LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C10-6-003

APPLICANT: Boys And Girls Villages Foundation

PROJECT TITLE: Victim Outreach Program

PROJECT FUNDS :

FUND:	$ 51,427	80.00%	
MATCH:	$ 12,857	20.00%	
TOTAL:	$ 64,284	100.00%	

PROJECT DURATION: 12 months

START DATE: 01/01/2011

END DATE: 12/31/2011

Continuation of C89-6-001

PROJECT SUMMARY:

This project will continue to serve school-age children who are primary and/or secondary victims of violent crimes including sexual abuse, homicide, suicide, DUI or other violent crime in the five parish area to include Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis Parishes through providing counseling, education, referral and court advocacy services.

RECOMMENDATION : **FUND** X **DENY** ___

SPECIAL CONDITIONS :

1. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.
2. SUBGRANTEE AGREES TO MAINTAIN ITS NONPROFIT STATUS IN "GOOD STANDING" WITH THE LOUISIANA SECRETARY OF STATE'S COMMERCIAL DIVISION FOR THE DURATION OF THE SUBGRANT PERIOD.
3. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.
4. NO RELEASE OF FUNDS BY LCLE UNTIL PRIOR PROJECT C09-6-003 IS FINALIZED.
5. ALL TRAVEL EXPENDITURES MUST BE IN ACCORDANCE WITH STATE TRAVEL REGULATIONS.

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: C10-6-003 CVA Purpose Area: 3

1. TITLE OF PROJECT
Victim Outreach Program

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: C09-6-003

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

4. PROJECT FUNDS

Federal Funds:	$51,427
Cash Match	
In-Kind Match:	$12,857
Total Project:	**$64,284**

5A. APPLICANT AGENCY INFORMATION
Agency Name: Boys and Girls Villages Foundation
Physical Address: 7378 Hwy 90 East
City: Lake Charles Zip: 70615-
Mailing Address: 7378 Hwy 90 East
City: Lake Charles Zip: 70615-
Phone: (337) 436-7553 FAX: (337) 436-8291
Email: jrperot@suddenlink.net

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: Mayance J. Mathieu, Jr.
Title: Executive Director
Agency Name: Boys and Girls Villages Foundation
Address: 7378 Hwy 90 East
City: Lake Charles Zip: 70615-
Phone: (337) 436-7553 FAX: (337) 436-8291
Email: jrperot@suddenlink.net

Fed Employer Tax Id: 72 - 0408988 DUNS: 099799595 – CCR CAGE/NCAGE: ~~5X7K4~~ 52K4 CCR Expiration Date: 5/10/2011

6. IMPLEMENTING AGENCY
Name: Mayance J. Mathieu, Jr.
Title: Executive Director
Agency: Boys and Girls Villages Foundati
Address: 7378 Hwy 90 East
City: Lake Charles Zip: 70615-
Phone: (337) 436-7553 FAX: (337) 436-8291
Email: jrperiot@suddentlink.net

7. PROJECT DIRECTOR
Name: Mayance J. Mathieu, Jr.
Title: Executive Director
Agency: Boys and Girls Villages Foundati
Address: 7378 Hwy 90 East
City: Lake Charles Zip: 70615-
Phone: (337) 436-7553 FAX: (337) 436-8291
Email: jrperot@suddenlink.net

8. FINANCIAL OFFICER
Name: Vicki Griffin
Title: Finance Officer
Agency: Boys and Girls Villages Foundati
Address: 7378 Hwy 90 East
City: Lake Charles Zip: 70615-
Phone: (337) 436-7553 FAX: (337) 436-8291
Email: jrperot@suddenlink.net

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

This project will continue to service school-age children who are primary/secondary victims of violent crimes including sexual abuse, homicide, suicide, DUI or other violent crimes in the five parish area to include Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis, through providing counseling, education, referral and court advocacy services.

LA COMMISSION LAW ENFORCEMENT 2009 SEP 1 P 1:33

VOCA PURPOSE AREAS

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

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

State Type of Previously Underserved:

PROJECT BUDGET SUMMARY

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

CHECKLIST:

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

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

Person Completing Budget Section: Vicki Griffin Title: Finance Officer
Phone: (337) 436-7553 Fax: (337) 436-8291 E-Mail: jrperot@suddenlink.net

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$41,934	$0	$1,572	**$43,506**
SECTION 200. FRINGE BENEFITS	$3,205	$0	N/A	**$3,205**
SECTION 300. TRAVEL	$6,288	$0	$0	**$6,288**
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	$11,285	**$11,285**
TOTAL:	**$51,427**	**$0**	**$12,857**	**$64,284**

Provide Source of *Cash* Match:

Provide Source of *In-Kind* Match: Donations of office space, phone, fax, computer, copier and additional equipment and materials will be used for in-kind match for this project.

SECTION 100. PERSONNEL

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

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
Administrator/Therapist	Jennifer R. Perot	FT	$2,890.83	100.00%	12.00	$34,689.96	☒	☐
Executive Director	Mayance J. Mathieu, Jr.	FT	$5,067.00	7.71%	12.00	$4,687.98	☒	☐
Administrative Assistant	Vicki Griffin	FT	$2,666.37	7.99%	12.00	$2,556.51	☒	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						$41,934.45	F = Fed Funds C = Cash Match	

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							$0.00	F = Fed Funds C = Cash Match	

VOLUNTEERS:

DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions.	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
Clerical volunteer, copying, typing, scanning, collating, filing for the program	48.00	$10.00	$480.00
Professional consultant, provide information regarding special needs children	18.20	$60.00	$1,092.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			$1,572.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	$41,934
CASH MATCH	
IN-KIND MATCH	$1,572
PERSONNEL TOTAL	**$43,506**

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:

Adm./Therapist: Primary service provider for project. No overtime requested.
Executive Director: Supervision of entire project and two employees. No overtime requested.
Adm. Assistant: Single entity in which to turn in reports. No overtime requested.

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

Adm./Therapist: Minimal salary for Master's Level employee with 17 years experience.
Executive Director: Minimal salary for a supervisory position.
Adm. Assistant: Minimal salary for an administrative assistant with 19 years experience.

C) Project duties of each position requested:

Adm./Therapist: Providing counseling/education/advocacy and referral services.
Executive Director: Assisting with guidelines and team efforts.
Adm. Assistant: Processing time and attendance logs.

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.]

All are existing personnel for original position since its in inception of this program.

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. Jennifer R. Perot	.062		$34,690	$2,150	5.	.062			$0
2. Mayance J. Mathieu	.062		$4,688	$290	6.	.062			$0
3. Vicki Griffin	.062		$2,557	$158	7.	.062			$0
4.	.062			$0	8.	.062			$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Jennifer R. Perot	.0145		$34,690	$503	5.	.0145			$0
2. Mayance J. Mathieu	.0145		$4,688	$67	6.	.0145			$0
3. Vicki Griffin	.0145		$2,557	$37	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.				$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.		☐ FUTA		$0	7.		☐ FUTA		$0
4.		☐ SUTA		$0	8.		☐ SUTA		$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
OTHER	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
			FRINGE BENEFITS TOTAL (A):	$3,205				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): $3,205

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	$3,205
CASH MATCH	
TOTAL FRINGE BENEFITS	**$3,205**

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: Jennifer R. Perot TITLE: Adm./Therapist PURPOSE: Deliver CVA services to children in 5 parish area	$0.48	13,100.00	$6,288.00	☒	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
NAME: TITLE: PURPOSE:			$0.00	☐	☐	☐
		SUBTOTAL FOR LOCAL TRAVEL:	$6,288.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

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: FROM	TO	PAID WITH F	C	IK
NAME: TITLE: PURPOSE:				☐	☐	☐
NAME: TITLE: PURPOSE:				☐	☐	☐
NAME: TITLE: PURPOSE:				☐	☐	☐

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	☐	☐	☐
NAME:			$0.00							$0.00	☐	☐	☐
NAME:			$0.00							$0.00	☐	☐	☐
			SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:							$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	$6,288
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	**$6,288**

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
School Classroom Rental	$25 ph X 2.564TPW X 52 wks pr supt	1.00	$3,333.00	$3,333.00	☐	☐	☒
Telphone	$29 mthly rate X 12 mths	1.00	$348.00	$348.00	☐	☐	☒
Computer and Fax Rental	$297.66 mthly X 12mths, consistant	1.00	$3,572.00	$3,572.00	☐	☐	☒
Office Rent w/utility 224 sq f	$336 mth X 12 mths, pr real estate	1.00	$4,032.00	$4,032.00	☐	☐	☒
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
	SUBTOTAL OF OTHER DIRECT COSTS:			$11,285.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:

A) Need for each type listed; and

Telephone is for convenience of clients who wish immediate access to therapist and is used after hours to return calls received during the day when therapist is with clients. Fax is used in sending and receiving copies, information to and from other agencies, etc. Office space is used to complete work associated with client services. Classrooms are used to meet with clients throughout the year.

B) Its relationship to project.

Phone provides direct services to and from clients and provides crisis intervention ability 24 hours a day; fax relays information on victim status, transports data between agencies and serves to provide information that is vital to servicing clients; office space is essential to work from and to house phone, computer, copier, and fax, as well as needed additional storage; school classrooms are used for delivery of services and provide neutral space for client comfort.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	$0
CASH MATCH	
IN-KIND MATCH	$11,285
OTHER DIRECT COSTS TOTAL	**$11,285**

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.

The Department of Children and Family Services in Calcasieu Parish reported 444 children in foster care as a result of abuse or neglect in one year, March 1, 2009 thru February 28, 2010. Countless children are unable to access services because they reside in remote locations. The Crime Victims Assistance/Child Victim Outreach Program needs to secure funding for a licensed therapist/counselor to travel throughout the parishes in the region (Region V) to provide counseling, education, referral and court advocacy to children who would otherwise not have access to these services.

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

While counseling and other services exist for children who are victims of crime, they are not far reaching. No public transportation system exists to deliver children to individual counseling. Many children who would otherwise be available to receive services cannot access them, therefore, a program that will provide outreach services that will address issues facing child victims of violent crime is much needed.

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: Increase the number of non-represented crime victims in court and minimize and/or reduce trauma for children of crime victims.

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 Objective 1: Provide 25 to 50 crime victims with services through counseling, education, advocacy and referrals.
Objective 2: To prepare 2 to 10 crime victims for court processing, testimony and trial.

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 1 Objective 1: Receive referrals, assess needs per client, deliver services in rural areas to clients, and provide services specifically needed which could include counseling, education, advocacy, referral.
Objective 2: Familiarize crime victims with court room and court room procedures, conference with client and District Attorney prior to trial, review testimony, and accompany victim throughout the trial and sentencing.

Goal and objectives will be accomplished within the start date of this program 1/1/2011 and will continue until the end date of the program 12/31/2011.

E. DEMOGRAPHICS

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

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

2. Type of Organizations:

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

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

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

☒ 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: Greg Ney PHONE: (337) 437-3400 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: Barbara Bartlett PHONE: (337) 491-3700 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.)

Goal 1 Objective 1: Serviced 29 new victims; made referrals to 28 victims and obtained 2 resources per month from two organizations.

Objective 2: Assisted 12 victims through court process; 12 received court advocacy.

Objective 3: Provided 29 victims with counseling of which 24 received face to face counseling and 10 received group counseling.

2. Did the project work as expected? Explain.

Yes, the project served child victims of crimes in the rural areas in the 5 parish region, and this program provided these victims the ability to receive services needed.

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?

Revised objectives to more accurately measurable.

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 is collected from Jennifer R. Perot, Therapist, from in take forms, client assessment/evaluation data forms.

2. When will the data be collected?

Data is collected at in-take and following disposition of court activity, time frame of collected data is random and obtained at the time of the activities.

3. Who will collect and analyze the data?

Therapist collects data and both therapist and executive director analyze data.

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

Name: Mayance J. Mathieu Jr. Phone: (337) 436-7553 Email: jrperot@suddenlink.net

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

Executive Director and Therapist will review the program and make any necessary revisions, should they need to be made.

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.

Southest District LEPC, LCLE (Louisiana Commission on Law Enforcement) and Executive Director of Boys and Girls Villages Foundation will received quarterly progress reports and expenditure reports on a quarterly/monthly basis as specified in program awards.

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.

Community support and local donations.

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.

Facility that houses this program is at 2188 West Lincoln Road in Lake Charles, LA. It is approximately 224 square feet of space that accomodates a computer center, bookcases and computer center, and filing cabinets, 2 storage closets and free standing file cabinet. Also provided is 2 copy machines, fax machine, printer/scanner, additional scanner and two phone lines. Additional space can be made available if needed on the Boys and Girls Villages Foundation campus. Offsite visitation spaces include police departments, district attorney's offices, publice utlities sites, domestic violence shelters and various churches. CASA organizations and resource management services have offered temporary space as well.

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?

Volunteers are screened in compliance with the Louisiana Child Protection Act (LRS 15:587.1)

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.

Referrals of new clients continue to be made by networking agencies who are aware of the CVA programs goal and objectives. This program interfaces with the Louisiana Crime Victims Reparations Program through the Office of the Chairman of Crime Victims Services in each participating parish. The persons acting in this capacity are listed by parish.

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.

Crime Victims Assistance will make referrals to appropriate agencies as needed, and will accept referrals from those agencies. Crime Victims Assistance already makes referrals to and receives referrals from Rape Crisis, the Calcasieu Women's Shelter, Counseling Services of Southwest LA, Calcasieu Parish District Attorney, Allen Parish Mental Health, Allen Parish Schools, Beauregard Sheriff's Deparrment, Office of Beauregard District Attorney. Jefferson Davis schools along with CASA and Resource Management, and countless others. Additional networking agencies include Families Helping Families, Families in Need of Services, Christian Counseling Services, the Salvation Army, Care Help of Sulphur, and numberous Churches in each 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.

Therapist encourages victims to report to law enforcement by providing parents and guardians are informed of mandated reporting laws. A form is included in the in-take client package which includes mandated reporting information and requirements.

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.

This application agency will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate.