

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C10-4-003

APPLICANT: CASA of St. Landry, Inc.

PROJECT TITLE: Child Advocacy Program

PROJECT FUNDS :

FUND: \$ 10,000 80.00%

MATCH: \$ 2,500 20.00%

TOTAL: \$ 12,500 100.00%

PROJECT DURATION: 12 months

START DATE: 10/01/2010

END DATE: 09/30/2011

Continuation of NEW

PROJECT SUMMARY:

The mission of CASA of St. Landry is to recruit and train community volunteers to be a powerful voice for all abused and neglected children in the court system. With this funding, a CASA staff member will supervise volunteers who directly advocate for children removed from their home due to abuse or neglect.

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: C10-4-003 CVA Purpose Area: 3

1. TITLE OF PROJECT <u>Child Advocacy Program</u>		2. <input checked="" type="checkbox"/> NEW PROJECT <input type="checkbox"/> CONTINUATION PROJECT OF: C - -	
3. PROJECT DURATION Total Length: <u>12</u> Months (<i>Not to exceed 12 Months</i>) Desired Start Date: <u>10/1/2010</u> Desired End Date: <u>9/30/2011</u>		4. PROJECT FUNDS Federal Funds: \$10,000 Cash Match: \$2500 In-Kind Match: Total Project: \$12,500	
5A. APPLICANT AGENCY INFORMATION Agency Name: <u>CASA of St. Landry, Inc.</u> Physical Address: <u>729 W. Cherry St.</u> City: <u>Opelousas</u> Zip: <u>70570-4236</u> Mailing Address: <u>729 W. Cherry St.</u> City: <u>Opelousas</u> Zip: <u>70570-4236</u> Phone: <u>(337) 948-3550</u> FAX: <u>(337) 948-4751</u> Email: <u>cjones@casastlandry.org</u>		5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: <u>Carleen Jones</u> Title: <u>Executive Director</u> Agency Name: <u>CASA of St. Landry, Inc.</u> Address: <u>729 W. Cherry St.</u> City: <u>Opelousas</u> Zip: <u>70570-4236</u> Phone: <u>(337) 948-3551</u> FAX: <u>(337) 948-4751</u> Email: <u>cjones@casastlandry.org</u>	
Fed Employer Tax Id: <u>26 - 3084903</u> DUNS: <u>00429 - 6585</u> CCR CAGE/NCAGE: <u>61ZR2</u> CCR Expiration Date: <u>7/6/2011</u>			
6. IMPLEMENTING AGENCY Name: <u>Carleen Jones</u> Title: <u>Executive Director</u> Agency: <u>CASA of St. Landry, Inc.</u> Address: <u>729 W. Cherry St.</u> City: <u>Opelousas</u> Zip: <u>70570-4236</u> Phone: <u>(337) 948-3550</u> FAX: <u>(337) 948-4751</u> Email:		7. PROJECT DIRECTOR Name: <u>Carleen Jones</u> Title: <u>Executive Director</u> Agency: <u>CASA of St. Landry, Inc.</u> Address: <u>729 W. Cherry St.</u> City: <u>Opelousas</u> Zip: <u>70570-4236</u> Phone: <u>(337) 948-3550</u> FAX: <u>(337) 948-4751</u> Email:	
		8. FINANCIAL OFFICER Name: <u>Karen Frank</u> Title: <u>Secretary/Treasurer</u> Agency: <u>CASA of St. Landry, Inc.</u> Address: <u>729 W. Cherry St.</u> City: <u>Opelousas</u> Zip: <u>70570-4236</u> Phone: <u>(337) 948-3550</u> FAX: <u>(337) 948-4751</u> Email:	

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

The mission of CASA of St. Landry is to recruit and train community volunteers to be a powerful voice for all abused and neglected children in the court system. With this funding, a CASA staff member will supervise volunteers who directly advocate for children removed from their home due to abuse or neglect.

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):	
<input type="checkbox"/>	Sexual Assault
<input 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.

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 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: <u>Carleen Jones</u>	Title: <u>Executive Director</u>	
Phone: <u>(337) 948-3550</u>	Fax: <u>(337) 948-4751</u>	E-Mail: <u>cjones@casastlandry.org</u>

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$10,000	\$0	\$2,500	\$12,500
SECTION 200. FRINGE BENEFITS	\$0	\$0	N/A	\$0
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$0	\$0	\$0	\$0
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$0	\$0	\$0	\$0
TOTAL:	\$10,000	\$0	\$2,500	\$12,500

Provide Source of Cash Match: CASA of St. Landry will provide cash match.

Provide Source of In-Kind Match: See attachment.

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
Advocate Suprvisor	Betty Lastrapes	FT	\$2,000.00	41.66%	12.00	\$9,998.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$9,998.40		

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
Utilize 15 volunteers.			\$0.00
Volunteers visit their appointed children who are in the foster care system , write court reports, review records, attend court hearings and attend family team conferences.	242.00	\$10.34	\$2,502.28
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$2,502.28

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$10,000
CASH MATCH	
IN-KIND MATCH	\$2,500
PERSONNEL TOTAL	\$12,500

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:

An Advocate Supervisor is needed to supervise the volunteers who work directly with Children in Need of Care who are in the foster care system because of abuse or neglect. Advocate Supervisors provide support to volunteers, attend meetings concerning the children, attend court, and assist volunteers with court preparation. The Advocate Supervisor in this grant will work with a total of 15 volunteers who will now serve 20 children.

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

The Advocate Supervisor salary is centered on a partial base pay of \$20,395.80 and benefits totaling \$3604.20 for a total of \$24,000.00. The grant will assist in paying partial of the Advocate Supervisor's salary up to the average.

C) Project duties of each position requested:

Advocate Supervisor maintain accurate and up-to-date case files, prepare volunteers for court hearings, attend court, attend case planning meetings involving the child, and update the COMET database

Volunteers attend 30 hours of training, visit with the child(ren) face-to-face monthly, write court reports, attend court hearings, attend in-service training, and maintain contact with parties involved in their case.

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.]

For the purpose of this grant, the employee will be a new personnel

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.	.062			\$0	5.	.062			\$0
2.	.062			\$0	6.	.062			\$0
3.	.062			\$0	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1.	.0145			\$0	5.	.0145			\$0
2.	.0145			\$0	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTHLIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTHLIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$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):				\$0	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): \$0

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

Foster children range from 0-18 and come from many backgrounds and types of families. Many children needing foster care have been neglected or emotionally, physically, or sexually abused. According to the Department of Human Services, in St. Landry Parish sixty point six percent (60.6%) of the children entered foster care due to parent drug abuse, fifty-nine point seven percent (59.7%) entered due to parent alcohol abuse, neglect abuse was forty-nine point seven percent (49.7%), and sexual abuse was seven point four percent (7.4%). We are all aware of the tremendous challenges our state, community, and families face. Children who cannot remain safely at home enter foster care for various reasons. These children most enter foster care as a result of their parents' actions and not as a result of the child's behavior. A significant factor contributing to the safety and stability of children is keeping them involved with their families, schools, and communities as much as safely possible. In our particular situation, CASA of St. Landry is the point agency serving these families and assisting the Office of Community Services (OCS) as their budget for services has been drastically reduced due to fiscal deficits or hiring freezes placed upon them by new administrations.

Incidences of abuse and neglect have risen dramatically for children, thus creating a greater need for ongoing services in our area (27th JDC). According to the Louisiana Office of Community Services Region IV, in June 2010, St. Landry Parish has ninety-six (96) abused and neglected children in foster care, fifty-five (55) are family service cases (FS) and eighty-six (86) were Child Protection Investigation (CPI). The Office of community also reported the number of parents that received services was one hundred thirty-seven (137) by the end of July 2010. In the efforts of OCS and CASA, one hundred and forty-one (141) children were adopted in the region.

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

St. Landry Parish has limited resources in the community. Many resources that are available and address the issues are offered about 20 - 30 miles away. When services are provided, many families and children served do not have adequate transportation to receive services the services they have been approved for.

Identifying the gap is identified through the number of families being served and the number of families needing transportation to receive these services. The need created by the gap in services is to encourage positive development, diversion of children and youth from the criminal justice and foster care systems, and intervention and treatment by creating a multi-disciplinary continuum of care.

B. GOALS

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

Goal 1: To have community volunteers be a powerful voice for ten additional abused and neglected children in the court systems.

Goal 2: To provide effective supervision of CASA volunteers.

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.

Goal 1 Objectives:

Objective 1: "Match" and assign volunteers to children based on the volunteer preferences, maintain office files on each case and volunteer, and make personal contact with volunteers at least monthly.

Objective 2: Attend all Instant Hearings to ensure early intervention of CASA volunteers. Appoint children based upon the Judge developed Priority System.

Objective 3: Promote CASA throughout the community to develop stronger brand awareness/recognition.

Goal 2 Objectives:

Objective 1: Provide a minimum of quarterly in-service trainings for active volunteers. (A minimum of 12 hours per year is required for active advocates.)

Objective 2: Review all court reports before submitting to court and attend all court hearings with volunteers.

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 each component, the project timeline will begin January 1, 2011- June 30, 2012) - On going project

1. Determine media (television and radio) opportunities in each parish to make the community more aware of CASA and its need for additional volunteers.
2. Locate opportunities for speaking engagements. (Example – Kiwanis, Rotary, Churches)
3. Train volunteers to be more aggressive and "hands on" allowing advocate coordinators the ability to focus on training more volunteers.
4. Give volunteers the support necessary for them to work two cases, allowing CASA to serve more children
5. Advocate Supervisor will maintain a case file on the child(ren) assigned to the program.
6. Advocate Supervisor will ensure volunteers have monthly face-to-face contact with the children.
7. Advocate Supervisor will have personal contact with the volunteers monthly.
8. Volunteers will submit monthly reports to the Advocate Supervisor stating their activities for the month.
9. Advocate Supervisor will provide in-service opportunities at least quarterly to ensure active volunteers receive 12 in-service hours per year.
10. Volunteers will submit court reports to Advocate Supervisor prior to court for review.
11. Advocate Supervisor will distribute court reports to all parties prior to court.
12. Advocate Supervisor will attend all Instant and Review Hearings
13. Each volunteer will submit to a Criminal Background Check and Office of Community Services Child Abuse Registry Check and a screening with the Advocate Screening Facilitator.

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 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): |

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: PHONE: () - EMAIL:

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

NAME: PHONE: () - EMAIL:

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

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

G. CRIME VICTIMS REPARATIONS (CVR)

Yes No 1. Is same individual responsible for assisting victims in regard to services available through the CVR program? If not, 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.)

2. Did the project work as expected? Explain.

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?

2. When will the data be collected?

3. Who will collect and analyze the data?

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

Name: _____ Phone: () - _____ Email: _____

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

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.

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.

TANF

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.

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?

The number of volunteer hours per month is 3 hours per month per 15 volunteers. See attachment for volunteer duties.