

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C11-1-011

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

PROJECT TITLE: Victim Outreach Program

PROJECT FUNDS :

FUND: \$ 22,762 80.00%

MATCH: \$ 5,691 20.00%

TOTAL: \$ 28,453 100.00%

PROJECT DURATION: 12 months

START DATE: 03/01/2012

END DATE: 02/28/2013

Continuation of C00-1-012

PROJECT SUMMARY:

The outreach advocacy program allows supportive services to assist victims with hospital advocacy, court advocacy, support, information, protection orders, safety plans, group therapy, supportive and educational counseling, telephone assistance, assessments, crisis stabilization and on-site support and referrals. Information will be disseminated throughout the parishes with presentations, meetings, trainings, and in-services being offered to the community.

RECOMMENDATION: FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 12/28/11 IS REVIEWED AND APPROVED BY LCLE STAFF.



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

CRIME VICTIM ASSISTANCE
FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY:

Project ID: C11-011

CVA Purpose Area: 1, 2, 3

1. TITLE OF PROJECT Victim Outreach Program		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-1-014	
3. PROJECT DURATION Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 3/1/2012 Desired End Date: 2/28/2013		4. PROJECT FUNDS Federal Funds: \$22,762 Cash Match: \$0 In-Kind Match: \$5,691 Total Project: \$28,453	
5A. APPLICANT AGENCY INFORMATION Agency Name: Project Celebration, Inc. d.b.a. PCI Physical Address: 580 W Main Street City: Many Zip: 71449-3005 Mailing Address: 580 W Main Street City: Many Zip: 71449-3005 Phone: (318) 256-6242 FAX: (318) 256-2064 Email: wecare1@bellsouth.net		5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Margaret Basco Title: Executive Director Agency Name: Project Celebration, Inc. d.b.a. PCI Address: 580 W Main Street City: Many Zip: 71449-3005 Phone: (318) 256-6242 FAX: (318) 256-2064 Email: wecare1@bellsouth.net <u>7/20/12</u>	
Fed Employer Tax Id: 72 - 1144152 DUNS: 792987596 -		CCR CAGE/NCAGE: 4MJ21 CCR Expiration Date: <u>7/1/2011</u>	

6. IMPLEMENTING AGENCY Name: Margaret Basco Title: Executive Director Agency: Project Celebration, Inc. d.b.a. Address: 580 W Main Street City: Many Zip: 71449-3005 Phone: (318) 256-6242 FAX: (318) 256-2064 Email: wecare1@bellsouth.net	7. PROJECT DIRECTOR Name: Harold Ledford Title: Program Director Agency: Project Celebration, Inc. d.b.a. Address: 580 W Main Street City: Many Zip: 71449-3005 Phone: (318) 256-6242 FAX: (318) 256-2064 Email: wecare1@bellsouth.net	8. FINANCIAL OFFICER Name: Yvonne Hawkins Title: Fiscal Director Agency: Project Celebration, Inc. d.b.a. Address: 580 W Main Street City: Many Zip: 71449-3005 Phone: (318) 256-6242 FAX: (318) 256-2064 Email: wecare1@bellsouth.net
---	--	--

9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below)
The outreach advocacy program allows supportive services to assist victims with hospital advocacy, court advocacy, support, information, PO's safety plans, group therapy, supportive and educational counseling, telephone assistance, assessments, crisis stabilization and on site support & referrals. Information will be disseminated throughout the parishes with presentations, meetings, trainings and in services being offered to the community.

CVA - 1

Revised JULY 2010

rec'd 12/9/11 at

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.

CHECKLIST:	YES:	NO:
Are all budgeted items allowable per Program Guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were instructions followed to determine allowable personnel/contractual costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all line item computations correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do line items add to category totals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have category totals been rounded to nearest dollar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Each category amount listed in the table below must equal category totals shown on Pages 3 through 11.		
Person Completing Budget Section: Carissa McCormick	Title: Asst Financial 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	\$9,036	\$0	\$5,691	\$14,727
SECTION 200. FRINGE BENEFITS	\$895	\$0	N/A	\$895
SECTION 300. TRAVEL	\$2,815	\$0	\$0	\$2,815
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$600	\$0	\$0	\$600
SECTION 600. CONTRACTUAL	\$7,016	\$0	N/A	\$7,016
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$2,400	\$0	\$0	\$2,400
TOTAL:	\$22,762	\$0	\$5,691	\$28,453

Provide Source of Cash Match:

Provide Source of In-Kind Match: Project Manager Volunteer supervision hours, 24 hour crisis line, equipment provided by PCI for use in performing the requirements of the grant.

CVA - 2

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
Fiscal Director	Yvonne Hawkins	FT	\$1,960.00	7.30%	12.00	\$1,716.96	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outreach Advocate	Brandy Ezernack	FT	\$2,000.00	23.00%	12.00	\$5,520.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Office Manager	Charlene McCormic	FT	\$1,500.00	10.00%	12.00	\$1,800.00	<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"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$9,036.96	F = Fed Funds C = Cash Match	

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH	
								F	C
							\$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
Volunteers will assist with clerical duties and the preparation of information relating to intervention services for victims of sexual assault.	300.00	\$10.00	\$3,000.00
Volunteers will provide direct intervention services; on call after hours; hospital advocacy, referrals after care and hospital escort services.	269.10	\$10.00	\$2,691.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$5,691.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$9,036
CASH MATCH	
IN-KIND MATCH	\$5,691
PERSONNEL TOTAL	\$14,727

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:

Fiscal Director - Maintaining daily fiscal records and monthly reports for Toledo Sexual Assault & Crisis Center. Maintain all financial records including payroll, taxes, debits, credits, donations, and volunteer time.

The Outreach Advocate will be responsible for providing education and prevention programs for community groups, college students, and underserved groups with a record of participants to increase the number of sexual assault services provided and prevent sexual assault. The advocate will provide direct services such as referrals to free counseling, legal advocacy, support groups, hospital escort services, etc.

The Office Manager is responsible for answering the office phones, record messages, and deliver said messages promptly.

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

The salary of each position was determined by the Executive Director to reflect comparable salaries in the area, along with experience and education.

C) Project duties of each position requested:

Fiscal Director - Maintain daily checkbook balances, supervision of other bank transactions, accounts payable and receivable and periodic account reconciliation. Perform all aspects of bookkeeping including payroll, tax form preparation and financial reports required by the auditor.

Outreach Advocate - Responsible for providing direct intervention services to victims of sexual assault including, but not limited to hospital advocacy, referrals, court advocacy, support groups, etc.

Office Manager - Responsible for keeping appointments for all Sexual Assault personnel including but not limited to court dates, counseling sessions, hospital advocacy and collaboration meetings.

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.]

Fiscal Director - The position of the fiscal director is pre-existing.

Outreach Advocate - The position of the outreach advocate is pre-existing.

Office Manager - The position of the office manager is pre-existing.

SECTION 200. FRINGE BENEFITS (Employer's Share Only)

Enter the individual name(s) of the employees receiving fringe benefits for each position funded through this grant. There are two sets of each benefit below to allow budgeting for eight employees. For further information and direction, please refer to the application instructions.

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

EMPLOYEES' NAMES:					EMPLOYEES' NAMES: (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1. Brandy Ezemack	.062		\$5,520	\$342	5.	.062			\$0
2. Charlene McCormic	.062		\$2,340	\$145	6.	.062			\$0
3. Yvonne Hawkins	.062		\$1,176	\$72	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Brandy Ezemack	.0145		\$5,520	\$80	5.	.0145			\$0
2. Charlene McCormic	.0145		\$2,340	\$33	6.	.0145			\$0
3. Yvonne Hawkins	.0145		\$1,176	\$17	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTHLIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTHLIFE INSURANCE	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. Brandy Ezemack	0.023		\$5,520	\$126	5.				\$0
2. Charlene McCormic	0.023		\$2,340	\$53	6.				\$0
3. Yvonne Hawkins	0.023		\$1,176	\$27	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL
1.		CHECK		\$0	5.		CHECK		\$0
2.		TYPE:		\$0	6.		TYPE:		\$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):				\$895	FRINGE BENEFITS TOTAL (B):				\$0

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

Fringe Benefits Total (A+B): \$895

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$895
CASH MATCH	
TOTAL FRINGE BENEFITS	\$895

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: Outreach Advocate / Counselor TITLE: Outreach Advocate / Counselor PURPOSE: Assist SA & DV Victims to the hospital, court and counseling	\$0.48	3,000.00	\$1,440.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$1,440.00			

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: Outreach Advocate / Counselor TITLE: Outreach Advocate / Counselor PURPOSE: Gather info and assist SA / DV victims	Training / Conferences			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH:		
											F	C	IK
NAME: Brandy Ezemack	\$0.48	500.00	\$240.00	9	12	\$135	\$0	\$1,000	\$0	\$1,375.00	<input checked="" 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:										\$1,375.00			

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

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	\$2,815
CASH MATCH	\$0
IN-KIND MATCH	\$0
TRAVEL TOTAL	\$2,815

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.

Louisiana has a 13.1% rape prevalence rate, according to information provided by the Louisiana Foundation Against Sexual Assault (LAFASA).

Sabine Parish, one of the rural communities we serve, has a diverse culture with the inclusion of nearly 10% of the population being American Indian, 72% white, 16% African American and 51% of the population female. Red River Parish contains 52.3% female population, with nearly half of the population of African American and the other half white less than one percent American Indian. Natchitoches Parish has a little more than 1% American Indian, 57% white, 40% African American and more than half the population is female. Desoto Parish has less than 1/2 of 1% American Indian, 59% white, and nearly 40% African American with 52% of the population female.

Because poverty, ethnicity and rural isolation are determinants for prevalence, Sabine Parish and the surrounding parishes are at a higher risk for incidence of rape, dating violence, sexual assault and incest. Because most sexual assault crimes are not reported to law enforcement and victim's services have only recently been provided in this parish, current statistical data is not yet available.

Our goal is to reduce the incidence of rape and sexual assault through activities to improve the identification, prevention and service delivery to victims of this violent criminal act. We have developed collaborative relationships with city and parish law enforcement, district judges, prosecutors, clerks of court, area hospitals and mental health agencies, centers for addictive disorders, local school boards and universities to implement intervention in several key areas.

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

Our agency would like to expand to include more culturally specific services to African American, Native Americans, disabled citizens, elderly citizens and the LGBTQ communities. Often in rural areas, these culturally specific groups have a limited amount of services available to fit their needs. We will provide our dedicated staff with additional training to further improve services for these culturally specific groups as well as collaborate further with neighboring agencies to provide the most current and necessary services.

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: 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 counselor/outreach advocate will provide 40 victims with services such as telephone assistance/support, crisis assessment/stabilization, provide referrals for legal assistance, individual and group therapy.

Objective 2: 20 victims served, will demonstrate service satisfaction, knowledge of dynamics of violence and knowledge of where to receive information and/or services demonstrated by post service surveys

Goal 2:

Objective 1: The counselor/outreach advocate will promote community knowledge of prevention, intervention and the dynamics of domestic violence, sexual assault and child abuse through staffings with local law enforcement, parish district attorneys and hospital emergency room staff at least, but not limited to, one staffing per quarter.

Objective 2: The counselor/outreach advocate will promote attendance at the trainings and staffings by having at least 10 members present at each staffing or meeting.

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.

Methods:

Goal 1: Provide services to victims of sexual assault, domestic violence and child abuse.

Objective 1: The counseling/advocate Data outreach coordinator will provide personal assistance, advocacy, counseling, therapy, referrals and follow-up to 40 victims of sexual assault, domestic violence and child abuse from March 1, 2012 through February 28, 2013.

Objective 2: Increase public knowledge about sexual assault, domestic violence and child abuse by participating in 12 media broadcasts and distributing 1,000 brochures and posting safety notices in women's rest rooms from March 1, 2012 through February 28, 2013.

Goal 2: Create, preserve and enhance community coordination in assisting victims of sexual assault, domestic violence and child abuse and identifying crime victims and refer them to needed services.

Objective 1: Facilitate 12 presentations to law enforcement agencies and service providers and presentations to junior and high schools in Sabine, DeSoto, Red River and Natchitoches Parishes in order to identify crime victims and refer them to needed services from March 1, 2012 through February 28, 2013.

Objective 2: Demonstrate an improvement in the awareness of sexual assault, domestic violence and child abuse in 10 schools, service providers and law enforcement agencies in order to identify crime victims and refer them to needed services from March 1, 2012 through February 28, 2013.

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 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 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.

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. () FOR RESULTS (For Continuation Projects)iv)

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.)

Our agency has surpassed all goals and objectives stated in the previous grant applications and served 209 sexual assault and domestic violence related victims during the previous grant period. Our caseload has grown as well as the communities demand for prevention and education concerning victims of sexual assault. We have easily served a considerable number more clients than were projected in last year's grant application. More than 1,000 pieces of literature were handed out and placed in public areas.

2. Did the project work as expected? Explain.

Yes. Our program is strong and thriving, with many collaborating agencies to provide as many resources as possible to our clients. We surpassed our previous goal of 40 sexual assault clients by 169 additional clients.

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

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

I. EVALUATION AND DISSEMINATION OF REPORTING

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

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

Data is collected from the clients we serve and the community programs, law enforcement agencies, and school programs we educate/

2. When will the data be collected?

Data is collected before and after initial contact.

3. Who will collect and analyze the data?

Carrisa McCormic is responsible for the data collection and prepares the annual and quarterly reports to LCLE.

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

Name: Carrisa McCormic 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?

Objective 1: Performance report will be completed.

Objective 2: Client records will be maintained as customary for all counselor/advocates.

Objective 3: Hours of services will be provided and mileage logs will be maintained.

Objective 4: Counselor Outreach advocate, Data Outreach coordinator will collect and analyze all information to demonstrate positive outcomes.

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.

LaFASA receives monthly reports, LCLE receives Quarterly and Annual Progress Reports. A monthly board meeting is held, during which the Board of Directors are provided with oral reports concerning the sexual assault program.

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.

Budget cuts and funding opportunities have made continuation of projects without continued financial support near impossible.

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, Inc. is housed in a new construction building made possible with grant funding from USDA. In addition to a board room, family room, fully functioning kitchen, and family room, PCI now has six (6) counseling offices available. The handicap accessible building is an inviting and safe environment for victims of sexual assault and their families to receive services in a confidential setting. A separate entrance is available to Toledo Sexual Assault & Crisis Center.

L. AUDIT REQUIREMENTS

All applications must check one:

- This organization/agency expends \$500,000 or more in federal funds (during the fiscal year of the organization/agency from any and all sources including the amount of this application) AND MUST SUBMIT THE FOLLOWING INFORMATION:
 1. Date of last audit
 2. Dates covered by last audit:
 3. Date of next audit:
 4. Dates to be covered by next audit:
 5. Date next audit will be forwarded to LCLE:
- This organization/agency expends less than \$500,000 in federal funds from all sources during the fiscal year of the organization/agency.

M. VOLUNTEERS

- Yes No Are you using volunteers as match?
If yes, describe the duties and functions performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). Volunteers' duties must directly relate to the focus of this project and information stated in Section 100 Personnel.
- Yes No Are volunteers screened in compliance with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate?

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.

Our agency works closely with the Victim's Advocate at the District Attorney's Office and has many opportunities to use the Crime Victims Reparations Program.

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.

We coordinate with the local police department, sheriff's department, hospitals and judicial system.

3. Indicate how the applicant will address the issue of encouraging the victims to report to law enforcement. Policies and procedures may be attached to the application in addition to the brief description.

All victims are encouraged to report the crime to law enforcement.

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.

Our agency complies with all state and federal regulations.

Kathy Guidry

From: Kathy Guidry
Sent: Wednesday, December 28, 2011 1:38 PM
To: 'Ken Walker'; 'Sybilann'; 'Jeremy Edwards'
Subject: C11-1-011, Project Celebration, Inc., Victim Outreach Program

Ms. Margaret Basco
Project Celebration, Inc.
c/o Northwest LEPD, Inc.
615 Main Street
Pineville, LA 71360-6935

RE: C11-1-011; "Victim Outreach Program"

Dear Ms. Basco:

This office has received the above application. This application will be presented at the Victim Services Advisory Board and the Commission meetings, which are scheduled for February 29 and March 1, 2012, respectively. The information regarding the location of the meetings is yet to be determined. Since this application request is to continue this project and is over \$20,000, you will be required to attend both meetings.

Based on the preliminary review of the referenced application, the following issues must be addressed and resolved. Additional issues may arise between the agency review process and the Advisory Board/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. 1, CCR Expiration Date – The application states "07/01/2011"; however, the CCR website states "07/20/2012". Please correct your copy.
2. Pg. 3, Section 100 Personnel – The Office Manager's job description needs the salary range.
3. Pg. 6, Section 300 Travel – The only individuals that should be listed under this section for travel is the Outreach Advocate. Please insert the name of the individual that will be traveling in this section. Also, please clarify the purpose statement for the training/conference. Training expenses for personnel listed in Section 100 Personnel (not volunteers). Please budget the training/conference for the Outreach Advocate only. If the Counselor must travel to carry out their direct services, they can be compensated for local travel. This needs to move to Section 600 Contractual
4. Pg 11, Section 600 Contractual – If the individual consultants are known, please insert their name or if not know, insert To Be Named. If either consultant must conduct local travel to provide direct services, they can be compensated. The travel costs must be included within the contract. Also, please check the appropriate box(es) on the funding source.
5. Pg, 13, Section 800 Other Direct Costs – Please provide the method of determining each cost item.
6. Pg. 14, A Problem Definition #1 – Please provide current data. This information was provided in the previous application.
7. Pg. 19, H. Prior Results:
 - a. #1 – Please refer to the objectives stated in C10-1-014 and provide the results of each objective.

- b. #3 – It states that the goals and objectives were not revised. However, C10-1-014's objective #4 was replaced with Goal 2 Objective 2.

8. Pg. 20, L. Evaluation and Dissemination of Reporting:

- a. #5 – This information should explain how once the agency reviews its data, how will the data be used to update and/or revise the project's strategy and who will be involved and make the determination of the changes.
 - b. #6 – Need to state that LCLE will also receive expenditure reports quarterly/monthly whichever is applicable.

9. Pg. 21, J. Continuation – Please clarify whether or not this project would continue at the conclusion of Federal funding.

10. Promote Community Efforts to Aid Crime Victims: Please provide at least three letters of support and/or cooperative agreements from those organizations indicating awareness of and cooperation with the applicant agency.

Please email or mail ONLY the changes as directed on the appropriate application pages and return only those pages for which changes or additional information was requested to 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 Monday, January 16, 2012. Please contact the District Office if you have any questions pertaining to this letter.

Sincerely,

Katherine C. Guidry

Federal Programs Section Manager
LA Commission on Law Enforcement
602 N. 5th St., 1st Floor

Mailing Address:

PO Box 3133
Baton Rouge, LA 70821-3133
P: (225) 342-1829
C: (225) 241-5978
F: (225) 342-1846
Email: kathy.guidry@lcle.la.gov