



**LOUISIANA COMMISSION
ON LAW ENFORCEMENT
AND THE ADMINISTRATION OF
CRIMINAL JUSTICE**

**TITLE II (JJDP)
FORMULA
BLOCK GRANT
PROGRAM
CFDA #16.540**

FOR LCLE USE ONLY:		Project ID:		Federal Standard Purpose Area:	
1. TITLE OF PROJECT Youth Community Preparedness			2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF J10 - 3 - 001		
3. PROJECT DURATION Total Length: 12 Months (Not to exceed 12 Months)			4. PROJECT FUNDS		
Desired Start Date: 9/12/2012		Desired End Date: 9/12/2013 8/31/13		Federal Funds Requested: \$31,137	
5A. APPLICANT AGENCY			5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY		
Agency Name: Community Receiving Home, Inc.			Authorized Official: Angela Chustz		
Physical Address: 6177 Bayou Rapides Road			Title: Executive Director		
City: Alexandria		Zip: 71303-7725		Agency Name: Community Receiving Home, Inc.	
Mailing Address: PO Box 7997			Address: PO Box 7997		
City: Alexandria		Zip: 71306-0997		City: Alexandria	
Phone: (318) 473-0530		FAX: (318) 473-8866		Zip: 71306-	
Email: rhy@renaissancehome.org			Email: angela@renaissancehome.org		
Federal Employer Tax Id #: 72-0740957		DUNS: 082498825		CCR/NCAGE: 57VX4	
				CCR Expiration Date: 11/14/2012	
6. IMPLEMENTING AGENCY		7. PROJECT DIRECTOR		8. FINANCIAL OFFICER	
Name: Angela Chustz		Name: Angela Chustz		Name: Kay Lowery	
Title: Executive Director		Title: Executive Director		Title: Financial Officer	
Agency: Community Receiving Home, Inc.		Agency: Community Receiving Home, Inc.		Agency Name: Community Receiving Home, Inc	
Address: PO Box 7997		Address: PO Box 7997		Address: PO Box 7997	
City: Alexandria		City: Alexandria		City: Alexandria	
Zip: 71306-		Zip: 71306-		Zip: 71306-	
Phone: (318) 473-0530		Phone: (318) 473-0530		Phone: (318) 473-0530	
FAX: (318) 473-8866		FAX: (318) 473-8866		FAX: (318) 473-8866	
Email: angela@renaissancehome.org		Email: angela@renaissancehome.org		Email: beantown@renaissancehome.org	
9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)					
<p>A dual component project addressing health education/life skills and aftercare. The target population will be current residents in our residential group home and emergency shelter care programs. The population will be comprised of males and females ranging in age of 11-17 with the average being 15-16.</p> <p>The health education/life skills component will utilize the Annie E. Case Curriculum. The education component will strive to increase the knowledge, attitudes and skills to make healthy decisions instead of continuing with risky behaviors. Aftercare will provide a link to establish a successful reintegration to the family and community.</p>					

FEDERAL STANDARD PROGRAM AREAS

Check the Federal Standard Program Area that this project will address.

Standard Program Area

- | | | |
|----|--|-------------------------------------|
| 1 | Aftercare/Re-entry | <input checked="" type="checkbox"/> |
| 2 | Alternatives to Detention | <input type="checkbox"/> |
| 3 | Child Abuse and Neglect Program | <input type="checkbox"/> |
| 4 | Children of Incarcerated Parents | <input type="checkbox"/> |
| 5 | Community Assessment Centers (CAC) | <input type="checkbox"/> |
| 6 | Compliance Monitoring | N/A |
| 7 | Court Services | <input type="checkbox"/> |
| 8 | Deinstitutionalization of Status Offenders (DSO) | <input type="checkbox"/> |
| 9 | Delinquency Prevention | <input type="checkbox"/> |
| 10 | Disproportionate Minority Contact (DMC) | <input type="checkbox"/> |
| 11 | Diversion | <input type="checkbox"/> |
| 12 | Gangs | <input type="checkbox"/> |
| 13 | Gender-Specific Services | <input type="checkbox"/> |
| 14 | Graduated Sanctions | <input type="checkbox"/> |
| 15 | Gun Programs | <input type="checkbox"/> |
| 16 | Hate Crimes | <input type="checkbox"/> |
| 17 | Jail Removal | <input type="checkbox"/> |
| 18 | Job Training | <input type="checkbox"/> |
| 19 | Juvenile Justice System Improvement: | |
| | Ombudsman Services | <input type="checkbox"/> |
| | Services | <input type="checkbox"/> |
| | Legal | <input type="checkbox"/> |
| | MIS | <input type="checkbox"/> |
| 20 | Mental Health Services | <input type="checkbox"/> |
| 21 | Mentoring | <input type="checkbox"/> |
| 22 | Native American Programs | <input type="checkbox"/> |
| 23 | Planning and Administration | N/A |
| 24 | Probation | <input type="checkbox"/> |
| 25 | Restitution/Community Service | <input type="checkbox"/> |
| 26 | Rural Area Juvenile Programs | <input type="checkbox"/> |
| 27 | School Programs: | |
| | Law-Related Education | <input type="checkbox"/> |
| | School Counseling | <input type="checkbox"/> |
| | Special Education | <input type="checkbox"/> |
| | Alternatives to Suspensions & Expulsions | <input type="checkbox"/> |
| | After-School | <input type="checkbox"/> |
| | In School | <input type="checkbox"/> |
| 28 | Separation of Juveniles from Adult Offenders | <input type="checkbox"/> |
| 29 | Serious Crimes | <input type="checkbox"/> |
| 30 | Sex Offender Program | <input type="checkbox"/> |
| 31 | State Advisory Group Allocation | N/A |
| 32 | Substance Abuse: | |
| | Treatment | <input type="checkbox"/> |
| | Prevention | <input type="checkbox"/> |
| | Control | <input type="checkbox"/> |
| 33 | Youth Advocacy | <input type="checkbox"/> |
| 34 | Youth Courts | <input type="checkbox"/> |
| 35 | Strategic Community Action Planning | <input type="checkbox"/> |

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.

CHECKLIST:

- | | | |
|---|-------------------------------------|--------------------------|
| Are all budgeted items allowable per Program Guidelines? | YES: | NO: |
| 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 the Budget Sections. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Person Completing Budget Section: Kay Lowery

Title: Financial Officer

Phone: (318) 473-0530 Fax: (318) 473-8866

E-Mail: beantown@renaissancehome.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORY	SECTION TOTAL
Section 100. Personnel	\$ 30,080.96
Section 200. Fringe Benefits	\$0
Section 300. Travel	\$0
Section 400. Equipment	\$797.00
Section 500. Supplies	\$259.00
Section 600. Contractual	\$0
Section 800. Other Direct Costs	\$0
TOTAL	\$, 31,136.96,

FUNDING HISTORY

	Subgrant Number	Amount	Duration (Months)
Year 1	J09-3-001	\$32,202	15
Year 2	J10-3-001	\$31,721	14
Year 3	J - -		
Total \$63,923			29

CONGRESSIONAL DISTRICT(S) THAT REPRESENT THIS PROJECT.

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

SECTION 100. PERSONNEL

Enter only the Title Position(s) and Individual Name(s) of the employees for each position funded through this grant. For further information and direction, please refer to the application instructions.

FULL TIME POSITIONS

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT
		FT				\$0.00
		FT				\$0.00
		FT				\$0.00
		FT				\$0.00
		FT				\$0.00
		FT				\$0.00
		FT				\$0.00
		FT				\$0.00
		FT				\$0.00
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$0.00

PART TIME AND/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
Aftercare	Tamara May	PT	\$15.47	8.00	100%	52	6,435.52
Life/Family Skills	Henry Marsland	PT	\$16.24	28.00	100%	52	23,645.44
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							30,080.96

SECTION 100. PERSONNEL TOTAL	30,080.96
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SECTION 100. PERSONNEL (Continued) - BRIEFLY EXPLAIN:

- Yes No Are job descriptions for each position attached?
 Yes No Are resumes for each position attached? If not, explain

A) Need for each position shown above; justify need for overtime:

Aftercare Counselor (Girls Group Home)- Primary focus will be the successful transition home through a formulated reintegration plan. Will ensure that the client and family needs are met and that the client needs are identified and that a follow up plan is in place in order to meet those needs. Clients will be connected to sufficient community resources to meet their needs.

Life/Family Skills Counselor - Will conduct education groups to clients in the areas of health and wellness (i.e. STD's, HIV/Aids, pregnancy, sexuality, substance abuse and other topics). The groups will increase knowledge and improve behaviors. The Annie E. Casey Life Skills Curriculum will be utilized. The Life Skills Counselor will also assume the duties of the providing Aftercare Services for the Boys Group Home.

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

The salary is determined by the pay plan adopted by the governing board of the agency. The basis of which focuses on community norms, i.e. compensation for similar or like positions within the total area.

C) Project duties of each position requested:

Aftercare Counselor (8 hours weekly)- Girls Group Home

1. Formulate reintegration plan.
2. Track clients closely for the first 90 days then provide follow up contact at 6 months and 12 months.
3. Assist with introduction to community resources (i.e. medical, school, employment and financial).

Life/Family Skills Counselor (28 hours weekly)-

1. Provide daily health education groups.
2. Chart client progress in educational areas via post tests.
3. Will provide aftercare services to the Boys Group Home.
4. Formulating Reintegration Plans
5. Tracking clients closely for the first 90 days then provide follow up contact at 6 months and 12 months.
6. Assist with referrals to community resources.

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 is moved must be filled. If employee is the same from the previous grant, indicate if the employee was originally hired for that position.]

Project Personnel:

Henry Marsland - Life/Family Skills Counselor: Employee originally hired for the position in previous grant on 4/5/10.

Tamara May - Aftercare Counselor: Employee hired in the position March 5, 2012.

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 (8) employees. Check either box if Federal funds are partially being requested or not being requested.

Check: All Fringe Benefits Will Be Paid by Applicant Agency Additional Fringe Benefits Will Be Paid by Applicant Agency

EMPLOYEES NAMES:					EMPLOYEES NAMES: (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1.	.062			\$0	5.	.062			\$0
2.	.062			\$0	6.	.062			\$0
3.	.062			\$0	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1.	.0145			\$0	5.	.0145			\$0
2.	.0145			\$0	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTH LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL
1.		CHECK TYPE:		\$0	5.		CHECK TYPE:		\$0
2.				\$0	6.				\$0
3.		<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0
4.		<input type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> SUTA		\$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
FRINGE BENEFITS TOTAL (A):				\$0	FRINGE BENEFITS TOTAL (B):				\$0

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

Fringe Benefits Total (A+B): \$0

SECTION 200. FRINGE BENEFITS TOTAL \$0

SECTION 400. EQUIPMENT

List each item separately. The unit cost should include tax and shipping and handling when applicable. Do not use brand names. Sole source requires LCLE's approval. Submit a Sole Source justification if applicable (available from District Program Director).

TYPE OF EQUIPMENT	QUANTITY	UNIT PRICE	TOTAL COST
Desktop Computer	1.00	\$400.00	\$400.00
Printer	1.00	\$99.00	\$99.00
20" Monitor	1.00	\$99.00	\$99.00
Software	1.00	\$199.00	\$199.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
EQUIPMENT TOTAL			\$797.00

EXPLAIN:

A. Justify the need for each equipment item requested. [*NOTE: If computer equipment (hardware and/or software) is requested, complete the Standard Computer Checklist that is included with the application instructions.]
 The Life Skills Counselor and the Aftercare Counselor require a computer in order to input progress notes, develop reintegration plans and gather monthly and quarterly statistical information on the youth being served.

B. Indicate procurement method

A minimum of three quotes shall be obtained for the purchase of a computer, monitor and printer. The lowest quote received shall be selected for purchase.

C. Relationship to project.

There is a direct relationship to the project: The computer will be utilized to document the youth's progress in the Life Skills and Aftercare program. The computer will assist the staff in gathering needed data for reporting purposes.

SECTION 400. EQUIPMENT TOTAL	\$797.00
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SECTION 400. COMPUTER QUESTIONNAIRE

If a computer and/or computer software is requested, the following must be completed. Please do not exceed spaces provided.

1. How will the purchase of computer equipment and/or software enhance the program to be funded?

The computer equipment will assist the Aftercare Counselor and the Life Skills Counselor with the development of the youth's Reintegration Plans into the community, along with maintaining ongoing computerized progress notes. The Life Skills Counselor will also utilize the computer equipment to document Pre/Post Testing for Annie E. Casey Life Skills Program and to document progress notes for educational groups that are conducted with the youth.

2. How will the computer(s) be integrated into and/or enhance your current system?

The Aftercare Counselor and the Life Skills Counselor currently do not have a computer. Their ability to have access to the system will enhance their capability in gathering needed statistics by computer, rather than handwritten or sharing a computer with other agency staff. The computer will easily integrate into the current computerized Resident Management System without problems.

3. What is the cost of each of the following:

A. Installation?

No cost.

B. Staff training to use the computer equipment?

No staff training required.

C. The on-going operational costs, such as maintenance agreements, supplies, etc.?

Any costs to maintain the equipment will be funded by Community Receiving Home, Inc. dba Renaissance.

4. How will additional costs be supported?

Community Receiving Home, Inc. dba Renaissance will utilize resources within the agency's budget to support any additional costs.

PROGRAM NARRATIVE

A. PROBLEM DEFINITION

1. Identify the nature and magnitude of the specific problems existing in your community that needs to be addressed through this proposed project. Document the need, not the symptoms or solutions. Provide background information that supports the need for the proposed program/service. Be sure to include current valid local data or state data, if local data is not available, to support the justification. Give the source and date of your information.

Annie E. Casey Kids Count has ranked Louisiana 49th since 2007 with regard to overall health and well-being of Louisiana's youth. Our state remains 49th in the nation based on 10 key indicators of child well-being including high school drop out rates, teenage pregnancies, children living in poverty and infant mortality (Annie E. Casey Kids Count 2011).

According to the 2009 La Health Report Card indicate an overall decrease nationally in teen birth rates. National statistics report that most births to teens (78.9%) occur outside marriage and 25% of teenage mothers go on to have additional children within the next two years. These factors combined with the fact that teenage mothers are less likely to finish high school, contribute to the high proportion of women living in poverty who first gave birth during adolescence. In La., the birth rate for black teenagers aged 15-19 in 2007 (76.9%) was nearly twice that of white teenagers (40.9%) and (61.5%) for others races of that same age group. In Rapides Parish (19.8%) of births were to Black teens and (9.24%) of births were to white teens. According to the 2009, La. Health Report Card indicates that La. remains high with regard to the incidence of sexually transmitted diseases. La. continues to rank number one for gonorrhea and syphilis cases. La.'s Chlamydia cases dropped from 2nd to 3rd in rankings nationally.

Annie E. Casey ranks Louisiana 45th in overall prevalence with 35.9% of children considered overweight or obese. The La. prevalence for overweight and obese children has risen since 2003.

The above data indicates a need for wellness education in the general population. The young people that we work with at Renaissance have an even more acute need for health education.

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

Health and Wellness education services for this target population of at-risk youth is not being addressed. There are limited community health education programs for at-risk youth. The need for health and wellness services and aftercare is critical for this population. Many youth in juvenile justice facilities experience higher rates of substance abuse, antisocial behaviors, low family support and do not have models for healthy behavior.

B. GOALS

GOALS: The primary mission of all projects is to have a positive impact on the community and youth, 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 how this project will impact the problem or how the program/practice is a model program/practice.

The goal of this project is to increase awareness of 100 youth concerning their health and well-being and increase healthy behaviors.

C. OBJECTIVES

OBJECTIVES: Provide at least TWO (2) measurable objectives for EACH goal. Objectives need to be measurable, observable aspects of the program (e.g., recidivism, school discipline referrals, etc.). Identify what will change, when, and by how much. Use absolute numbers, not percentages, and be sure to include a baseline number.

Objective 1:

Increase life skills competency. Clients will take pre and post tests to measure their improvement in life skills. Improvement in their family relations will be measured by positive home notes following visits and family therapy notes. 75 of 100 clients will demonstrate significant life skill competency improvement as measured by the base line (pre-test) and evaluation at release from the program (post-test).

Objective 2:

Reduce recidivism. 90 of 100 clients will not be adjudicated for a delinquent offense.

D. ACTIVITIES

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 complete D-2 Training Projects.

1. The Life/Family Skills Counselor will conduct educational group sessions based on the Annie E. Casey Life Skills Curriculum 4 times weekly. Life Skill group sessions are scheduled as follows:

Wednesday - 10:00 am - 12:00 noon

6:00 pm - 8:00 pm

Thursday - 10:00 am - 12:00 noon

Friday - 10:00 am - 12:00 noon

Other curriculum related to health education will be utilized.

2. Youth will be pre-tested at admission into the program and post-tested prior to discharge. The pre/post test will cover 9 main areas of life skills education.
3. The Aftercare Counselor shall develop the Reintegration Plan on each youth admitted into the facility.
4. The Aftercare Counselor shall provide follow-up aftercare services for the first 90 days after discharge. Continued follow-up will be conducted at 6 months and 12 months.
5. Program Satisfaction Surveys shall be distributed to youth and their guardians prior to program discharge.

The time period in which these activities shall occur will be July 1, 2012 to June 30, 2013.

E. METHODS

Identify and describe how you will achieve each of your stated project objectives. Methods must correlate with the stated Goals and Objectives.

1. When will the service be provided (daily, weekly, monthly) and/or what are the hours of operation?

Health education services will be provided by the Life Skills Counselor four times weekly. The Aftercare Counselor will formulate the clients Reintegration Plan upon admission to identify areas of need. Upon discharge the Aftercare Counselor will provide follow-up services for the next 90 days. Follow-up contact will also be made at 6 and 12 months.

2. How are youth referred to and enrolled in the program? (Describe specific procedures.)

Every group home and shelter care client will participate in the program. Group Home clients are admitted into Renaissance by the Office of Juvenile Justice. Emergency shelter care clients are referred for admission by the 9th Judicial District Court and the Department of Children and Family Services.

3. For what period of time are youth in the program and how are youth released from the program?

Group Home: Average length of stay is 6-8 months. Youth are recommended for early release by the clinical team. Intake and release is pursuant to the LA Children's Code and Office of Juvenile Justice contract provisions.

Shelter Care: Average length of stay is 45-60 days. Intake and release is pursuant to the LA Children's Code and Office of Community Services contract provisions.

4. Describe the overall project model, format, and/or curriculum.

Renaissance will primarily utilize the Annie E. Casey Life Skills Curriculum. It is a curriculum of learning, assessments and other resources that can be used to help gain the needed life skills to function independently. There are nine (9) domains that are utilized. They are career planning, communication, daily living, home life, housing, money management, self-care, social relationships, work life and study skills. Other resources will also be utilized to supplement the curriculum.

5. Indicate the source of the program or curriculum. Provide documentation for all projects.

OJJDP Blueprints SAMHSA Other, state:

Name the program/curriculum: Annie E. Casey Life Skills Curriculum

F. PERFORMANCE MEASUREMENTS

Performance indicators/performance measures must include OJJDP's appropriate mandatory (bold) and at least TWO non-mandatory output and outcome indicators as stated in the OJJDP Logic Model. See application instructions. **REMEMBER:** This information will be reflected in the quarterly progress reports and must coincide with project goals and objectives. You can include other performance measurements pertaining to your project that is not included in the OJJDP Logic Model.

Performance Indicators

Output Measurement: #²~~9~~ - Number of program youth served

Output Measurement: #10 - Number of service hours completed

Output Measurement: #11 - Average length of stay in program

Outcome Measurement: #^{13, 14, 15, 16}~~1~~ - Number and percent of youth who offended or reoffend

Outcome Measurement: #¹⁷~~6~~ - Number and percent of youth completing program requirements

Outcome Measurement: #^{20d}~~3D~~ - Family relationship

Outcome Measurement: #²⁴~~7~~ - Number and percent of program youth satisfied with the program

G. PRIOR RESULTS (For Continuation Projects Only)

1. Based on the objectives of the previous application, what were the measurable outcomes? List the previous subgrant's performance indicators with the actual results of each output and outcome measurement.

Objective 1: Increase life skills competency. 75 of 100 clients will demonstrate significant life skill competency improvement as measured by the baseline (pre-test) and evaluation at release from the program (post test).

Outcome: 72 of 107 (7/11-3/12) youth admitted in the group home and shelter have tested and demonstrated significant improvement in the life skill evaluation pre/post test.

Objective 2: Reduce Recidivism. 90 of 100 youth will not be adjudicated for a subsequent delinquent offense.

Outcome: There were no juveniles adjudicated for a subsequent delinquent offense.

Performance Measures

1. Output Measurement #9
 - Number of Program Youth Served - 107
2. Output Measurement #10
 - Number of Service Hours provided - 2200
3. Output Measurement #11
 - Average length of stay in program - 172
4. Output Measurement #1
 - Number of Youth who offend or reoffend - 0
5. Outcome Measurement #5
 - Number and Percent of youth completing program requirements - 33 youth (31%)
6. Outcome Measurement: 3D Family Relationship 69 youth (64%) exhibited behavior change / 107 youth received services

2. Did the project work as expected? Explain.

The project has basically worked as expected. We did encounter problems in hiring and retaining Aftercare Counselors. Although the position was part-time, we experienced difficulty in hiring.

3. Have the original goals and objectives been revised? YES NO
If Yes, describe the revised goals and measurable objectives and include what changes will be made in the continuation of this project. Explain the reason for the revision(s).

H. DEMOGRAPHICS

1. Type of Organization:

Applicant Agency

- Faith-based organization
- Juvenile Justice
- Non-profit community-based organization
- Other community-based organization
- Other government agency
- Police/other law enforcement
- School/Other education
- Unit of Local Government

Implementing Agency

- Faith-based organization
- Juvenile Justice
- Non-profit community-based organization
- Other community-based organization
- Other government agency
- Police/other law enforcement
- School/Other education
- Unit of Local Government

2. Geographical Area:

- Rural Suburban Urban Tribal Statewide

List the physical address(es) where service are provided:

Community Receiving Home, Inc. dba Renaissance Home for Youth
6177 Bayou Rapides Road
Alexandria, LA 71303

Describe the geographical area that the project serves:

Services will be provided to residents of Renaissance group home and shelter care facility. All services will be provided on site at Renaissance. Renaissance is located on a ten (10) acre tract of land and is comprised of five free standing structures providing for program and administration needs.

If this is a Training Project, STOP HERE and complete D.2 - Training Projects.

3A. Provide an estimated number of how many juveniles will be served. The total amounts under Race and Gender must equal the estimated total juveniles to be served) NOTE: This data below must correlate with the objectives for this application.

- Youth population is not directly served by this project. This is a system improvement typed project.

Estimated Total Juveniles To Be Served	Age Range	Race					Gender		
		White	Black	Hispanic	Asian	Native American	Other	Male	Female
100	11 - 17	30	70					55	45

3B. Primary Status of Juveniles to be served (check all that apply):

- | Justice Related Criteria | Other |
|---|---|
| <input checked="" type="checkbox"/> At-Risk Population (no prior offense) | <input type="checkbox"/> Sex Offenders |
| <input checked="" type="checkbox"/> First Time Offenders | <input checked="" type="checkbox"/> Mental Health |
| <input checked="" type="checkbox"/> Repeat Offenders | <input checked="" type="checkbox"/> Substance Abuse |
| | <input checked="" type="checkbox"/> Truant/Dropout |
| | <input type="checkbox"/> Violent Offenders |

J. EVALUATION AND DISSEMINATION OF REPORTING

A COPY OF YOUR EVALUATION FORMS USED FOR THIS PROJECT MUST BE INCLUDED.

1. From whom will the data be collected – what is the source?

The Life Skills Counselor and After Care Counselor will compile and enter demographic data and clinical data into the Renaissance computer database for all participants of the program.

2. When will the data be collected?

Data will be compiled and entered on an ongoing basis with quarterly and annual reporting that conforms to the grant cycle.

3. Who will collect and analyze the data?

Life Skills Counselor and Aftercare Counselor

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

The project director along with the Life Skills Counselor and Aftercare Counselor will review and identify the strengths and areas of the grant that may require revision.

5. 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.

Quarterly reports will be disseminated to Red River Delta Law Enforcement Planning Council and the LA Commission on Law Enforcement on a quarterly basis. Expenditure reports will be submitted quarterly. Annual reports will be given on program statistics and progress to the Renaissance Board of Directors, 9th Judicial District Court Juvenile Judge and other parties as may be required under the grant guidelines.

K. COLLABORATION AND/OR PARTICIPATING AGENCIES

Describe how the project activities will be coordinated with other juvenile justice system agencies and providers in the community. A letter of support from the local Children & Youth Planning Board or other stakeholder collaborative is strongly recommended.

There are no collaborators or consultants funded by this grant. Most clients participating in this program will be juveniles in the custody of the Office of Juvenile Justice.

Name the key leaders who are supportive of this project and describe their contributions to this project. Attach original, current letters of support and/or written cooperative agreements identifying gaps in services, and indicating awareness and cooperation with this project.

Judge Donald Johnson- 9th Judicial District Court
Johnny Qualls, Regional Manager - Office of Juvenile Justice (Region 7)

Both leaders are the primary source of referrals for Renaissance. They are invested in having a wide range of services available to youth and families.

L. RESOURCES

Describe the facilities and additional resources available to the subgrantee for the project. Include the physical facility(ies), where service is provided. If applicable, list other resources available to project, i.e., equipment, supplies, staff, and/or volunteers.

The Renaissance facilities, including the girls and boys group homes and new education facility, offers adequate space to conduct the activities outlined in the proposal. The new education facility is an 8400 sq ft facility with adequate classroom and meeting room space. There is a room dedicated for the purpose of life skill instruction.

Computer equipment and other resources are available for this project.

M. CONTINUATION OF PROGRAM

YES NO Do you plan to continue this project at the conclusion of federal support?
Since continued JJDP 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.

Alternative sources of funding will be sought from local, state and federal agencies. Renaissance will absorb financial responsibility for the program if other sources are not utilized.

N. AUDIT REQUIREMENTS

All applicants 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.