

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C10-8-023

APPLICANT: Victims & Citizens Against Crimes, Inc.

PROJECT TITLE: Victim Assistance Program

PROJECT FUNDS :

FUND: \$ 40,000 80.00%  
MATCH: \$ 10,000 20.00%  
TOTAL: \$ 50,000 100.00%

PROJECT DURATION: 12 months

START DATE: 09/01/2011

END DATE: 08/31/2012

Continuation of C07-8-022

PROJECT SUMMARY:

To work with the victims of crime in the state of Louisiana who have little or no contact with the criminal justice system. They find it esoteric and hard to navigate. We have printed guides with tips at each junction to focus on the Citizens' victims' rights through support for the innocent and their rights. Support citizens and victims by educating and giving insight into and through the criminal justice system. Working with other providers. Appear in court with the family and survivors. Provide research data and counseling for neighborhood associations. Attend and contribute to neighborhood meetings and other groups with regard to crime and personal safety, such as NAACP, Silence is Violence, LaFASA and faith-based ministries. Write letters to the Parole and Pardon Boards opposing early release of violent criminals. Our goal is to inform victims at the time of occurrence about access to needed 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) 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: C10-8-023 CVA Purpose Area:

<b>1. TITLE OF PROJECT</b> Victim Assistance Program	<b>2. <input type="checkbox"/> NEW PROJECT</b> <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C07-8-022 / C098020
<b>3. PROJECT DURATION</b> Total Length: <b>12</b> Months (Not to exceed 12 Months) Desired Start Date: 9/1/2010 Desired End Date: 8/31/2011	<b>4. PROJECT FUNDS</b> Federal Funds: \$40,000 Cash Match In-Kind Match: \$10,000 Total Project: \$50,000
<b>5A. APPLICANT AGENCY INFORMATION</b> Agency Name: Victims & Citizens Against Crime Physical Address: 3814 Veterans Memorial Blvd., # 206 City: Metairie Zip: 70002-5606 Mailing Address: 3814 Veterans Memorial Blvd., # 206 City: Metairie Zip: 70002-5606 Phone: (504) 454-8013 FAX: (504) 454-8014 Email: vcac@bellsouth.net	<b>5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY</b> Authorized Official: Beverly S. Siemssen Title: President Agency Name: Victims & Citizens Against Crime Address: 3814 Veterans Memorial Blvd., # 206 City: Metairie Zip: 70002-5606 Phone: (504) 454-8013 FAX: (504) 454-8014 Email: vcac@bellsouth.net

Fed Employer Tax Id: 72 - 1201064 DUNS: 069273659 - CCR CAGE/NCAGE: 4N2M4 CCR Expiration Date: 7/6/2012

<b>6. IMPLEMENTING AGENCY</b> Name: Beverly S. Siemssen Title: President Agency: Victims & Citizens Against Crime Address: 3814 Veterans Memorial Blvd.#206 City: Metairie Zip: 70002-5606 Phone: (504) 454-8013 FAX: (504) 454-8014 Email: vcac@bellsouth.net	<b>7. PROJECT DIRECTOR</b> Name: O. Stephen Murphy, Jr. Title: Project Director Agency: Victims & Citizens Against Crime Address: 3814 Veterans Memorial Blvd.#206 City: Metairie Zip: 70002-5606 Phone: (504) 454-8013 FAX: (504) 454-8014 Email: vcac@bellsouth.net	<b>8. FINANCIAL OFFICER</b> Name: Beverly S. Siemssen Title: President Agency: Victims & Citizens Against Crime Address: 3814 Veterans Memorial Blvd.#206 City: Metairie Zip: 70002-5606 Phone: (504) 454-8013 FAX: (504) 454-8014 Email: vcac@bellsouth.net
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**9. BRIEF PROJECT DESCRIPTION:** (Please do not exceed space provided below.)

To work with the victims of crime in the State of Louisiana who have little or no contact with the criminal justice system. They find it esoteric and hard to navigate. We have printed guides with tips at each junction focusing on the Citizens' victims' rights through support for the innocent and their rights. Support citizens and victims by educating and giving insight into and through the criminal justice system. Working with other providers. Appear in court with the family and survivors. Provide research data and counseling for neighborhood associations. Attend and contribute to neighborhood meetings and other groups with regard to crime and personal safety, such as NAACP, Silence is Violence, LaFASA and faith-based ministries. Write letters to the Parole and Pardon Boards opposing early release of violent criminals. Our goal is to inform victims at the time of occurrence about access to needed services.

**DETAILED PROJECT BUDGET**

**CHECKLIST AND PROJECT BUDGET SUMMARY**

**INSTRUCTIONS:** Complete this page LAST. The Checklist is self-explanatory. In Project Summary, insert applicable budget category totals from the Detailed Project Budget. Do not exceed spaces provided.

<b>CHECKLIST:</b>	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.

Name of Person Completing Budget Section: Beverly S. Siemssen  
Phone Number: (504) 454-8013 Fax Number: (504) 454-8014 E-Mail Address: vcac@bellsouth.net

**PROJECT BUDGET SUMMARY**

BUDGET CATEGORY	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH*	TOTAL COST
<b>100. PERSONNEL</b>	\$16,569		\$10,000	\$26,569
<b>200. FRINGE BENEFITS</b>	\$1,281		N/A	\$1,281
<b>300. TRAVEL</b>	\$0			\$0
<b>400. EQUIPMENT</b>	\$0			\$0
<b>500. SUPPLIES</b>	\$932			\$932
<b>600. CONTRACTUAL</b>	\$8,000			\$8,000
<b>800. OTHER DIRECT COSTS</b>	\$13,218			\$13,218
<b>TOTAL*:</b>	<b>\$40,000</b>	<b>\$0</b>	<b>\$10,000</b>	<b>\$50,000</b>

\*Note: The value of In-Kind Match must run concurrently with the subgrant project period.)

Provide Source of Cash Match:  
Donations

Provide Source of In-Kind Match:  
Volunteer hours

2011 APR 11 AM 7:28

LAW ENFORCEMENT  
COMMISSION

**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
		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"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$0.00	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
Project Director	Beverly S. Seimssen	PT	\$13.60	21.00	100.00%	30.00	\$8,568.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project Director	Beverly S. Seimssen	PT	\$13.60	28.00	100.00%	21.00	\$8,568.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		PT					\$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:							\$16,569.00	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.

DUTIES	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
Accompany victims to court, attend support group to assist with grief support, assist with providing presentations for personal safety and crime prevention, write letters, assist with research and other areas where assistance is needed.	1,000.00	\$10.00	\$10,000.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$10,000.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$16,569
CASH MATCH	
IN-KIND MATCH	\$10,000
PERSONNEL TOTAL	\$26,569

**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:

Project Coordinator will be available for victims and their needs. To make known to the victims what financial assistance is available. To coordinate all other services available. To make the victim aware of all other services available. To coordinate all the volunteers in the areas they are needed.

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

The previous salary. There is no overtime. Usually, hours are 21 hours per week. At certain times of year, VCAC will need to increase hours but never over 40 hours per week.

C) Project duties of each position requested:

See "A" above.

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. No other salaried personnel.





**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
Rent	500 square feet at \$13.20 sq. ft.	12.00	\$550.00	\$6,600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Liability Insurance	Insurance Agent	1.00	\$998.00	\$998.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Contract on b/w copier	Statement	1.00	\$479.00	\$479.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Contract color copier	Statement	1.00	\$855.00	\$855.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Envelope Printing	Office Depot	5.00	\$30.00	\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Cards	Office Depot	3.00	\$36.00	\$108.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone w/Internet	Monthly Statement	12.00	\$238.00	\$2,856.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cellular Telephone	Monthly Statement	12.00	\$56.00	\$672.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Louis & Barnadette Benedic	Statement for Spreadsheet	25.00	\$20.00	\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$13,218.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F = Federal Funds  
C = Cash Match  
IK = In-Kind Match

**BRIEFLY EXPLAIN:**

A) Need for each type listed; and  
 Rent is needed for office space for daily operations of our projects, office functions, mailing and meetings and/or support group meetings. Telephone and cellular telephone are needed for communications with the victims. Some victims contact us through the email. The Internet is used for research for victim services and other resources. We also need someone to do the spreadsheet for our research project.

B) Its relationship to project.  
 Same as above.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$13,218
CASH MATCH	
IN-KIND MATCH	
<b>OTHER DIRECT COSTS TOTAL</b>	<b>\$13,218</b>

**PROGRAM NARRATIVE**

**A. PROBLEM DEFINITION**

1. Identify the nature and magnitude of the specific problem existing in your particular community that needs to be addressed through this proposed project. Document the need, not the symptoms or solutions. Be sure to include current valid local data to support the justification. Give the source and date of your information. State the needs of your agency and the needs of the victims in your area as related to this problem and justify the need for the proposed project.

According to the Foreign Policy website (www.foreignpolicy.com) of September 2008 accessed on July 17, 2009, New Orleans is the third most murderous community in the world behind Caracas, Venezuela and Cape Town, Africa. The nature and extent of lethal violence in Orleans Parish is a much publicized and well known social problem in metropolitan New Orleans and much of the civilized world. The traditional inner-city violence index fluctuates from year to year but remains the highest reported per capita murder incidence in North America. The problem of unrestrained physical aggression results in elevated homicide mortality and an enormous incidence of intentional gunshot violence that further manifests itself in elevated spinal-cord injuries requiring lengthy and expensive - sometimes life-long health treatments. Retaliatory murders continue to fuel the cycle of drugs, violence and poverty. The homicide rate per hundred thousand residents is conditioned on disputed demographic metrics but range estimates between 60 to 95 killings per thousand is far more than any other American Community in the past two decades. (Continuing coverage of homicide incidence and prevalence reported in the New Orleans Times-Picayune daily newspaper.) Likewise, the State of Louisiana consistently experiences a high homicide rate than any other state.

One of the other consequences of the near and non-lethal magnifies the survivor impact and raises the need to expand access to victim services information. VCAC recognized this needs condition in 2004 and set about to help improve the information exchange between local law enforcement and the victim/survivor populations. In the City Council's Police budget hearings in November 2007 and 2008, groundwork began with NOPD to comply with the victim notifications in the field. On the basis of citizen telephone calls to the VCAC office and personal victim contact with President Beverly Seimssen and VP David Kent, a forensic victimologist, the only victim/survivors who have knowledge of the Compensation Benefits under the law were relatives of law enforcement personnel killed in the line of duty. Informal crime victim and survivor survey since 2005 by VCAC's president and vice-president have not once indicated that law enforcement officers notified civilian crime victims of their rights under Louisiana law.

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

The Crime Victims Compensation Commission has recently seen a larger claims volume from Orleans Parish; however, our informal feedback suggests that many Louisiana law enforcement officers and agencies are still having trouble communicating the required access to survivors of violence. Post-Katrina healthcare facilities are not displaying the required "crime victims rights" information posters in their Emergency Department waiting rooms. VCAC is committed to address this communication breakdown problem that denies citizens timely access to available economic assistance services. Beginning in 2006, local mortuary directors and the State Funeral Arrangement Associations were informed of the economic provisions and the application requirements to offset burial expenses for qualifying homicide victims.

## 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: Educate law enforcement personnel as to their responsibilities under the law.

Goal 2: Secure compliance with the healthcare and hospital community of Louisiana regarding posting notices about victim services.

Goal 3: Provide presentations to bring public awareness of all victim-survivor services available in order to better identify victims in need of services.

## 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: Survey every state and local law enforcement agency as to their levels of compliance with the victims' notification statutes.

Goal 1, Objective 2: To craft an educational program and feedback measure to edify non-complying agencies in a fashion where they will achieve voluntary compliance.

Goal 1, Objective 3: The creation of a base-line data sheet for parish to parish compensation claims against which future comparisons will be made.

Goal 2, Object 1: To secure compliance with the healthcare and hospital community of Louisiana regarding posting notices about victim services.

Goal 2, Objective 2: To secure cooperation and guidance from all sheriff's departments whose obligation is to make the claim forms assessable to the victims and survivors.

Goal 2, Objective 3: Provide presentations to bring public awareness of all victim/survivor services available.

Goal 3, Objective 1: Provide presentations at civic/community associations designed to identify victims and inform the victims of available services.

Goal 3, Objective 2: Provide 4 presentations to faith-based ministries designed to identify victims and inform the victims of available services.

## 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.

The Primary mission is to assist the victims of violent crime and to make every effort to assure that the criminal justice system works for them. Also to ease and relieve the stress of working with law enforcement to see the cases cleared and solved. To facilitate and provide more support to victims and survivors. We make sure all of the victims are aware of the Louisiana Crime Victims Reparation Board.

To accomplish improved statewide access to victim service information provided by the law enforcement community; public safety officers of Louisiana will know their obligations and duty to furnish the information to violent crime victims and survivors at the earliest convenience. A major step in this process has recently taken by the POST Council to require victims' rights training in the basic certification curriculum. Whereas, the new police academy graduates will be properly oriented, veteran officers still need to know their legal requirements.

Also will establish a telephone buddy system for grief support. We are trying to establish a support group in our office. Also, our courtwatch system will provide volunteers who will accompany victims and/or survivors to court as needed for moral support.

Through the use of survey questionnaires sent by mail to municipal, parish and state law enforcement agencies, volunteer researchers will assemble agency lists of organizations currently disseminating crime victim information during field investigations into criminal aggression. Verification efforts will consist of comparative analysis of the four UCR violent offense categories against the number and rates of compensation applications by agency and parish. Data will be assembled regarding impaired driver involvement in injury crashes to establish if traffic safety investigators are providing injured victims the referral manual.

Much information can be collected through telephone inquiries; however, a paper trail is necessary to establish response to measure and project both parish-wide and municipality compliance with dissemination mandates. Likewise, with the Compensation Commission to secure the historical metrics claims forwarded by Parish Sheriffs.

With respect to hospital compliance, similar facility lists will be assembled for the purpose of mailing the dissemination requirements along with requests for compliance. Telephonic follow-up contacts will serve as an indication of voluntary compliance.

**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): Victim Advocacy Group      |

- 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: Beverly S.Siemssen PHONE: (504) 454-8013 EMAIL: vcac@bellsouth.net

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://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.)

More victims are being notified about the Crime Victims Reparation Board.

2. Did the project work as expected? Explain.

yes

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 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?

2. When will the data be collected?

3. Who will collect and analyze the data?

We will keep a count of the number of victims accompanied to court and who attend our proposed support groups.

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

Name: Beverly S. Seimssen, President Phone: (504) 454-8013 Email: vcac@bellsouth.net

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

VCAC wants to know the level of law enforcement and hospital compliance in connection with making victim assistance information available to victims and survivors of violent offenses as provided by state law. How and when this information is transmitted can be an important indicator of voluntary sufficiency. VCAC will create and design multiple forms of data collection service instruments to include one each for telephone and return mail surveys. Parish by Parish law enforcement and hospital facility lists are to be crafted for contact and reference information. Some forms can be consolidated depending on their layout and future record keeping needs.

Telephone and postal communications will establish baseline compliance achievements. Law enforcement agency responses will be organized along Parish jurisdictional pools with possible exceptions of State Police vehicular traffic and Wildlife & Fisheries marine traffic impaired operator enforcement programs. Where possible, data obtained will be allocated to Parish collection systems because of the requirements that impose claim filing on the respective Sheriff's Departments.

Historical claims processing data will serve as historical bases against which follow-up grant service can measure increase or decline in both UCR violent incident numbers and claims filed in metrics. The law enforcement and hospital information will be separately analyzed as well as consolidated into some final summary data. It must be remembered that passive hospital observations may not be possible to capture in determining the impetus for filing of victim compensation claims.

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.

Victims and Citizens Against Crime Board of Directors and Louisiana Commission on Law Enforcement by way of quarterly progress reports and monthly expenditures reports as specified at award time.

**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.

Dues, donations, fundraisers, other possible grants.

**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.

Our office (500 square feet). Several local churches also make rooms available to our organization and assist with some of our programs. We have telephones, copy machines and computers available in our office.

**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 will accompany victims to court, attend support group to assist with grief support, do preparations for personal safety and crime prevention, write letters, assist with research and crime stats, and any other areas where assistance is needed. Criminal Justice student volunteer interns will be enlisted and trained from local college enrollments to carry out the objectives of this grant.

Many of our volunteers have learned from their personal experience with violent crimes and homicides especially the ones who have been through the criminal justice system. Most of our executive board members have been with VCAC for at least 19 years and have gained a lot of knowledge and experience through the years. We all had a lot of training from our late Executive Board Director, Sandy Krasnoff. When funds are available, we attend conferences and other sessions that are available.

#### 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.

Victims and Citizens Against Crime will make the victims aware of the compensation that is available, provide forms for their particular needs so they are able to start the process and inform them of the contact person in their local sheriff's office who will further assist them with getting all the necessary documentation to be filed with the necessary documentation to be filed with the Louisiana Crime Victims Reparations Board.

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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.

Victims and Citizens Against Crime coordinated with the various support groups such as MADD, LaFASA, the Stalking Program, the Metropolitan Center for Women and Children, and the Compassionate Friends (for bereaved parents) and others to make sure the victim is aware of any support they may need for their particular circumstances with regards to support groups and counseling. We also work closely with the Victim/Witness coordinators in the District Attorney's offices to make sure all the victims' needs are covered while the victims are going through the criminal justice system.

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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.

At presentations, we encourage victims and the general public regarding the neighborhood watch program, contacting Crimestoppers or speaking directly with their local law enforcement officers if they have witnessed a crime or any wrongdoing. We encourage them to report all criminal activity they may witness.

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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.

Victims and Citizens Against Crime will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate.

#### Rutha Chatwood

**From:** Rutha Chatwood  
**Sent:** Tuesday, August 16, 2011 12:56 PM  
**To:** Beverly Siemssen  
**Cc:** David Kent  
**Subject:** C10-8-023; "Victim Assistance Program"

**Importance:** High

August 16, 2011

Mrs. Beverly S. Seimssen  
Victims & Citizens Against Crime  
3814 Veterans Memorial Blvd., #206  
Metairie, LA 70002-5606

RE: C10-8-023; "Victim Assistance Program"

Dear Mrs. Seimssen:

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 or your chosen representative 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 Victim Services Advisory Board and LCLE 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 2; Detailed Project Budget: This page does not have a revision date of JULY 2010. Because this page is not from the current application kit, it is missing vital information, such as the VOCA Purpose Areas. Please submit the correct Page 2 for this application.
2. Pages 3 and 4; Section 100. Personnel: Please submit your current resume and job description for this application.
3. Page 5; Section 200. Fringe Benefits: Please check whether the Unemployment Tax budgeted in this section is FUTA or SUTA. In addition, these fringe benefits must be based on the first \$7,000 or less, not \$7,700. Please correct and re-budget funds if necessary.
4. Page 9; Section 500. Supplies: Please explain why postage is listed twice and the purpose of each type of postage at the bottom of Page 9.
5. Page 11; Section 600. Contractual: In Section C, provide a statement that explains your agency's method of procurement used to acquire the services of Mr. David Kent in the proposed contract for this project. The procurement information must explain the process used to ensure that the staff chosen was the best choice for this project. For example: does the agency follow Public Bid Law, Louisiana Procurement Code, etc? Please cite specific procedures, regulations, etc., to show compliance with OJP procurement

requirements, such as requests for proposals, invitations for bids, independent cost estimates, quotes, state contract, or sole source, etc.

6. Page 13; Section 800. Other Direct Costs:
  - a. The need for and their relationship to this project for the general liability insurance, service contracts for the black and white and color copiers, and the printing of the business envelopes and business cards was not provided in sections A and B at the bottom of the page.
  - b. The costs budgeted for Louis & Barnadette Benedict to prepare the spreadsheet for your project's research project is not allowable. VOCA program funds cannot be used for efforts conducted by individuals, organizations, task forces, or special commissions to study and/or research particular crime victim issues. Please re-budget these funds in the amount of \$500. Your research project must be kept separate from this victim assistance program.
7. Page 19; H. Prior Results: Please provide more information showing the success of this program's previous project, C09-8-020, for Questions 1 and 2.
8. Page 20; I. Evaluation and Dissemination of Reporting: Please answer Questions 1 and 2.
9. Subgrant Award Report: Please complete Section 4.

Please email or mail the changes as directed on the appropriate application pages and return only those pages for which changes or additional information was requested to the LCLE by **Friday, August 26, 2011**. 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. Please contact me if you have any questions or concerns regarding this letter or the prevention education information listed above.

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.