

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C11-8-021

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: 09/01/2012

END DATE: 08/31/2013

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 DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 07/26/12 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: C11-8-021

CVA Purpose Area: 1, 2, 3, 4

1. TITLE OF PROJECT

Victim Assistance Program

2.  NEW PROJECT

CONTINUATION PROJECT OF: C10-8-023

3. PROJECT DURATION

Total Length: 12 Months (Not to exceed 12 Months)

Desired Start Date: 9/1/2012

Desired End Date: 8/31/2013

4. PROJECT FUNDS

Federal Funds: \$40,000

Cash Match

In-Kind Match: \$10,000

Total Project: \$50,000

5A. APPLICANT AGENCY INFORMATION

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

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

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: 7/1/2013

6. IMPLEMENTING AGENCY

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

7. PROJECT DIRECTOR

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

8. FINANCIAL OFFICER

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

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.

LA COMMISSION  
ON LAW ENFORCEMENT  
12 JUN 20 AM 10:33



**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%	20.00	\$5,712.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Project Director	Beverly S. Seimssen	PT	\$13.60	28.00	100.00%	20.00	\$7,616.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		PT					\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Project Director	Beverly S. Siemssen	PT	\$13.60	35.00	100.00%	12.00	\$5,712.00	<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:							\$19,040.00	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
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	\$19,040
CASH MATCH	
IN-KIND MATCH	\$10,000
<b>PERSONNEL TOTAL</b>	<b>\$29,040</b>

**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 including going to court with victims. To assist with the support group and the anti-substance, abuse and life choices program.

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

The previous salary. There is no overtime. Usually, hours are 21 to 28 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 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. Beverly Seimssen	.062		\$19,040	\$1,180	5.	.062			\$0
2.	.062			\$0	6.	.062			\$0
3.	.062			\$0	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Beverly Seimssen	.0145		\$19,040	\$276	5.	.0145			\$0
2.	.0145			\$0	6.	.0145			\$0
3.	.0145			\$0	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. Beverly Seimssen	0.002	CHECK TYPE:	\$7,000	\$14	5.		CHECK TYPE:		\$0
2.				\$0	6.				\$0
3.	0.000	<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0
4.	0.000	<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):				\$1,470	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): \$1,470**

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$1,470
CASH MATCH	
<b>TOTAL FRINGE BENEFITS</b>	<b>\$1,470</b>



### SECTION 500. SUPPLIES

**SECTION A:** List items within this category by major type; e.g., office supplies (pens, pencils, paper, etc.), postage, blank cassette tapes, etc. Include tax and shipping costs in Unit Price. If office supplies average \$50 per month or less, i.e., \$600 for a 12-month grant period, do not itemize items. List as "Basic Supply Allowance" under "Type" and the dollar amount under "Total Cost". Please refer to application instructions for direction.

TYPE OF SUPPLIES	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
				F	C	IK
Postage for regular mail	15.00	\$45.00	\$675.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postage for extra weight	7.00	\$20.00	\$140.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous office supplies	1.00	\$400.00	\$400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy Paper (boxes)	8.00	\$50.00	\$400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Color Cartridges	10.00	\$45.00	\$450.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card Stock Paper for booklets and postcards	12.00	\$18.00	\$216.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Black Cartridges	12.00	\$40.00	\$480.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postage for postcards	15.00	\$32.00	\$480.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color copy paper for brochures	15.00	\$18.00	\$270.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
address labels (1x4) box of 5,000	2.00	\$66.00	\$132.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
address labels (1x2 5/8) box of 750	2.00	\$35.00	\$70.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
scotch tape - pack of 10	3.00	\$26.00	\$78.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expanding files packs	8.00	\$32.00	\$256.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expanding report cover packs	10.00	\$14.00	\$140.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boxes of Manila folders	4.00	\$11.00	\$44.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boxes of Manila envelopes - large	4.00	\$37.00	\$148.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boxes of Manila envelopes - 6x9	4.00	\$12.00	\$48.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clip boards	4.00	\$4.00	\$16.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF SECTION A SUPPLIES:			\$4,443.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

**BRIEFLY EXPLAIN:**

A) Need for and use of each major supply type requested:

Postage is needed for notification of activities to victims and survivors. To write letters in behalf of victims to judges and the Louisiana Parole and Pardon Boards in opposition to early release of violent criminals. Address labels are needed for mail outs.

The paper and card stock are needed to make booklets, flyers, brochures, letterhead, postcards and other printed informative materials. The \$ .20 postage is for used with extra postage on heavier packages or letters to law enforcement agencies, district attorney's and victims. Postcards (\$32) are used for meeting notices, safety and support group notification. Manila envelopes are used for larger materials that are mailed to victims. We need the Criminal Law Book to keep up with the law changes and the LA. Attorney's/Secretary's Handbook to keep up with the changes in the elected officials.

B) Its relationship to this project.

The above is needed in presentations for personal safety and tips on crime prevention. Some are guides through the criminal justice system. To write letters to Judges and the Louisiana Parole and Pardon Boards in victims' behalf. To have information available for our new bereavement support group and anti-substance use and choice of life group.

**SECTION 500. SUPPLIES (Continued)**

**SECTION B:** Use this section only for Publications, workbooks, curriculum guides, videotapes, etc. Under type choose: **P** – Publications; **W** – Workbooks; **CG** – Curriculum Guides; **V** – Videotapes; **O** – Other. Itemize each item separately. Include tax and shipping costs in Unit Price, when applicable.

TYPE	TITLE OF PUBLICATIONS/FILMS	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
P	Louisiana Statutory Criminal Law & Procedure book	1.00	\$175.00	\$175.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	LA. Attorney's/Secretary's Handbook	1.00	\$51.00	\$51.00	<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"/>
				\$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"/>
				\$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 SECTION B SUPPLIES:				\$226.00			

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

**BRIEFLY EXPLAIN:**

A) The use of each request and its relationship to the project. Also explain the choice of materials, e.g. based on previous experiences or research showing its effectiveness, etc.:

The Louisiana Statutory Criminal Law and Procedure book is needed to keep VCAC updated on current laws. The LA. Attorney's/Secretary's book is needed to keep us updated on elected officials

SECTION 500. SUPPLIES SUMMARY	
FEDERAL FUNDS	\$4,669
CASH MATCH	
IN-KIND MATCH	
<b>SUPPLIES TOTAL</b>	<b>\$4,669</b>

**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	\$1,169.00	\$1,169.00	<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	\$857.00	\$857.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Envelope Printing	Office Depot	10.00	\$30.00	\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Cards with B.Siemssen	Office Depot	15.00	\$36.00	\$540.00	<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	\$60.00	\$720.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Cards without name	Office Depot	5.00	\$36.00	\$180.00	<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:				\$13,701.00	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 telephones are needed for communications with the victims. Some victims contact us through the e-mail. The internet is used for research for victim services and other resources. Business envelopes are needed for correspondence on behalf of victims when writing letters and for correspondence to law enforcement agencies and district attorney's. General liability is to protect VCAC as any other business. Service contacts on copiers are needed to keep them in good working condition as they are used a lot. Business cards are used so they can be given to victims and elected officials for VCAC information.

B) Its relationship to project.

Same as above.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$13,701
CASH MATCH	
IN-KIND MATCH	
<b>OTHER DIRECT COSTS TOTAL</b>	<b>\$13,701</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](http://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. To provide a bereavement support group for the survivors of homicide.

Goal 4: Provide presentations on personal safety and awareness to the community and an anti-substance and choice of life program for our community's youth.

## **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, Objective 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 presentations to faith-based ministries designed to identify victims and inform the victims of available services.

Goal 4, Provide group support for the bereaved and help the youth to lead a useful and productive life.

#### **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 have established a support group at Israelites Baptist Church. Also, our courtwatch system will provide volunteers who will accompany victims and/or survivors to court as needed for moral support.



**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. We learned that most of the Police Chiefs in the State of Louisiana were unaware of the Crime Victims Reparation Board. They were given the information on how to obtain the necessary brochures and posters. Most of the Sheriff's were aware. We are making more contact with victims and have two programs that will begin in July, 2012.

2. Did the project work as expected? Explain.

Yes. The project brought awareness to all Sheriff's offices and Police Chief's office in regard to the Crime Victims Reparation Board along with crime statistics. More victims were made aware of financial assistance that was available to them. Victims also were made aware of other services and support groups available to them.

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?

Law enforcement agency, the Crime Victims Reparation Board and a count of attendance at our new programs.

2. When will the data be collected?

During the grant year

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](mailto: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. How and when this information is transmitted can be an important indicator of voluntary sufficiency.

Progress reports will be made showing how our two new programs are progressing and see if more than one day a month is needed for these programs.

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.

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 21 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 Louisiana Crime Victims Reparations Board.

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 coordinates 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.

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.

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

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**From:** Rutha Chatwood  
**Sent:** Friday, July 27, 2012 11:06 AM  
**To:** Beverly Siemssen (bev823@bellsouth.net); Beverly Siemssen (vcac@bellsouth.net)  
**Cc:** Kent, David  
**Subject:** C11-8-021; Victims & Citizens Against Crime; "Victim Assistance Program"

**Importance:** High

Ms. Beverly S. Siemssen  
Victims & Citizens Against Crime  
3814 Veterans Memorial Blvd., Suite 206  
Metairie, LA 70002-5606

RE: C11-8-021; Victims & Citizens Against Crime; "Victim Assistance Program"

Dear Ms. Siemssen:

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 12 and 13, 2012, respectively.

Based on my review of the application, the following issues must be addressed and resolved. Additional issues may arise between the review process and the Advisory Board and Commission meetings. If so, you will be given every opportunity and assistance to address and/or resolve any additional issues to avoid delaying the application to be presented.

1. Page 1, CCR Expiration Date – According the CCR website the CCR Expiration Date is 10/04/2012, but on the application, you entered the date as 07/01/2013. Please verify the agency's CCR Expiration Date and put the correct date in the revised application.
2. Pages 3 and 4, Section 100. Personnel –
  - a. Please submit a Job Description, which must include the salary range, functions and job duties, level of education and work experience required for the position.
  - b. In addition, your resume must be submitted and it must include the qualifications of your position, such as education and work experience.
3. Page 5, Section 200. Fringe Benefits – On the application the statement, "All Fringe Benefits Will Be Paid by Applicant Agency" was checked. However, you budgeted Social Security and Medicare benefits. Please check the statement, "Additional Fringe Benefits Will Be Paid by Applicant Agency" instead.
4. Page 7, Section 400. Equipment –
  - a. There is only one staff person funded in this project, therefore only one floor mat will be allowed to be purchased. Please adjust the budget accordingly.
  - b. The table drape is not an allowable purchase. According to OMB Part 230, Appendix B, Selected Items of Cost, Section 1.f. states, "Unallowable public relations costs include the following: (2) (a) costs of displays, demonstrations, and exhibits;" Please adjust the budget accordingly.
  - c. Please remove the wording "to replace tattered ones" after "arm chairs."
  - d. At the bottom of Page 7, you only provided explanations for the desk chair and arm chairs. Please add explanations for the floor mat and the paper shredder.

- e. In Section B at the bottom of the page, please indicate the actual method you will use to purchase the items (your procurement method) listed above – not the three supplies from whom you plan to purchase. This is an OJP Guideline requirement.
  - f. In the explanations for A and C at the bottom of Page 7, it is necessary to provide specific information for all equipment, furniture, etc., requested in this section:
    - (1) A description of how the equipment and/or furniture will enhance services to crime victims;
    - (2) How each requested item will be integrated into and/or enhance the subgrantee’s current system; and
    - (3) The costs of installation, ongoing operational costs, supplies and staff training, and how these additional costs will be supported. (This last statement is generally reserved for technology and/or computer/laptop purchases and this information provided on Page 8, Computer Questionnaire.)
5. Page 14, Program Narrative, A. Problem Definition, Questions 1 and 2 –
- a. The information provided on this Page and in all Program Narrative sections on the following pages (15 through 22) should include the nature and magnitude of the specific problem existing in the entire State of Louisiana that needs to be addressed through this proposed project because this is a statewide program – not for just Orleans Parish and the NOPD.
  - b. Throughout Section A, Problem Definition, the statistics provided were the same as those in the prior subgrant, C10-8-012. Please provide current statistics for 2010–2011 that identifies the nature and magnitude of the specific problem existing in this state to justify the need for this proposed project. Be sure to include the sources and dates of your information.
6. Page 15, Program Narrative, C. Objectives – Please provide a second objective for the Goal 4 listed in Section B. Goals.
7. Page 16, Program Narrative, D. Activities/Methods – Provide a specified timeframe or timetable for achieving the various components of this project. The timeframe must cover the entire grant period.
8. Page 19, Program Narrative, H. Prior Results – The only information provided about the prior year’s project is about the Police Chiefs in Louisiana. There is no information provided about the success or failure of the goals and objectives listed in the previous project.
9. Page 20, Program Narrative, I. Evaluation and Dissemination of Reporting – Please submit an evaluation form(s) used by the Victims and Citizens Against Crime.
10. Page 21, Program Narrative, M. Volunteers – In the narratives explaining all the services that will be provided by the volunteers, please remove the information regarding “do preparations for personal safety and crime prevention” because anything related to prevention activities and services are unallowable according to VOCA guidelines.
11. Page 22, Program Narrative, N. Required Components – The information provided in Number 3 states that you and/or the volunteers “encourage victims and the general public to report all criminal activity they may witness” during public presentations. VOCA funds may be used for presentations in public forums, such as schools and community centers, designed to identify crime victims and refer them to needed services. These costs may include staff time, materials, brochures, and newspaper notices. However, funds may not be used for activities solely intended to educate the community, raise the public’s awareness of crimes, and other crime prevention activities.

12. Page 30. Certification of Match – This form is incorrectly completed. The statement, “Please be advised that \$40,000 has appropriated the following funds....” This statement should read, “Please be advised that Victims and Citizens Against Crime has appropriated the following funds .....” Please make this correction and resubmit this form.
13. Please submit an organization chart for Victims and Citizens Against Crime.
14. Please submit at least three (3) letters of support for this project. Since this is a statewide project, it would be good to provide letters from different areas of the state.
15. Subgrant Award Report –
  - 1a. Please enter “Statewide Project” as done in Section E, Demographics on Page 18.
  - 4a. Enter the current subgrant number – C11-8-021.
  - 7a. Please enter “.70” instead of “P-T”. (I averaged your PT hours:  $21 + 28 + 35 = 84$ .  $84$  divided by  $3 = 28$ .  $28$  divided by  $40 = .70$ )
  - 8d. Please correct the divided amounts for d.1 through d.7. The total must be only the federal amount of this award, \$40,000, not the federal amount plus the in-kind match amount.
  9. The correct type of implementing agency is “c. Private Non-Profit: c.6. Other”. Please make this correction.
  - 10b. Please correct the total amount of funding. You must only report the federal amount of this award, \$40,000. In-Kind Match is not reported in this section.

Please email or mail ONLY the changes as directed on the appropriate application pages and return only those pages for which changes or additional information was requested to LCLE. Please do not fax replies, as they are not always legible.

All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. This information is due to LCLE **by Friday, August 10, 2011**. Please contact me at (225) 342-1625 or [rutha.chatwood@lcle.la.gov](mailto:rutha.chatwood@lcle.la.gov) if you have any questions.

Sincerely,

*Rutha Chatwood*

Victim Services Program Manager  
LA Commission on Law Enforcement

Mailing Address:

P. O. Box 3133  
Baton Rouge, LA 70821-3133

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602 North Fifth Street  
Baton Rouge, LA 70802

Phone: 1-225-342-1625

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Email: [rutha.chatwood@lcle.la.gov](mailto:rutha.chatwood@lcle.la.gov)

Hours: Tuesday - Friday, 7:00 a.m. – 5:30 p.m.