

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C10-8-022

APPLICANT: Project Celebration, Inc.-dba PCI, Inc.

PROJECT TITLE: Child Abuse Victim Assistance Program

PROJECT FUNDS :

FUND: \$ 6,032 80.00%

PROJECT DURATION: 12 months

MATCH: \$ 1,508 20.00%

START DATE: 05/01/2011

TOTAL: \$ 7,540 100.00%

END DATE: 04/30/2012

Continuation of NEW

PROJECT SUMMARY:

Project Celebration is implementing a forensic interviewing program to serve child victims of abuse in the four parish coverage area - Sabine, DeSoto, Natchitoches, and Red River Parishes. This program would benefit child victims by having an interviewing facility equipped to handle all local child abuse investigations in the rural setting without the victims having to travel more than an hour to reach the nearest child advocacy center at a later appointed time where they will be interviewed and then referred to other services. The only missing component needed is the equipment to complete the forensic interview. The recorded statements would be used to further investigations and prosecute perpetrators and may even decrease or eliminate the amount of time the child would have to spend in a courtroom.

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 05/03/2011 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: UO-8-022 CVA Purpose Area: 1,2,3,4

<b>1. TITLE OF PROJECT</b> Forensic Interviewing Program		<b>2. <input checked="" type="checkbox"/> NEW PROJECT</b> <input type="checkbox"/> CONTINUATION PROJECT OF: C - -	
<b>3. PROJECT DURATION</b> Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 5/1/2011 Desired End Date: 4/30/2012		<b>4. PROJECT FUNDS</b> Federal Funds: \$6,032 Cash Match: \$1,508 In-Kind Match: Total Project: \$7,540	
<b>5A. APPLICANT AGENCY INFORMATION</b> Agency Name: Project Celebration, Inc. Physical Address: 580 W Main St City: Many Zip: 71449-3005 Mailing Address: 580 W Main St City: Many Zip: 71449-3005 Phone: (318) 256-6242 FAX: (318) 256-2064 Email: wecare1@bellsouth.net		<b>5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY</b> Authorized Official: Margaret Basco Title: Executive Director Agency Name: Project Celebration, Inc. Address: 580 W Main St City: Many Zip: 71449-3005 Phone: (318) 256-6242 FAX: (318) 256-2064 Email: wecare1@bellsouth.net	

Fed Employer Tax Id: 72 - 1144152 DUNS: 792987596 CCR CAGE/NCAGE: 4MJ21 CCR Expiration Date: 7/1/2011

<b>6. IMPLEMENTING AGENCY</b> Name: Margaret Basco Title: Executive Director Agency: Project Celebration, Inc. Address: 580 W Main St City: Many Zip: 71449-3005 Phone: (318) 256-6242 FAX: (318) 256-2064 Email: wecare1@bellsouth.net	<b>7. PROJECT DIRECTOR</b> Name: Harold Ledford Title: Program Director Agency: Project Celebration, Inc. Address: 580 W Main St City: Many Zip: 71449-3005 Phone: (318) 256-6242 FAX: (318) 256-2064 Email: wecare1@bellsouth.net	<b>8. FINANCIAL OFFICER</b> Name: Yvonne Hawkins Title: Financial Director Agency: Project Celebration, Inc. Address: 580 W Main St City: Many Zip: 71449-3005 Phone: (318) 256-6242 FAX: (318) 256-2064 Email: wecare1@bellsouth.net
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**9. BRIEF PROJECT DESCRIPTION:** (Please do not exceed space provided below)

Project Celebration, Inc. is implementing a Forensic Interviewing Program to serve victims of abuse in our 4 parish (Sabine, DeSoto, Natchitoches, and Red River Parishes) coverage area. Project Celebration (PCI) believes that this program would benefit our coverage area by having an interviewing facility equipped to handle all of the local child abuse investigations in the rural setting without having the victims travel more than an hour to reach the nearest Child Advocacy Center at a later appointed time where they will be interviewed and then referred out for other services. PCI already provides personal, legal, medical, sexual assault, and domestic violence advocacy within our organization. The only missing component at this time is the equipment to complete the forensic interviewing program. PCI has already employed a trained interviewer but the lack of available funding has posed a critical need for monetary assistance that would be used to purchase interviewing equipment needed to record the victims statement of abuse. The recorded statement would be used to further investigations and prosecute perpetrators and may even decrease or eliminate the amount of time that child would have to spend in a courtroom. The aftercare that includes counseling, follow-up, and advocacy both before and after the interview is already in place. The addition of the forensic interviewing program would just strengthen our current services and allow us to be a complete one stop family resource center for crime victims in our four surrounding parishes.

**VOCA PURPOSE AREAS**

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

<input checked="" type="checkbox"/>	Sexual Assault
<input checked="" type="checkbox"/>	Domestic Abuse
<input checked="" type="checkbox"/>	Child Abuse
<input checked="" type="checkbox"/>	Previously Underserved

State Type of Previously Underserved: Forensic Interviewing Clients

**PROJECT BUDGET SUMMARY**

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

<b>CHECKLIST:</b>	<b>YES:</b>	<b>NO:</b>
Are all budgeted items allowable per Program Guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were instructions followed to determine allowable personnel/contractual costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all line item computations correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do line items add to category totals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have category totals been rounded to nearest dollar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Person Completing Budget Section: Brandy Ezernack Title: Forensic Interviewer  
Phone: (318) 256-6242 Fax: (318) 256-2064 E-Mail: wecare1@bellsouth.net

**PROJECT BUDGET SUMMARY**

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$0	\$0	\$0	\$0
SECTION 200. FRINGE BENEFITS	\$0	\$0	N/A	\$0
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$6,032	\$1,508	\$0	\$7,540
SECTION 500. SUPPLIES	\$0	\$0	\$0	\$0
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$0	\$0	\$0	\$0
<b>TOTAL:</b>	<b>\$6,032</b>	<b>\$1,508</b>	<b>\$0</b>	<b>\$7,540</b>

Provide Source of Cash Match: Local community monetary donations.

Provide Source of In-Kind Match:



#### D. ACTIVITIES / METHODS

List the specific activities and/or services to be provided that will accomplish the objectives. Must include a timetable for achieving the various components of your project. Timetable must cover entire grant period. This must relate back to the Goals and Objectives. If this is a training project, omit this page and complete D-2 Training Programs.

##### Goal 1

Objective 1 and 2 activities) Project Celebration will use purchased equipment for interviews.

##### Goal 2

Objective 1 activity) Advocates will provide clients with needed legal services.

Objective 2 activity) Counselors are available through Project Celebration to provide victim and family services.

Objective 3 activity) Intakes will assess other victim services that could be offered.

##### Goal 3

Objective 1 activity) Providing recorded DVD copies to both law enforcement and prosecution. The earpiece, microphones, and monitor will allow prosecution and law enforcement an unseen inside presence at the interview so that they can request information from the interviewer without intimidating or traumatizing the child.

Objective 2 activity) DVD's of the interview can be provided for the jury to hear the account of abuse directly from the child used as testimony without subjecting the child to a direct disclosure in front of a courtroom filled with strangers further traumatizing the child.

#### 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 checked="" 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 type="checkbox"/> Other (Specify):                                       |

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: Mitzi Harris

PHONE: (318) 256-6242

EMAIL: wecare1@bellsouth.net

Yes  No 2. Does this individual also serve as agency's point of contact for LAVNS? If no, 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 no, 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>.

**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?

The data will be collected from persons/guardians who receive services.

2. When will the data be collected?

Upon intake.

3. Who will collect and analyze the data?

Forensic Interviewer and/or Sexual Assault Center Employee.

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

Name: Brandy Ezernack

Phone: (318) 256-6242

Email: wecare1@bellsouth.net

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

Peer Reviews and staffing conducted at Project Celebration.

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.

LCLE will receive quarterly reports and Project Celebration board will receive progress reports. The program director will receive monthly reports.

**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.

**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.

Project Celebration has an office/interview room that is child friendly and ready for equipment installation.

**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:                        | June 30, 2010  |
| 2. Dates covered by last audit:               | 7/1/09-6/30/10 |
| 3. Date of next audit:                        | 7/30/11        |
| 4. Dates to be covered by next audit:         | 7/1/10-6/30/11 |
| 5. Date next audit will be forwarded to LCLE: | 11/1/11        |



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?

**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.

Survivors are given a card with the Crime victims reparations representatives name and phone number. They are provided with a brochure with the information they need to fill out the application or the advocate will accompany victim if needed.

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.

Project Celebration works very closely with the District Attorney's and Sheriff's Departments in each of our 4 parish service area consisting of Sabine, Natchitoches, DeSoto, and Red River. Letters of support are attached to the grant application.

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.

All victims (not already referred from law enforcement) are encouraged to report crimes to Law Enforcement. Phone numbers are supplied by advocates who also support the victim throughout the process.

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.

All applicants will comply with the Louisiana Child Protection Act (LRS 15:587)

**Rutha Chatwood**

**From:** Rutha Chatwood  
**Sent:** Tuesday, May 03, 2011 2:04 PM  
**To:** Yvonne Hawkins (wecare1@bellsouth.net)  
**Subject:** C10-8-022; Project Celebration, Inc.; Child Abuse Victim Assistance Program

May 3, 2011

Ms. Yvonne Hawkins  
Financial Director  
Project Celebration, Inc.  
580 W. Main Street  
Many, LA 71449-3005

RE: C10-8-022; Child Abuse Victim Assistance Program

Dear Ms. Hawkins:

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 May 25, and 26, 2011, respectively. Since this application request is to continue this project and is under \$20,000, you will be only required to attend the Victim Services Advisory Board meeting.

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. Pg 7: Section 400. Equipment: Please provide a statement explaining if the DVD recorder, monitor, microphones, and earpieces totaling \$7,540 is being purchased as a "package" deal. If not, please list each item separately specifying how much each item costs. In addition, provide the procurement method used to purchase this equipment and an explanation of the equipment's relationship to this project at the bottom of the page in Sections B and C.
2. Pg 15: B. Goals and C. Objectives: This page was not provided. Please remember that there should be at least two objectives for each of the three goals you listed in Section D. Activities/Methods on Page 16. (There were two copies of Page 16.)
3. Pg 21: J. Continuation: Please complete this section.
4. Pg 21: M. Volunteers: Please add information about how volunteers are utilized even though they are not used as match because VOCA statute requires an eligible victim assistance program to use volunteers in providing victim assistance services "unless and to the extent the chief executive determines that compelling reasons exist to waive this requirement."

Like other eligibility requirements, this is a requirement for the victim assistance program but not necessarily a requirement of the VOCA-funded project. Thus, a program would satisfy this requirement by using volunteers to provide victim assistance services even if it does not use volunteers in the services funded under the VOCA subgrant award. For example, a domestic violence program may use volunteers to

answer its crisis line and have a VOCA subgrant to provide counseling. The crisis line volunteers satisfy the volunteer eligibility requirement, even though no volunteers are used in the specific VOCA project to provide counseling.

Volunteers must be used to provide victim assistance services; volunteers who do not provide direct services, such as an uncompensated Board of Directors, do not satisfy this requirement. However, there is no specified level or amount of volunteer use in providing victim assistance services needed to satisfy this statutory requirement.

Many subgrantees use volunteers as an integral part of their VOCA project and are considered part of the project match. If volunteers are used by the subgrantee to meet the project match requirement, their activities are restricted to those activities identified in the VOCA subgrant award.

However, the statute does allow the state to waive the volunteer requirement for "compelling reasons." The OVC Guidelines says, "A 'compelling reason' may be a statutory or contractual provision concerning liability or confidentiality of counselor/victim information, which bars using volunteers for certain positions, or the inability to recruit and maintain volunteers after a sustained and aggressive effort." [OVC Guidelines, IV.B.5]

5. Subgrant Award Report: Please complete Section 10.

Please email or mail any changes to the application and return only those pages for which changes or additional information was requested to the District Office. 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, May 20, 2011**. Please contact me if you have any questions.

Sincerely,

Rutha Chatwood  
Victim Services Program Manager  
LA Commission on Law Enforcement  
P. O. Box 3133  
Baton Rouge, LA 70821-3133  
Phone: 1-225-342-1625  
Fax: 1-225-342-1846  
Email: [rutha.chatwood@lcle.la.gov](mailto:rutha.chatwood@lcle.la.gov)