



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

Victim Outreach Program

2. NEW PROJECT

CONTINUATION PROJECT OF: C11-1-011

3. PROJECT DURATION

Total Length: 12 Months (Not to exceed 12 Months)
Desired Start Date: 3/1/2012
Desired End Date: 2/28/2015

4. PROJECT FUNDS

Federal Funds: \$21,196
Cash Match: \$1,000
In-Kind Match: \$4,299
Total Project: \$26,495

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: 792987596 -

CCR CAGE/NCAGE: 4MJ2

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: Harold Ledford
Title: Program 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

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.)

The outreach advocacy program was created to provide supportive services for victims. The outreach provided will assist victims with hospital advocacy, court advocacy, personal advocacy, information, PO's 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 we serve through presentations, meetings, trainings, and in services being offered to the community.

2012 NOV 29 PM 2:06

LA COMMISSION
LAW ENFORCEMENT

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
Office Manager	Charlene McCormic	FT	\$1,500.00	13.33%	12.00	\$2,399.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fiscal Director	Carissa McCormic	FT	\$3,652.00	4.11%	12.00	\$1,801.16	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Brandy Ezernack	Outreach Advocate	FT	\$3,251.00	15.32%	12.00	\$5,976.63	<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:						\$10,177.19	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
Vounteers will assit with clerical duties and the preparation of information relating to intervention services for victims of sexual assault, domestic vilonce, and child abuse.	300.00	\$10.00	\$3,000.00
Volunteers will provide direct intervention services; on call after hours; hospital advocacy; referrals after care and hospital escout services.	200.00	\$10.00	\$2,000.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$5,000.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$10,176
CASH MATCH	\$0
IN-KIND MATCH	\$5,000
PERSONNEL TOTAL	\$15,176

SECTION 00. 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 Outreach Advocate will be responsible for providing education and prevention programs for community groups, college students, and underserved groups with a record of participation to increase the number of sexual assault services provided and prevent sexual assault, domestic violence, and child abuse. The Advocate will provide direct services such as referrals to free counseling, legal advocacy, support groups, hospital escort services, etc.

The Fiscal Director is responsible for maintaining the day to day fiscal records and monthly reporting for the program. The fiscal director is also responsible for all financial records including payroll, taxes, debits, credits, donations, volunteer times and reporting.

The Office Manager is responsible for handling referrals made by the Outreach Advocate. The Office Manager also answers phone call from victims and directs them to the Outreach Advocate. She is also responsible for filing information pertaining to the grant and ensuring reports are mailed at the appropriate time.

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

The salary for the positions are 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, 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 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.]

The positions of Fiscal Director, Outreach Advocate and Office Manager are all pre-existing positions.

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. Charlene McCormic	.062		\$2,400	\$148	5.	.062			\$0
2. Carissa McCormic	.062		\$1,800	\$111	6.	.062			\$0
3. Brandy Ezemack	.062		\$5,976	\$370	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Charlene McCormic	.0145		\$2,400	\$34	5.	.0145			\$0
2. Carissa McCormic	.0145		\$1,800	\$26	6.	.0145			\$0
3. Brandy Ezemack	.0145		\$5,976	\$86	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. Carissa McCormic	31.46	12.00	4.11%	\$15	5.				\$0
2. Brandy Ezemack	56.88	12.00	15.32%	\$104	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1. Charlene McCormic	0.033		\$2,400	\$79	5.				\$0
2. Carissa McCormic	0.033		\$1,800	\$59	6.				\$0
3. Brandy Ezemack	0.033		\$5,976	\$197	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):				\$1,229	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): \$1,229

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$1,229
CASH MATCH	
TOTAL FRINGE BENEFITS	\$1,229

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: Outreach Advocate PURPOSE: Assit victims to the hospital, court and counseling	\$0.51	3,025.00	\$1,542.75	<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:			\$1,542.75	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

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	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	\$1,543
CASH MATCH	\$0
IN-KIND MATCH	\$0
TRAVEL TOTAL	\$1,543

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: Title: Counselor Agency:	Counseling to victims of sexual assault, domestic violence, and child abuse.	100.00	\$45.00	\$4,500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name: Title: Advocates Agency:	To advocate for victims of sexual assault, domestic violence, and child abuse	100.00	\$15.00	\$1,500.00	<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				\$6,000.00	<small>F = Federal Funds C = Cash Match</small>	

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: Advocates	\$0.51	2,525.50	\$1,288.01							\$1,288.01	<input checked="" 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:										\$1,288.01	<small>F = Federal Funds C = Cash Match</small>	

BRIEFLY EXPLAIN:

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

Counselors will provide therapeutic counseling services to victims of sexual assault, domestic violence, and child abuse.

The advocate will assist victims in medical, legal, and personal advocacy by assisting clients in advocacy during forensic medical evaluation, referral resources, attending court and legal proceedings, and forensic interviews.

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

The counseling and advocacy services are at no financial expense to the victim who may not be able to afford such services after a traumatic event.

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

Counseling rates are at the low end of the spectrum in the field and bottom line agreed upon by counselors affiliated with Project Celebration, Inc. Advocacy is a base pay for advocates considering that most calls are after hours and off peak times.

SECTION 600. CONTRACTUAL SUMMARY	
FEDERAL FUNDS	\$7,288
CASH MATCH	
CONTRACTUAL TOTAL	\$7,288

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).

The number of victims served by our sexual assault center last year alone reached 157 clients.

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 ½ of 1% American Indian, 59% white, and nearly 40% African American with 52% of the population female.

Beause poverty, ethnicity and rural isolation are determinants for prevalence, Sabine Parish and the surrounding parishes are at a higher risk for incidence of rape, datiang violence, sexual assault and incest than some other parishes. 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 gorups 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: Assist victims of sexual assault, domestic violence, and child abuse.

Objective 1: The counselor/outreach advocate will provide 60 victims with services such as telephone assistance/support, crisis assessment/stabilization, provide referrals for legal assistance, individual and group therapy.

Objective 2: 30 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: 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.

Objective 1: The counselor/outreach advocate and Data Outreach coordinator 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 and Data/Outreach Coordinator will improve response times for coordinating teams for victims of sexual assault by 20 minutes per call.

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 60 victims of sexual assault, domestic violence and child abuse from March 1, 2013 through February 28, 2014.

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, 2013 through February 28, 2014.

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 3: 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, 2013 through February 28, 2014.

Objective 4: 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, 2013 through February 28, 2014.

H. IOR 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.)

Our program has surpassed goals and objectives stated in the previous grant application, by serving 46 sexual assault victims and 27 domestic violence victims mid way through the 1 year grant period for a total of 73 victims served so far. We currently receive referrals for counseling on a daily bases. No client is turned away for services. We have also provided over 1,500 pieces of literature that were given out at health fairs and other public places.

2. Did the project work as expected? Explain.

Yes the project has allowed Project Celebration to preform more outreach in the community which in turn has given victims vital information about sexual assault, domestic violence, and child abuse. More people are coming to Project Celebration for services. Different agencies are constantly referring clients to Project Celebration to help.

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?

The number in the goals section has increased due to the fact that we are currently seeing more and more referrals to our agency.

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 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?

Carissa McCormic is responsible for the data collection (taken from the advocates and counselors) 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: Carissa McCormic

Phone: (318) 256-6242

Email: carissamccormic@gmail.com

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 counselors/advocates.

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

Objective 4: Counselor, outreach advocate, data collection 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 monthly expenditures as well as 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, domestic violence programs and child abuse 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 neraly 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.