities undertaken to achieve the goals and objectives will be on going throughout the grant period of September 1, 2011 to August 31, 2012.

#### E. DEMOGRAPHICS

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

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

2. Type of Organizations:

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

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Community-Based Organization                            | <input type="checkbox"/> Prosecution  |
| <input type="checkbox"/> Court  | <input type="checkbox"/> Sexual Assault Program                                 |
| <input type="checkbox"/> Domestic Violence Program  | <input type="checkbox"/> Sexual Assault State Coalition                         |
| <input type="checkbox"/> Domestic Violence State Coalition                                  | <input type="checkbox"/> Tribal Coalition                                       |
| <input type="checkbox"/> Dual Program (Sexual Assault and Domestic Violence)                | <input type="checkbox"/> Tribal Government                                      |
| <input type="checkbox"/> Dual State Coalition (Sexual Assault and Domestic Violence)        | <input type="checkbox"/> Tribal Sexual Assault and/or Domestic Violence Program |
| <input type="checkbox"/> Government Agency (Department of Human Services, Bureau of Health) | <input type="checkbox"/> Unit of Local Government                               |
| <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> University/School                                      |
| <input type="checkbox"/> Probation, Parole, or Other Correctional Agency                    | <input type="checkbox"/> Other (Specify):                                       |

Yes  No Is this a faith-based organization?

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

#### F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

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

NAME: Dawn Barras PHONE: (504) 208-1290 EMAIL: dbarras@pcccf.org

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

NAME: PHONE: ( ) - EMAIL:

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

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

#### G. CRIME VICTIMS REPARATIONS (CVR)

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

NAME: PHONE: ( ) - EMAIL:

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

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

**H. 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.)

The following objectives were achieved from September 1, 2010 to March 31, 2011:

OBJECTIVE #1: 96 HOURS OF THERAPEUTIC INTERVENTION TO VICTIMS TO REDUCE LEVELS OF DEPRESSION AND OR ANXIETY AND TO INCREASE LEVEL OF FUNCTIONING WERE ADMINISTERED

OBJECTIVE #2: PSYCHOEDUCATIONAL INTERVENTIONS WERE PROVIDED TO 31 VICTIMS REGARDING FAMILY VIOLENCE, VIOLENT CRIME VICTIMIZATION AND TRAUMA TO TEACH ALTERNATIVES TO SELF-DEFEATING BEHAVIORS AND TO TEACH SELF-PROTECTION SKILLS

2. Did the project work as expected? Explain.

Yes, services have been provided to victims of crime.

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?

The objectives have been changed to more accurately reflect the achievable objectives.

**I. EVALUATION AND DISSEMINATION OF RESULTS**

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

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

Data will be collected from individual clients utilizing the ABCL for adults and CBCL for children.

2. When will the data be collected?

Data will be collected at first session, fourth session, quarterly, and at termination.

3. Who will collect and analyze the data?

Clinician will collect data and utilize the existing software to run data analysis.

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

Name: Athena Antippas

Phone: (504) 208-1290

Email: aantippas@pcccf.org

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

The Project Director, Athena Antippas, Executive Staff and Board of Directors will evaluate the program results and make any revisions to the projects strategy if necessary.

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 Expenditure Reports quarterly or monthly as specified at time of award. Additionally the agency board of directors as well as executive staff will receive the project's results. A copy will also be made available to anyone in the public wishing to receive a copy.

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.

Plaquemines Parish Government, including but not limited to 25<sup>th</sup> JDC, District Attorney's Office, and Sheriff's Office have provided funding for services. Private donations are also accepted and an annual fundraiser is being implemented to raise additional funds.

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 office is located in Belle Chasse and contains counseling space including individual offices and a play room as well as administrative offices and client file storage. Additional offices are located in the YMCA's in Davant, Buras, Bootheville, and Port Sulphur. Clinicians are all equipped with lap tops and telephones in order to locate information and stay informed with clients.

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
2. Dates covered by last audit:
3. Date of next audit:
4. Dates to be covered by next audit:
5. Date next audit will be forwarded to LCLE:

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?

Intake worker - set up and maintain client files, Master's Level Interns - initial clinical intake and psychosocial history, individual and family counseling.

N. REQUIRED COMPONENTS

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

The clinical staff as well as interns and administrative staff have been made aware of the Victims' Reparation Program as well as what is funded under this program. Anyone who may have needs that qualify will be referred to Dawn Barras, Programs Director who will assist the individual in contacting the appropriate personnel in the Sheriff's office to complete application and to assist them in the filing process.

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.

Plaquemines Community C.A.R.E. maintains relationships with 25<sup>th</sup> JDC, District Attorney's Office and Sheriff's Office in Plaquemines Parish. These agencies routinely refer victims for services and have been supportive of our community efforts. Also, one of our Board Members is a Sheriff's Office Employee. Monthly meetings are also held among all agencies within the Parish.

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.

In working with a victim, if a crime has not been reported to law enforcement, the clinician will assist the client, including but not limited to, going with them to report the crime, being present for phones call or interviews, and utilizing our contacts within the Sheriff's Office to make sure the crime is reported to the right department.

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.

All employees and volunteers undergo a background check with the Louisiana State police and are fingerprinted.

**Rutha Chatwood**

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**From:** Rutha Chatwood  
**Sent:** Tuesday, August 16, 2011 10:56 AM  
**To:** HMagnuson  
**Subject:** C10-7-026; Plaquemines Community C.A.R.E. Center; "Victim Outreach Program"

**Importance:** High

August 16, 2011

Ms. Dawn Barras, Program Director  
Plaquemines Community C.A.R.E. Center  
c/o Mr. Helmer Magnuson  
Jefferson Community Justice Agencies  
1221 Elmwood Park Blvd., Suite 607  
Jefferson, LA 70123-2337

RE: C10-7-026; "Victim Outreach Program"

Dear Ms. Barras:

This office has received the above referenced application. The application will be presented at the Victim Services Advisory Board and the Commission meetings scheduled for September 14, and 15, 2011, respectively. Since this application request is to continue this project and is over \$20,000, you will be required to attend both meetings. Information regarding the location of the September 2011 meetings will be provided at a later date.

Based on my review of the application, the following issues must be addressed and resolved. Additional issues may arise between the review process and the Advisory Board and 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 9; Section 500. Supplies: Please check the applicable federal, cash, and/or in-kind checkboxes for the supplies requested.
- 2) Page 19; H. Prior Results: Please explain the services that were provided to victims of crime and how these services were beneficial to the victims served in Question 2.

Please email or mail ONLY the changes as directed on the appropriate application pages and return only those pages for which changes or additional information was requested to the District Office. Please do not fax replies, as they are not always legible. All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. This information is due to LCLE by Friday, August 26, 2011. Please contact Mr. Helmer Magnuson if you have any questions.

Sincerely,

*Rutha Chatwood*

Victim Services Program Manager

LA Commission on Law Enforcement

Mailing Address:  
P. O. Box 3133  
Baton Rouge, LA 70821-3133

Physical Address:  
602 North Fifth Street  
Baton Rouge, LA 70802

Phone: 1-225-342-1625  
Fax: 1-225-342-1846  
Email: [rutha.chatwood@lcle.la.gov](mailto:rutha.chatwood@lcle.la.gov)  
Hours: Tuesday - Friday, 7:00 a.m. - 6:00 p.m.