



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:

CVA Purpose Area:

1. TITLE OF PROJECT

Child Advocacy Program

2. NEW PROJECT

CONTINUATION PROJECT OF: C11-1-009

3. PROJECT DURATION

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

Desired Start Date: 11/1/2012

Desired End Date: 10/30/2013

4. PROJECT FUNDS

Federal Funds: \$34,250

Cash Match

In-Kind Match: \$8,563

Total Project: \$42,813

5A. APPLICANT AGENCY INFORMATION

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

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Mitzi Harris

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: mitzi945@aol.com

Fed Employer Tax Id: 72 - 1144152

DUNS: 79298 - 7596

CCR CAGE/NCAGE: 4MJ21

CCR Expiration Date: 6/22/2013

6. IMPLEMENTING AGENCY

Name: Mitzi Harris

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: mitzi945@aol.com

7. PROJECT DIRECTOR

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

8. FINANCIAL OFFICER

Name: Carissa McCormic

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: carissamccormic@gmail.com

9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)

Project Celebration Child Advocacy Program'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 Child Advocacy Center 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.

LA COMMISSION
ON LAW ENFORCEMENT
12 SEP 20 PM 2:10

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 Ezernack	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	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
	0.00	\$0.00	\$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 at the Child Advocacy Center 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. The fringe benefits for Brandy Ezernack totaled \$4,533 for social security, medicare, workman's compensation, and health insurance. However, because of fringe totaling more than allocation, Project Celebration (umbrella agency) will cover the additional \$2,980.00 from donation money.

C) Project duties of each position requested:

The Forensic Interviewer of the Child Advocacy Program 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 is a full time position and has been in place since the creation of the Child Advocacy Program.

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		\$29,413	\$1,823	5.	.062			\$0
2.	.062			\$0	6.	.062			\$0
3.	.062			\$0	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Brandy Ezemack	.0145		\$29,413	\$426	5.	.0145			\$0
2.	.0145			\$0	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTH LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1. Brandy Ezemack	107.00	12.00	100.00%	\$1,284	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	0.034		\$29,413	\$1,000	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL
1.		CHECK TYPE:		\$0	5.		CHECK TYPE:		\$0
2.				\$0	6.				\$0
3.		<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0
4.		<input type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> SUTA		\$0
PUBLIC PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
FRINGE BENEFITS TOTAL (A):				\$4,533	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): \$4,533

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$1,553
CASH MATCH	\$2,980
TOTAL FRINGE BENEFITS	\$4,533

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 Ezernack TITLE: Forensic Interview PURPOSE: Travel for interviews and MDT meetings	\$0.51	980.50	\$500.06	<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:			\$500.06	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: TITLE: PURPOSE:				<input 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:			\$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	\$500
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$500

SECTION 400. COMPUTER QUESTIONNAIRE

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

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

N/A

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

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

A. Installation?

B. Staff training to use the computer equipment?

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

4. How will additional costs be supported?

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"/>
SUBTOTAL OF SECTION B SUPPLIES:				\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

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	
SUPPLIES TOTAL	\$600

SECTION 600. CONTRACTUAL

Compensation for individual consultant services is to be reasonable and consistent with that paid for similar services in the marketplace. Travel, lodging, and meals, if applicable, should be figured in addition to compensation. All expenses must be included in the contract. Must use approved LCLE contract.

INDIVIDUAL CONSULTANT	TYPE OF SERVICE OR TASK	HOURS DEVOTED	RATE PER HOUR	TOTAL COST	PAID WITH	
					F	C
Name: Lauren Arnold Title: Counselor Agency:	Counseling	11.20	\$45.00	\$504.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name: Margaret Kemp Title: Counselor Agency:	Counseling	11.03	\$45.00	\$496.35	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF CONTRACTUAL COSTS				\$1,000.35	F = Federal Funds C = Cash Match	

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
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<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	

BRIEFLY EXPLAIN:

A) Purpose of each consultant or other contractual service requested:

The counselors will provide individual therapy for victims of abuse and sexual assault when they are referred by the Forensic Interviewing Program.

B) Why the service requested is necessary and cost effective:

The service is necessary to provide therapeutic services for victims and their families. The hourly cost is significantly lower than private practice counseling rates which are usually twice the fee schedule indicated above.

C) Method of procurement and basis for determining rate of pay:

Counselors are both LCSW so their qualifications allow them the ability to serve clients efficiently and the fee they charge is well below what they could ask in a different setting.

SECTION 600. CONTRACTUAL SUMMARY	
FEDERAL FUNDS	\$1,000
CASH MATCH	
CONTRACTUAL TOTAL	\$1,000

SECTION 700. RENOVATION

Note: Do not budget this category unless LCLE gives prior approval for proposed renovations – even if funded as In-Kind Match.

Is your building registered or does your building qualify with the National Historic Society? YES NO

If yes, you must meet the requirements set forth by Section 106 of the National Historic Preservation Act (16. U.S.C. Section 470, et. seq., as amended). List planned renovations and itemized costs explain the need for each.

PRE-APPROVED RENOVATIONS	TOTAL COST	PAID WITH		
		F	C	IK
N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF RENOVATION COSTS:		\$0		<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>

SECTION 700. RENOVATION COSTS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
RENOVATION COSTS TOTAL	\$0

SECTION 800. OTHER DIRECT COSTS

Itemize each type: e.g., audit, rent (show square footage and cost per square foot), phone charges, utilities, printing, duplicating, registration fees for conferences/workshops, etc. Prorate telephone and utility bills. Show method of determining cost. Please refer to application instructions for direction.

TYPE OF OTHER DIRECT COST	METHOD OF DETERMINING COST	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
Utilities	2% of Total cost (\$19,523)	12.00	\$32.53	\$390.36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Insurance, Liability	6% of Total Insurance	12.00	\$60.00	\$720.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Office Space Donation	\$500/month based on off sq ft	12.00	\$400.00	\$4,800.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Program Accounting	\$71.40/month (1/10 th of total)	12.00	\$71.40	\$856.80	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 OTHER DIRECT COSTS:				\$6,767.16	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

BRIEFLY EXPLAIN:

A) Need for each type listed; and
 Utilities are a necessary part of providing direct services to our survivors. This fund will pay a percentage of the utilities and insurance costs.
 Insurance (liability) is required by law to cover all clients using facility.
 In kind donations cover the costs for use of donated office space based on square footage of office, and Program Accounting which is about 1/10th of total costs to umbrella agency for fiscal accounting, and liability insurance.

B) Its relationship to project.
 Both utilities and insurance are necessary to keep the Forensic Interviewing Program functioning and direct service to clients. Office space is needed to conduct interviews and a separate office is needed to monitor interviews by law enforcement, DCFS, and prosecution. Accounting costs for the program includes check writing and maintaining salary and fringe as well as oversight of fiscal operation.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$1,184
CASH MATCH	
IN-KIND MATCH	\$5,583
OTHER DIRECT COSTS TOTAL	\$6,767

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 were previously 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 and Program Director to accommodate the needs of the 4 parish service areas of Sabine, Natchitoches, Red River, and DeSoto. Since last years grant award and the first year of inception, Project Celebration Child Advocacy Program's Forensic Interviewer conducted more than 85 interviews accommodating law enforcement in their local setting reducing their travel time and expense that would have been incurred by families. The Forensic Interviewer of PCI Child Advocacy Program has also facilitated more than 22 multidisciplinary team (MDT) meetings in the 4 parish service area. The meetings included a diversity of agencies involved such as Law Enforcement, D.A.'s Offices, Department of Children and Family Services, Mental Health, Medical, Advocacy, and Coroner's Office.

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 past for 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 Child Advocacy Program 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.

D-2. TRAINING PROJECTS

Complete this page in lieu of Section D – Activities/Methods. This page is to be completed only if this application is for the training of individuals involved in the criminal justice system. DO NOT use this for in-house training.

1. Training Curriculum (topics to be included):

N/A

2. Type of personnel to be trained:

3. Number of personnel to be trained:

4. Geographical locations of trainees (who will be invited):

5. Dates and hours of training:

6. Location of training:

7. Explanation supporting the effectiveness of the training program including how the program will meet the identified need.

H. PRIOR RESULTS (For Continuation Projects Only)

1. Based on the objectives of the previous application, what were the measurable outcomes? (Refer to the previous project's performance stated in the quarterly progress reports and other additional information.)

The previous application set a goal of 50 Forensic Interviews and exceeded the goal before the end of the grant period as shown in quarterly progress reports.

2. Did the project work as expected? Explain.

The project worked better than expected by providing more interviews than expected and increasing attendance at MDT meetings.

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?

The data about child victims will be collected from persons/guardians who receive services. The data will be combined and reported to LCLE on a monthly as well as quarterly basis.

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 at award time. Recipients should also include, if applicable, board of directors, applicant agency (if different from implementing agency), courts with jurisdiction, etc.

Quarterly Progress Reports and Monthly expenditure reports will be submitted to LCLE and program board.

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 | 11/01/2011 |
| 2. Dates covered by last audit: | 7/1/10-6/30/11 |
| 3. Date of next audit: | 11/01/2012 |
| 4. Dates to be covered by next audit: | 7/1/11-6/30/12 |
| 5. Date next audit will be forwarded to LCLE: | 12/1/2012 |

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?

One volunteer will be used in this program as an intake coordinator and monitor room technical assistant. The volunteer has been screened in compliance with the Louisiana Child Protection Act and will assist with the gathering of information in order to complete demographic intake sheet which will be kept on file at the advocacy center as well as assisting those agencies in the monitoring room with technical issues related to DVD recording and monitoring of interview while interviewer is in the room with the child during interview. The position is not a full time position so the volunteer will be called on to assist during interviews only for 1 to 2 hour intervals as needed.

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)