

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C11-1-009

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

PROJECT TITLE: Child Advocacy Program

PROJECT FUNDS :

FUND:	\$	<u>36,784</u>	80.00%
MATCH:	\$	<u>9,196</u>	20.00%
TOTAL:	\$	<u>45,980</u>	100.00%

PROJECT DURATION: 12 months

START DATE: 11/01/2011

END DATE: 10/31/2012

Continuation of NEW

PROJECT SUMMARY:

Project Celebration's primary concern is providing a child-friendly environment to record the disclosure of victims of physical violence and sexual assault for investigation and prosecution purposes. The program would allow those involved in these investigations and prosecution of such crimes in our four-parish service area (DeSoto, Red River, Natchitoches, and Sabine Parishes) to cut their travel time from more than 90 miles one way to a five minute drive across town in our closest service area and less than one-half hour for our furthest reaching service areas. PCI already provides the wrap-around services to these victims so this program will complete our organization in a full service capacity to victims of abuse in our four parish area of service.

RECOMMENDATION: FUND X DENY    

SPECIAL CONDITIONS :

1. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.
2. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.



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

CRIME VICTIM ASSISTANCE  
FORMULA GRANT PROGRAM

CFDA #16575

FOR LCLE USE ONLY: Project ID: C11-1-009 CVA Purpose Area: 1, 2, 3

<b>1. TITLE OF PROJECT</b> FORENSIC INTERVIEW. <u>Child Advocacy Program</u>		<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: 11/1/2011 Desired End Date: 10/31/2012		<b>4. PROJECT FUNDS</b> Federal Funds: \$36,784 Cash Match: In-Kind Match: \$9,196 Total Project: \$45,980	
<b>5A. APPLICANT AGENCY INFORMATION</b> Agency Name: Project Celebration, Inc. Physical Address: 580 W Main St City: Many Zip: 71449- Mailing Address: 580 W Main St City: Many Zip: 71449- 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- Phone: (318) 256-6242 FAX: (318) 256-2064 Email: wecare1@bellsouth.net	
Fed Employer Tax Id: 72 - 1144152 DUNS: 79298 - 7596		CCR CAGENCAGE: 4MJ21 CCR Expiration Date: 9/1/2012	

<b>6. IMPLEMENTING AGENCY</b> Name: Margaret Basco Title: Executive Director Agency: Project Celebration Inc Address: 580 W Main St City: Many Zip: 71449- Phone: (318) 256-6242 FAX: (318) 256-2064 Email: wecare1@bellsouth.net	<b>7. PROJECT DIRECTOR</b> Name: Brandy Ezernack Title: Forensic Interviewer Agency: Project Celebration Inc Address: 580 W Main St City: Many Zip: 71449- Phone: (318) 256-6242 FAX: (318) 256-2064 Email: pcelebration@bellsouth.net	<b>8. FINANCIAL OFFICER</b> Name: Yvonne Hawkins Title: Fiscal Director Agency: Project Celebration Inc Address: 580 W Main St City: Many Zip: 71449- 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's primary concern is providing a child friendly environment to record the disclosure of victims of physical violence and sexual assault for investigation and prosecution purposes. The program would allow those involved in these investigations and prosecution of such crimes in our 4 parish service area (Desoto, Red River, Natchitoches, and Sabine Parishes) to cut their travel time from more than 90 miles one way to a 5 minute drive across town in our closest service area and less than 1/2 an hour for our further reaching service areas. PCI already provides the wrap around services to these victims so this program will complete our organization in a full service capacity to victims of abuse in our 4 parish area of service.

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2011 SEP 26 PM 2:43  
LA COMMISSION  
LAW ENFORCEMENT  
Revised JULY 2010

**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 type="checkbox"/>	Previously Underserved
State Type of Previously Underserved:	

**PROJECT BUDGET SUMMARY**

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

<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: Yvonne Hawkins	Title: Fiscal Director	
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	\$29,413	\$0	\$0	\$29,413
SECTION 200. FRINGE BENEFITS	\$1,553	\$0	N/A	\$1,553
SECTION 300. TRAVEL	\$1,218	\$0	\$0	\$1,218
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$600	\$0	\$0	\$600
SECTION 600. CONTRACTUAL	\$1,000	\$0	N/A	\$1,000
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$3,000	\$9,196	\$0	\$12,196
<b>TOTAL:</b>	<b>\$36,784</b>	<b>\$9,196</b>	<b>\$0</b>	<b>\$45,980</b>

**Provide Source of Cash Match:** Community donations.

**Provide Source of In-Kind Match:**

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Revised JULY 2010

**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
Forensic Interviewer	Brandy Ezemack	FT	\$2,451.08	100.00%	12.00	\$29,412.96	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		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:						\$29,412.96		

F = Fed Funds  
C = Cash Match

**PART-TIME OR OVERTIME EMPLOYEES:**

POSITION TITLE	EMPLOYEE NAME	FT/OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH	
								F	C
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$0.00		

F = Fed Funds  
C = Cash Match

**VOLUNTEERS:**

DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions.	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
			\$0.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$0.00

**SECTION 100. PERSONNEL SUMMARY**

FEDERAL FUNDS	\$29,413
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	\$29,413

**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:

The forensic interviewer is a salaried position with no overtime pay. Any overtime worked will be an in-kind contribution.

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

The basis for salary is dependent upon training, experience, and educational qualifications.

C) Project duties of each position requested:

The Forensic Interviewer will conduct structured conversation with a child intended to elicit detailed information about a possible event that the child has experienced or witnessed. The interviewer is responsible for creating and maintaining records of interviews and providing the DVD's for law enforcement and prosecution. The interviewer will schedule monthly multi-disciplinary team meetings and is responsible for attending periodic peer review. Interviewer will keep up with most current practices of forensic field and training techniques.

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.]

The forensic interviewer will be transferring from a completely different program under the umbrella agency to fulfill full time responsibilities of forensic interviewing position.

**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

EMPLOYEE'S NAME(S)					EMPLOYEE'S NAME(S) (Cont'd)				
<b>SOCIAL SECURITY</b>					<b>SOCIAL SECURITY</b>				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
1. Brandy Ezemack	.062		\$2,451	\$151	5.	.062		\$0	
2.	.062			\$0	6.	.062		\$0	
3.	.062			\$0	7.	.062		\$0	
4.	.062			\$0	8.	.062		\$0	
<b>MEDICARE</b>					<b>MEDICARE</b>				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
1. Brandy Ezemack	.0145		\$2,451	\$35	5.	.0145		\$0	
2.	.0145			\$0	6.	.0145		\$0	
3.	.0145			\$0	7.	.0145		\$0	
4.	.0145			\$0	8.	.0145		\$0	
<b>HEALTH LIFE INSURANCE</b>					<b>HEALTH LIFE INSURANCE</b>				
Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1. Brandy Ezemack	107.00	12.00	100.00%	\$1,284	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
<b>WORKMAN'S COMPENSATION</b>					<b>WORKMAN'S COMPENSATION</b>				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
1. Brandy Ezemack	0.034		\$2,451	\$83	5.			\$0	
2.				\$0	6.			\$0	
3.				\$0	7.			\$0	
4.				\$0	8.			\$0	
<b>UNEMPLOYMENT TAX</b>					<b>UNEMPLOYMENT TAX</b>				
Based on the \$1000 or Less	RATE	TYPE	SALARY	TOTAL	Based on the \$1000 or Less	RATE	TYPE	SALARY	TOTAL
1.		CHECK		\$0	5.		CHECK		\$0
2.		TYPE		\$0	6.		TYPE		\$0
3.		<input type="checkbox"/> FLTA		\$0	7.		<input type="checkbox"/> FLTA		\$0
4.		<input type="checkbox"/> SLTA		\$0	8.		<input type="checkbox"/> SLTA		\$0
<b>PUBLIC/PRIVATE RETIREMENT</b>					<b>PUBLIC/PRIVATE RETIREMENT</b>				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
1.				\$0	5.			\$0	
2.				\$0	6.			\$0	
3.				\$0	7.			\$0	
4.				\$0	8.			\$0	
<b>OTHER</b>					<b>OTHER</b>				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
1.				\$0	5.			\$0	
2.				\$0	6.			\$0	
3.				\$0	7.			\$0	
4.				\$0	8.			\$0	
FRINGE BENEFITS TOTAL (A):				\$1,553	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): \$1,553

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$1,553
CASH MATCH	
TOTAL FRINGE BENEFITS	\$1,553

**SECTION 300. TRAVEL**

Itemize travel expenses of project personnel. Mileage is unallowable in agency owned vehicles. Charges are not to exceed established agency travel rates, but in no case can this exceed current Louisiana Travel Guideline rates. Only 50% of out-of-state travel reimbursement and requires prior approval from LCLE.

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH		
				F	C	IK
NAME: Brandy Ezemack TITLE: Forensic Interview PURPOSE: Travel for interviews and MDT meetings	\$0.48	2,537.50	\$1,218.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$1,218.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE) NAME/POSITION TITLE/PURPOSE OF TRAVEL	TRAVEL DESTINATION	TRAVEL DATES:		PAID WITH		
		FROM	TO	F	C	IK
NAME:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILE COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Taxi)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH		
											F	C	IK
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										\$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	\$1,218
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$1,218

**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
Basic Supply Allowance	1.00	\$600.00	\$600.00	<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"/>
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			\$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 A SUPPLIES:			\$600.00			

**BRIEFLY EXPLAIN:**  
 A) Need for and use of each major supply type requested:  
 Direct costs for supplies needed in relation to the Forensic Interviewing of abused children.

B) Its relationship to this project.  
 Purchase general office supplies and DVD's for recording.

**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
				\$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"/>
				\$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:				\$0.00			

**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.

SECTION 500. SUPPLIES SUMMARY	
FEDERAL FUNDS	\$600
CASH MATCH	
IN-KIND MATCH	
<b>SUPPLIES TOTAL</b>	<b>\$600</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.

The primary problem related to the Forensic Interviewing Program of Project Celebration, Inc. is the inability to have an adequate quality interview recorded with a child who has been a victim or witness of abuse to present to a jury for prosecution and/or investigative purposes. Child abuse cases are referred to one of two Child Advocacy Centers more than one hour distance for a forensic interview where they are referred back to us for follow up services. Project Celebration needs funding to secure a full time forensic interviewer to accommodate the needs of the 4 parish service areas of Sabine, Natchitoches, Red River, and DeSoto. Since the beginning of the calendar year, Project Celebration / Forensic Interviewer has conducted 27 interviews accommodating law enforcement in their local setting reducing their travel time and expense that would have been incurred by families.

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

The major gap in the communities we serve is the travel time and expense incurred by traveling to the nearest Children's Advocacy Center more than an hour away. Increased awareness about sexual assault has brought forth more disclosures creating a need. A need that our rural area is struggling to compensate for but with the addition of a full time forensic interviewer Project Celebration will meet these increased needs by providing forensic interviewing services that will support both law enforcement and prosecution in deterring criminals from committing crimes without consequences and providing an outlet for victims and families.

### 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: Interview and assist victims of sexual assault, domestic violence and child abuse.

Goal 2: Facilitate, preserve and enhance community coordination of services in Sabine, DeSoto, Red River, and Natchitoches Parishes in order to identify crime victims and refer them to needed services.

### C. OBJECTIVES

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

#### Goal 1

Objective 1: The Forensic Interviewer will provide 50 victims with services such as interview for investigation and prosecution purposes, crisis intervention, referrals for needed services and counseling.

Objective 2: Provide copy of victim and crime witness interviews to both law enforcement and prosecution.

#### Goal 2

Objective 1: The facilitation of collaboration of law enforcement and prosecution with other agencies through a multidisciplinary team approach in monthly meetings.

Objective 2: Keeping up with the most current forensic interviewing techniques by attending trainings and implementation of those techniques in the interview process.

#### 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 Forensic Interviewer will provide 50 victims with services such as interview for investigation and prosecution purposes, crisis intervention, referrals for needed services and counseling over the next 12 months.

Provide copy of victim and crime witness interviews to both law enforcement and prosecution for each of the 50 interviews over the next 12 months.

The facilitation of collaboration of law enforcement and prosecution with other agencies through a multidisciplinary team approach in monthly meetings in each parish of service area including Sabine, DeSoto, Red River, and Natchitoches over the next 12 months.

Keeping up with the most current forensic interviewing techniques by attending trainings and implementation of those techniques in the interview process by attending training conferences and opportunities as well as peer review periodically over the next 12 months.

#### 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 checked="" type="checkbox"/> Sexual Assault Program                      |
| <input checked="" type="checkbox"/> Domestic Violence Program                               | <input type="checkbox"/> Sexual Assault State Coalition                         |
| <input type="checkbox"/> Domestic Violence State Coalition                                  | <input type="checkbox"/> Tribal Coalition                                       |
| <input type="checkbox"/> Dual Program (Sexual Assault and Domestic Violence)                | <input type="checkbox"/> Tribal Government                                      |
| <input type="checkbox"/> Dual State Coalition (Sexual Assault and Domestic Violence)        | <input type="checkbox"/> Tribal Sexual Assault and/or Domestic Violence Program |
| <input type="checkbox"/> Government Agency (Department of Human Services, Bureau of Health) | <input type="checkbox"/> Unit of Local Government                               |
| <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> University/School                                      |
| <input type="checkbox"/> Probation, Parole, or Other Correctional Agency                    | <input checked="" type="checkbox"/> Other (Specify): CAC                        |

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: Brandy Ezernack PHONE: (318) 256-6242 EMAIL: pcelebration@bellsouth.net

Yes  No 2. Does this individual also serve as agency's point of contact for LAVNS? If not, please provide name and contact information:

NAME: PHONE: ( ) - EMAIL:

Yes  No 3. Has this individual attended trainings provided by LCLE to learn how victims are served by LAVNS? If no, agency will request LAVNS training from LCLE within 30 days of award. NOTE: More information regarding the LAVNS program, including training information, can be found at: <http://lcle.la.gov/programs/lavns.asp>.

Yes  No 4. Does the agency have posters displayed for promoting LAVNS and brochures readily available to victims? If no, please go to the LCLE website to request free LAVNS materials at: [www.lcle.la.gov/lavns](http://lcle.la.gov/lavns).

#### G. CRIME VICTIMS REPARATIONS (CVR)

Yes  No 1. Is same individual responsible for assisting victims in regard to services available through the CVR program? If not, please provide name and contact information:

NAME: PHONE: ( ) - EMAIL:

Yes  No 2. Does the agency know who the Crime Victims Reparations (CVR) Claims Investigator is at the Parish Sheriff's Office?

Yes  No 3. Does the agency have posters displayed for promoting CVR and brochures readily available to victims? If no, please fax a written request (contact person, agency name, mailing address) for free CVR posters and brochures to 225-925-6159. NOTE: More information regarding the CVR program, including applications and other forms, can be found at: <http://lcle.la.gov/programs/cvr.asp>.

**H. QARTERLY RESULTS (For Continuation Project 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.)

N/A

2. Did the project work as expected? Explain.

3. Have the original goals and objectives been revised?  Yes  No

If Yes, explain what changes will be made in the continuation of this project and why?

**I. EVALUATION AND DISSEMINATION OF RESULTS**

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

1. From who will the data be collected - what is the source?

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: pcelebration@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 as 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.

The program will be funded through community donations and other possible sought grant opportunities.

**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 Forensic Interviews.

**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: 7/30/2011
- 4. Dates to be covered by next audit: 7/1/10-6/30/11
- 5. Date next audit will be forwarded to LCLE: 11/1/2011

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 would not be used for this specific project. The use of volunteers would be prohibited for confidentiality reasons and because all clients that participate in interviews would be Law Enforcement/Prosecution referrals. The use of volunteers may jeopardize investigational and prosecution plans. However, Project Celebration is an umbrella agency for other projects where volunteers are utilized and appropriately screened.

**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 have been obtained and are on file at Project Celebration. Coordination is also shown through monthly multi-disciplinary team meetings where sign in sheets and logs are maintained.

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)