

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C11-6-003

APPLICANT: Boys And Girls Villages Foundation

PROJECT TITLE: Victim Outreach Program

PROJECT FUNDS :

FUND: \$ 53,595 80.00%
MATCH: \$ 13,399 20.00%
TOTAL: \$ 66,994 100.00%

PROJECT DURATION: 12 months

START DATE: 01/01/2012

END DATE: 12/31/2012

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. 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: C11-6-003 CVA Purpose Area: 3

1. TITLE OF PROJECT Child Victim Outreach		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-6-003	
3. PROJECT DURATION Total Length: <u>12</u> Months (<i>Not to exceed 12 Months</i>) Desired Start Date: <u>1/1/2012</u> Desired End Date: <u>12/31/2012</u>		4. PROJECT FUNDS Federal Funds: \$53,595 Cash Match In-Kind Match: \$13,399 Total Project: \$66,994	
5A. APPLICANT AGENCY INFORMATION Agency Name: Boys and Girls Villages Foundation Physical Address: 7378 Hwy 90 East City: Lake Charles Zip: 70615-4803 Mailing Address: 7378 Hwy 90 East City: Lake Charles Zip: 70615-4803 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: 70615-4803 Phone: (337) 436-7553 FAX: (337) 436-8291 Email: jrperot@suddenlink.net	
Fed Employer Tax Id: 72-0408988 DUNS: 099799595 -		CCR CAGE/NCAGE: SXTK4 CCR Expiration Date: 7/14/2012	

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: 70615-4803 Phone: (337) 436-7553 FAX: (337) 436-8291 Email: jrperot@suddenlink.net	7. PROJECT DIRECTOR Name: Jennifer R. Perot Title: Administrator/Therapist Agency: Boys and Girls Villages Foundati Address: 2188 West Lincoln City: Lake Charles Zip: 70605-0584 Phone: (337) 478-2595 FAX: (337) 478-2595 Email: jrperot@suddenlink.net	8. FINANCIAL OFFICER Name: Mayance J. Mathieu, Jr. Title: Ex Director/Finance Officer Agency: Boys and Girls Villages Foundati Address: 7378 Hwy 90 East City: Lake Charles Zip: 70615-4803 Phone: (337) 436-7553 FAX: (337) 436-8291 Email: jrperot@suddenlink.net
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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, DUJ or other violent crimes in the five parish area to include Allen, Beauregard, Calcasieu, Cameron and Jefferson Javis, through providing counseling, education, referral and court advocacy services.

LA COMMISSION
ON LAW ENFORCEMENT
2011 AUG 23 PM 1:59

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: Jennifer R. Perot Title: Administrator/Therapist
Phone: (337) 478-2595 Fax: (337) 478-2595 E-Mail: jrperot@suddenlink.net

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$43,945	\$0	\$2,114	\$46,059
SECTION 200. FRINGE BENEFITS	\$3,358	\$0	N/A	\$3,358
SECTION 300. TRAVEL	\$5,746	\$0	\$0	\$5,746
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$546	\$0	\$0	\$546
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:	\$53,595	\$0	\$13,399	\$66,994

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. Volunteer services provided by clerical and professional consultants.

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
Administrator/Therapist	Jennifer R. Perot	FT	\$3,113.03	100.00%	12.00	\$37,356.36	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Executive Director	Mayance J. Mathieu, Jr.	FT	\$5,067.00	7.71%	12.00	\$4,687.98	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bookkeeper	Debbie Carlin	FT	\$2,166.66	7.31%	12.00	\$1,900.59	<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"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$43,944.93	F = Fed Funds	C = Cash Match

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	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
Clerical volunteer, copying, typing, scanning, collating, filing for the program	102.20	\$10.00	\$1,022.00
Professional consultant, provide information regarding special needs children	18.20	\$60.00	\$1,092.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$2,114.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$43,945
CASH MATCH	
IN-KIND MATCH	\$2,114
PERSONNEL TOTAL	\$46,059

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.
 Bookkeeper: 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 18 years experience.
 Executive Director: Minimal salary for a supervisory position.
 Bookkeeper: Minimal salary for a bookkeeper.

C) Project duties of each position requested:

Adm./Therapist: Providing counseling/education/advocacy and referral services.
 Executive Director: Assisting with guidelines and team efforts.
 Bookkeeper: 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.]

First two positions/employees are existing personnel for original position since its inception of this program. The position of bookkeeper, is replacement of requested position in previous grant as "Adm. Assistant". This position was eliminated and replaced with title "Bookkeeper"; position filled with a new hire.

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		\$37,356	\$2,316	5.	.062			\$0
2. Mayance J. Mathieu	.062		\$4,688	\$290	6.	.062			\$0
3. Debbie Carlin	.062		\$1,901	\$117	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Jennifer R. Perot	.0145		\$37,356	\$541	5.	.0145			\$0
2. Mayance J. Mathieu	.0145		\$4,688	\$67	6.	.0145			\$0
3. Debbie Carlin	.0145		\$1,901	\$27	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTH/LIFE INSURANCE	RATE	MONTHS	THREEMONTHLY PROJECT	TOTAL	HEALTH/LIFE INSURANCE	RATE	MONTHS	THREEMONTHLY PROJECT	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
MORNINGMAN'S COMPENSATION	RATE		SALARY	TOTAL	MORNINGMAN'S COMPENSATION	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	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):				\$3,358	FRINGE BENEFITS TOTAL (B):				\$0

PLEASE NOTE: IF MORE THAN EIGHT EMPLOYEES CHARGED TO THIS PROJECT, PLEASE COMPLETE AN ADDITIONAL PAGE.

Fringe Benefits Total (A+B): \$3,358

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$3,358
CASH MATCH	
TOTAL FRINGE BENEFITS	\$3,358

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	\$0.51	11,266.67	\$5,746.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$5,746.00	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:		PAID WITH		
		FROM	TO	F	C	IK
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NLT. OF DAYS	NLT. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Taxi)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH		
											F	C	IK
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										\$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	\$5,746
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$5,746

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.

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 15 to 40 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 1/1/2012 and will continue until the end date of the program 12/31/2012.

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 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): 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: 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.)

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?

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 intake forms, client assessment/evaluation data forms.

2. When will the data be collected?

Data is collected at intake 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.

Southwest District LEPC, LCLE (Louisiana Commission on Law Enforcement) and Executive Director of Boys and Girls Villages Foundation will receive 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 accommodates 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, public utilities 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 Department, 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 numerous 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.