



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

Domestic Violence Program

2. NEW PROJECT

CONTINUATION PROJECT OF: C11-1-010

3. PROJECT DURATION

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

Desired Start Date: 10/1/2012

Desired End Date: 9/3/2012

4. PROJECT FUNDS

Federal Funds: \$52,449

Cash Match \$13,112

In-Kind Match:

Total Project: \$65,561

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: (319) 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: 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: Mitzi Harris

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: mitzi945@aol.com

8. FINANCIAL OFFICER

Name: Carissa McCormic

Title: Financial 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.)

Taylor House is a crisis shelter for victims of domestic violence. The Taylor House serves women and their children who are leaving an abusive relationship or situation. Taylor House also provides shelter for women and children in other areas who need to a certain locatin for their protection. Taylor House is a secure and safe shelter that provides food, clothing, basic necessities, support and advocacy for victim's of domestic violence. Outreach and education are also provided to the areas that we service.

2012 SEP 20 PM 2:11
LA COMMISSION
LAW ENFORCEMENT

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):	
<input type="checkbox"/>	Sexual Assault
<input checked="" type="checkbox"/>	Domestic Abuse
<input 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 McCormic Title: Financial Director
 Phone: (318) 256-6242 Fax: (318) 256-2064 E-Mail: carissamccormic@gmail.com

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$27,779	\$0	\$1,500	\$29,279
SECTION 200. FRINGE BENEFITS	\$3,153	\$0	N/A	\$3,153
SECTION 300. TRAVEL	\$4,296	\$0	\$0	\$4,296
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$3,597	\$0	\$11,612	\$15,209
SECTION 600. CONTRACTUAL	\$6,000	\$0	N/A	\$6,000
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$7,624	\$0	\$0	\$7,624
TOTAL:	\$52,449	\$0	\$13,112	\$65,561

Provide Source of Cash Match:

Provide Source of In-Kind Match: Donations of food, supplies and clothing are used as in-kind match.

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
Children's Advocate	Ezra Glover	FT	\$2,475.00	31.52%	12.00	\$9,361.44	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Women's Advocate	Tommie J. Rivers	FT	\$2,275.00	10.33%	12.00	\$2,820.09	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outreach Advocate	Janet Arnold	FT	\$800.00	100.00%	6.00	\$4,800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evening Manager	Betty Wolfe	FT	\$1,760.00	5.68%	12.00	\$1,199.61	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Night Manager	Ann Moore	FT	\$1,760.00	5.68%	12.00	\$1,199.61	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Weekend Manager	Jerri Walker	FT	\$1,760.00	5.68%	12.00	\$1,199.61	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Financial Director	Carissa McCormic	FT	\$2,964.00	20.24%	12.00	\$7,198.96	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$27,779.32	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 be used to answer phones, provide advocacy and transportation for Taylor House.	200.00	\$7.50	\$1,500.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$1,500.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$27,779
CASH MATCH	
IN-KIND MATCH	\$1,500
PERSONNEL TOTAL	\$29,279

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:

Children's Advocate - To provide direct services such as groups and individual sessions. Salaried Position and no overtime allowed.

Women's Advocate - Provides individual advocacy, legal advocacy, groups, parenting, safety planning, housing and job seeking assistance. Salaried position with no overtime.

Outreach Advocate - Responsible for the day to day operation in Desost & Red River Parishes. She provides advocacy to survivors of domestic violence prevention information to schools and community organizations. Part-time hourly position with no overtime.

Evening, Night and Weekend managers - Responsible for overseeing the day to day activities of the shelter and its occupants. Salaried positions with no overtime.

Financial Director- Responsible for the daily fiscal activities of the shelter and grant.

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

The positions are paid based on job qualifications, experience in the field, and willingness to perform duties.

C) Project duties of each position requested:

Children's Advocate - To provide direct services such as groups and individual sessions. Salaried Position and no overtime allowed.

Women's Advocate - Provides individual advocacy, legal advocacy, groups, parenting, safety planning, housing and job seeking assistance. Salaried position with no overtime.

Outreach Advocate - Responsible for the day to day operation in Desost & Red River Parishes. She provides advocacy to survivors of domestic violence prevention information to schools and community organizations. Part-time hourly position with no overtime.

Evening, Night and Weekend managers - Responsible for overseeing the day to day activities of the shelter and its occupants. Salaried positions with no overtime.

Financial Director- Responsible for the daily fiscal activities of the shelter and grant.

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.]

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. Ezra Glover	.062		\$9,360	\$580	5. Jerri Walker	.062		\$1,200	\$74	
2. Tommie J. Rivers	.062		\$2,820	\$174	6. Janet Arnold	.062		\$4,800	\$297	
3. Betty Wolfe	.062		\$1,200	\$74	7. Carissa McCormic	.062		\$7,199	\$446	
4. Ann Moore	.062		\$1,200	\$74	8.	.062			\$0	
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL	
1. Ezra Glover	.0145		\$9,360	\$135	5. Jerri Walker	.0145		\$1,200	\$17	
2. Tommie J. Rivers	.0145		\$2,820	\$40	6. Janet Arnold	.0145		\$4,800	\$69	
3. Betty Wolfe	.0145		\$1,200	\$17	7. Carissa McCormic	.0145		\$7,199	\$104	
4. Ann Moore	.0145		\$1,200	\$17	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.				\$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. Ezra Glover	0.033		\$9,360	\$308	5. Jerri Walker	0.033		\$1,200	\$39	
2. Tommie J. Rivers	0.033		\$2,820	\$93	6. Janet Arnold	0.033		\$4,800	\$158	
3. Betty Wolfe	0.033		\$1,200	\$39	7. Carissa McCormic	0.033		\$7,199	\$237	
4. Ann Moore	0.033		\$1,200	\$39	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. Betty Wolfe	0.01		\$1,760	\$17	5.				\$0	
2. Ann Moore	0.01		\$1,760	\$17	6.				\$0	
3. Jerri Walker	0.01		\$1,760	\$17	7.				\$0	
4. Carissa McCormic	0.01		\$7,199	\$71	8.				\$0	
FRINGE BENEFITS TOTAL (A):				\$1,712	FRINGE BENEFITS TOTAL (B):				\$1,441	

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

Fringe Benefits Total (A+B): \$3,153

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$3,153
CASH MATCH	
TOTAL FRINGE BENEFITS	\$3,153

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: Tommie J. Rivers TITLE: Women's Advocate PURPOSE: Transport residents and conduct shelter business	\$0.51	2,500.00	\$1,275.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: Ezra Glover TITLE: Children's Advocate PURPOSE: Access Services	\$0.51	2,500.00	\$1,275.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: Janet Arnold TITLE: Outreach Advocate PURPOSE: Preform outreach in DeSoto and Red River Parishes	\$0.51	2,500.00	\$1,275.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$3,825.00	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: Mitzi Harris TITLE: Program Director PURPOSE: LCLE meetings	TBD	11/14/2012	11/15/2012	<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: Mitzi Harris	\$0.51	410.00	\$209.10	2	6	\$70	\$0	\$192	\$0	\$471.10	<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:										\$471.10	F = Federal Funds C = Cash Match IK = In-Kind Match		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	\$4,296
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$4,296

SECTION 400. EQUIPMENT

List each type separately. The unit cost should include tax and shipping and handling when applicable. Do not use Brand Names. Sole source requires LCLE's approval. Submit a Sole Source justification, if applicable. Please refer to application instructions for direction.

TYPE OF EQUIPMENT	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"/>
SUBTOTAL OF EQUIPMENT:			\$0.00			

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

BRIEFLY EXPLAIN:

A. Justify the need for each equipment item requested; [*NOTE: Computer equipment (hardware and/or software) requires a completed Computer Questionnaire.]

B. Indicate procurement method; and

C. Relationship to this project:

SECTION 400. EQUIPMENT SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
EQUIPMENT TOTAL	\$0

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?

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"/>
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	\$3,597
CASH MATCH	
IN-KIND MATCH	\$11,612
SUPPLIES TOTAL	\$15,209

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: Margaret Kemp Title: Counselor Agency: Project Celebraiton, Inc.	Counseling	50.00	\$45.00	\$2,250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name: Outreach Advocate Title: Agency:	Outreach for Sabine Parish	250.00	\$15.00	\$3,750.00	<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	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:

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

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

SECTION 600. CONTRACTUAL SUMMARY	
FEDERAL FUNDS	\$6,000
CASH MATCH	
CONTRACTUAL TOTAL	\$6,000

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
		<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		

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

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
utilites	28% of Total Cost	12.00	\$400.00	\$4,800.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Liability	10% of total Insurance	12.00	\$172.00	\$2,064.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audit	10% of yearly audit	1.00	\$760.00	\$760.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$7,624.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

BRIEFLY EXPLAIN:
 A) Need for each type listed; and

 B) Its relationship to project.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$7,624
CASH MATCH	
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	\$7,624

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 ranks as one of the highest states where a domestic violence homicide is committed. The parishes we serve are no exception to this statistic. The Taylor House Domestic Violence Shelter has served 106 so far this year. In recent months a murder-suicide occurred in Desoto parish that rocked the community. There is a tremendous need for outreach to these communities to help educate and prevent further instances of domestic violence. Limited resources in our rural community and space available at the shelter make the need even greater when surrounding communities are unable to serve their victims due to capacity issues. We take on their overflow to make sure the victims have a safe place to reside. The rural area also makes services more difficult to facilitate due to the travel needed to secure housing and employment seeking opportunities. Housing is simply unavailable in many parts of our area which increases the travel distances to find safe housing options.

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

Education of the general public and a change in beliefs in domestic violence as a whole are essential in a community where the rural demographics and cultural aspect tend to manifest itself in domestic violence situations. The lack of knowledge about services available leaves victims stagnant in their situation and environment. Many believe there is no way out or worse, that it is acceptable to be treated in such violent manners.

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, BRIEFY 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: Provide a safe place for victims of domestic violence victims and their children.

Goal 2: Provide community and interagency awareness of domestic violence issues.

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: Services to 25 victims will be provided.

Goal 1, Objective 2: 25 Victims served will demonstrate service satisfaction with post service surveys.

Goal 2, Objective 1: Promote community knowledge of intervention services by facilitating 20 community presentations.

Goal 2: Objective 2: Distribution of flyers and informational material that focus on healthy relationship development, crisis intervention and statistics concerning domestic violence.

D. ACTIVITIES / METHODS

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

Goal 1, Objective 1: Advocates will be responsible for providing outreach, personal assistance, and advocacy for 25 victim of domestic violence. The advocates will also provide referrals to counseling, therapy and advocacy for court to file paperwork or attending court sessions with the victims. The advocates will also help the victims seek a safe place to live by contacting landlords, helping secure deposits and assist the victims in finding a place to work.

Goal 1, Objective 2: A post service survey will be given to 25 victims of domestic violence that will show their satisfaction with the advocacy they were provided while at the shelter.

Goal 2, Objective 1: The Outreach Advocates will schedule presentations at schools and other civic organizations where they will distribute information on domestic violence, such as signs, prevention, and how to report domestic violence.

Goal 2, Objective 2: Outreach Advocates will distribute educational information in local doctor's offices, DA offices, healthfairs, community centers, etc.

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):

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.)

While in the third quarter, we have currently served 106 victims of domestic violence and provided advocacy for them.

2. Did the project work as expected? Explain.

Yes, it has allowed us to perform more outreach within the community. More people are coming forward to report instances of domestic violence. The information helps the victims to see there are options and safe ways to remove themselves from a violent relationship.

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?

We increased the number of victims to be served because we are seeing more victims coming forward who are in need of help.

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 concerning instances of domestic violence will be collected directly from the victims. The data is collected monthly and reported to LCLE on a quarterly basis.

2. When will the data be collected?

Upon intake.

3. Who will collect and analyze the data?

Advocate on call will be responsible for collecting the data.

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?

By meeting with Advocates and Program Director, along with other staff, to determine the best plan that helps victims of domestic violence.

6. Name the recipients who will receive the project's results and the schedule of reporting (i.e. monthly, quarterly, yearly). Recipients MUST state the Louisiana Commission on Law Enforcement will receive Quarterly Progress Reports and expenditure reports quarterly/monthly as specified at award time. Recipients should also include, if applicable, board of directors, applicant agency (if different from implementing agency), courts with jurisdiction, etc.

LCLE will receive Quarterly Reports and Monthly Expenditure Reports. The Taylor House Advisory board will receive the financial reports and progress reports. The DCFS will receive the information on monthly reports.

J. CONTINUATION

Yes No Do you plan to continue this project at the conclusion of federal support?
Since continued VOCA funding is limited and not assured, alternate funding sources should be sought. Name the sources and potential sources of continued funding for this project at the conclusion of Federal support.

Private funding sources and donations are actively sought out to provide any financial support along with other federal funding 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.

The Police Jury of DeSoto parish is providing a building to use as an outreach office and is furnished. The cost of utilities are also covered by the DeSoto Police Jury.

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: 7/1/2012 to 6/30/2011
- 3. Date of next audit: 11/1/2012
- 4. Dates to be covered by next audit: 7/1/2011 to 6/30/2012
- 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?

Yes.

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.

All survivors are given a card with the Crime Victims reparations representatives name and phone #. They are provided with a brochure with the information they need to fill out the application. The advocate then checks with the CVRP to see the results of the contact.

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.

The DV advocate works with the Sabine Parish Sheriff's Office, Many Police Department, Crime Victims reparations office, the District Attorney's Office, the Clerk of Court and other service providers as they are needed to meet the needs of the survivors.

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.

Each victim served by our domestic violence program is encouraged to report the violence to Law Enforcement. The phone number is supplied and the advocates will go with the survivor to file the report and will accompany the victim to court when the charge is heard.

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)