

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C11-1-016

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

PROJECT TITLE: Victim Outreach Program

PROJECT FUNDS :

FUND: \$ 25,969 80.00%
MATCH: \$ 6,492 20.00%
TOTAL: \$ 32,461 100.00%

PROJECT DURATION: 12 months

START DATE: 07/01/2012

END DATE: 06/30/2013

Continuation of NEW

PROJECT SUMMARY:

Project Celebration, Inc. is an independent, nonprofit agency located in Many, Louisiana. The Toledo Rape and Crisis Center was established under PCI to provide comprehensive sexual assault survivor services throughout a seven parish area. The seven parishes are Bossier, Caddo, DeSoto, Natchitoches, Red River, Sabine and Webster Parishes. The center strives to provide services to the communities in which they serve in order to reduce the incidents of rape and sexual assault. The center uses sexual assault activities designed to improve identification of victims and improve their service delivery methods to survivors of sexual assault, stalking, and dating violence.

RECOMMENDATION : FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.



LOUISIANA COMMISSION
ON LAW ENFORCEMENT
AND THE ADMINISTRATION
OF CRIMINAL JUSTICE

CRIME VICTIM ASSISTANCE
FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY:

Project ID: **C11-i-016**

CVA Purpose Area:

1. TITLE OF PROJECT

Sexual Assault Program

2. NEW PROJECT

CONTINUATION PROJECT OF: C - -

3. PROJECT DURATION

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

Desired Start Date: ~~6/15/2012~~ **7/1/2012**

Desired End Date: ~~6/14/2013~~ **6/30/2013**

4. PROJECT FUNDS

Federal Funds: \$25,969

Cash Match

In-Kind Match: \$6,492

Total Project: **\$32,461**

5A. APPLICANT AGENCY INFORMATION

Agency Name: Project Celebration, Inc. d.b.a. PCI

Physical Address: 580 W. Main St

City: Many

Zip: 71449-3005

Mailing Address: 580 W. Main St

City: Many

Zip: 71449-3005

Phone: (318) 256-6242

FAX: (318) 256-2064

Email: wecare1@bellsouth.net

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Mitzi Harris

Title: Executive Director

Agency Name: Project Celebration, Inc. d.b.a. PCI

Address: 580 W. Main St

City: Many

Zip: 71449-3005

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. IMPLEMENTING AGENCY

Name: Mitzi Harris

Title: Executive Director

Agency: Project Celebration, Inc.

Address: 580 W. Main St

City: Many

Zip: 71449-3005

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: 71449-3005

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: 71449-3005

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, Inc. is an independent, nonprofit agency located in Many, LA. The Toledo Rape and Crisis Center was established under PCI to provide comprehensive sexual assault prevention, education and survivor services throughout a seven parish area. The seven parishes are Bossier, Caddo, DeSoto, Natchitoches, Red River, Sabine and Webster parishes. The center strives to educate the communities in which we serve in order to reduce the incidents of rape and sexual assault. The center uses sexual assault education, activities designed to improve identification, prevention and service delivery to survivors of sexual assault, stalking and dating violence.

LA COMMISSION
LAW ENFORCEMENT
2012 AUG - 8 PM 2:28

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
Financial Director	Carissa McCormic	FT	\$2,965.00	5.05%	12.00	\$1,796.79	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mitzi Harris	Executive Director	FT	\$4,027.00	4.98%	12.00	\$2,406.53	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Angela Henderson	Outreach Advocate	FT	\$2,800.00	25.00%	12.00	\$8,400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$12,603.32	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
Debra Sinclair	151.40	\$15.00	\$2,271.00
Mary Lavigne	151.40	\$15.00	\$2,271.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$4,542.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$12,603
CASH MATCH	
IN-KIND MATCH	\$4,542
PERSONNEL TOTAL	\$17,145

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:

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

Outreach Advocate - Provides advocacy and outreach, maintaining files, compiling statistical data, and prevention education. Also provide hospital and court outreach advocacy to victims of sexual assault in Bossier, Caddo and Webster parishes. The Outreach Advocate will be responsible for providing education and prevention programs for community groups, college students, and underserved groups with a record of participants to increase the number of sexual assault services provided and prevent sexual assault. The advocate will provide direct services such as referrals to counseling, legal advocacy, support groups, hospital escort services, etc.

Executive Director - Provides direction and guidance to the Outreach Advocate and Financial Director. Also to meet with Outreach Advocate on a weekly basis to discuss policies, scheduling, case review, etc.

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

The Salary of each position was determined by the Program Director and approved by the Executive director to reflect comparable salaries in the area.

C) Project duties of each position requested:

Outreach advocate - File maintenance, office management, all clerical duties. Provide outreach in Bossier, Webster, and Caddo parishes. Complete reporting in a timely fashion, community coordination and fundraising. Provides referrals and advocacy as needed. Maintain client files and complete progress notes. Responsible for providing direct intervention services to victims of sexual assault including, but not limited to hospital advocacy, referrals, court advocacy, support groups, etc.

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.]

Outreach Advocate - This is a new position in the newly expanded parishes and will be filled by a new personnel.

Financial Director - Existing personnel

Executive Director - Existing personnel

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. Carissa McCormic	.062		\$1,797	\$111	5.	.062			\$0
2. Mitzi Harris	.062		\$2,407	\$149	6.	.062			\$0
3. Angela Henderson	.062		\$8,400	\$520	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Carissa McCormic	.0145		\$1,797	\$26	5.	.0145			\$0
2. Mitzi Harris	.0145		\$2,407	\$34	6.	.0145			\$0
3. Angela Henderson	.0145		\$8,400	\$121	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.				\$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. Carissa McCormic	0.030		\$1,797	\$53	5.				\$0
2. Mitzi Harris	0.030		\$2,407	\$72	6.				\$0
3. Angela Henderson	0.030		\$8,400	\$252	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		\$0	5.		CHECK		\$0
2.		TYPE:		\$0	6.		TYPE:		\$0
3.		<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0
4.		<input type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> SUTA		\$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
FRINGE BENEFITS TOTAL (A):				\$1,338	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): \$1,338

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$1,338
CASH MATCH	
TOTAL FRINGE BENEFITS	\$1,338

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: Mitzi Harris TITLE: Executive Director PURPOSE: Meetings for LCLE; Shreveport meetings with advocate	\$0.51	500.00	\$255.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: Carissa McCormci TITLE: Financial Director PURPOSE: Meetings for LCLE; Shreveport meetings with advocate	\$0.51	200.00	\$102.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: Angela Henderson TITLE: Outreach Advocate PURPOSE: Assist SA Victims to the hospital, court, counseling, etc.	\$0.51	1,000.00	\$510.00	<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:			\$867.00	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: 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	\$867
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$867

SECTION 500. SUPPLIES

SECTION A: List items within this category by major type; e.g., office supplies (pens, pencils, paper, etc.), postage, blank cassette tapes, etc. Include tax and shipping costs in Unit Price. If office supplies average \$50 per month or less, i.e., \$600 for a 12-month grant period, do not itemize items. List as "Basic Supply Allowance" under "Type" and the dollar amount under "Total Cost". Please refer to application instructions for direction.

TYPE OF SUPPLIES	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
				F	C	IK
Basic Supply Allowance	12.00	\$50.00	\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing for assault victims	150.00	\$5.00	\$750.00	<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"/>
			\$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 A SUPPLIES:			\$1,350.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

BRIEFLY EXPLAIN:

A) Need for and use of each major supply type requested:
 Basic needs for victims (clothings, hygenie items, etc.) and basic office supplies.

B) Its relationship to this project.
 Advocates will have need supplies for victims while on call with them. Many victims must leave their clothing at a hospital and need something to wear when they exit. The advocate will also need paper for educational material and reports, as well as ink, pens, and other basic supplies.

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	\$600
CASH MATCH	
IN-KIND MATCH	\$750
SUPPLIES TOTAL	\$1,350

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: Outreach Advocate Title: Agency:	Sexual Assault Advocacy	500.00	\$15.00	\$7,500.00	<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"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF CONTRACTUAL COSTS				\$7,500.00	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: Outreach Advocate	\$0.51	3,000.00	\$1,530.00							\$1,530.00	<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:										\$1,530.00	F = Federal Funds C = Cash Match	

BRIEFLY EXPLAIN:

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

The Outreach Advocate will be responsible for providing hospital advocacy, court advocacy and personal advocacy for victims of sexual assault. They will also provide outreach prevention and education to the surrounding community.

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	\$9,030
CASH MATCH	
CONTRACTUAL TOTAL	\$9,030

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
Telephone Service	1 phone line	12.00	\$68.00	\$816.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answering Service	\$60 x 12 Months	12.00	\$60.00	\$720.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Space	1 room office (12x12)	12.00	\$100.00	\$1,200.00	<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"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$2,736.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

BRIEFLY EXPLAIN:

A) Need for each type listed; and
 The Caddo Coroner's has provided a space in their offices for Project Celebration to use at not charge. However, we must provide a phone line dedicated to our office in the building. Kings Answering Service is used after hours. When Kings receives a call from a sexual assault victim, they immediately contact the advocate on call to assist the victim.

B) Its relationship to project.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$1,536
CASH MATCH	
IN-KIND MATCH	\$1,200
OTHER DIRECT COSTS TOTAL	\$2,736

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 rate of forcible rape in 2009 in Louisiana was estimated at 30.3 per 100,000 inhabitants by LAFASA. We have seen in the past few months that there is a greater need for outreach in Caddo, Bossier and Webster parishes. Since Project Celebration has expanded sexual assault services in these three parishes, advocates have reported an average of 20 plus calls a month for hospital advocacy for victims of sexual assault. With a larger population, there is a greater need for additional advocates to support the victims and provide guidance.

Our goal is to reduce the incidence of rape and sexual assault through activities to improve the identification, prevention and service delivery to victims. We have developed collaborative relationships with organizations in the Caddo, Bossier and Webster parishes such as the Sheriff's Department, local law enforcement, Coroner's Office, Hospitals, schools, District Attorney's Office, mental and behavioral health agencies, universities, etc. 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.

Project Celebration would like to include more culturally specific services for minorities because they may have a limited amount of services tailored to their needs.

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: To provide direct hospital, court and personal advocacy to victims of sexual assault.

Goal 2: Facilitate, preserve and enhance community coordination for services in the Caddo, Bossier and Webster parish areas in order to educate the communities about sexual assault and prevention of sexual assault.

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 outreach advocate will provide 100 victims with services such as hospital advocacy, court advocacy and personal advocacy.

Goal 1, Objective 2: 50 victims served will demonstrate service satisfaction, knowledge of dynamics of sexual assault and knowledge of where to receive information and/or services demonstrated by post service surveys.

Goal 2, Objective 1: The outreach advocate will promote community knowledge of prevention, intervention and the dynamics of sexual assault through staffings with local law enforcement, parish district attorneys and hospital emergency room staff at least, but not limited to, one staffing per quarter.

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

D. ACTIVITIES / METHODS

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

Methods

Goal 1: To provide direct hospital, court and personal advocacy to victims of sexual assault.

Objective 1: The outreach advocate will provide personal assistance, advocacy, referrals to counseling and therapy and follow up for 100 victims of sexual assault from June 15, 2012 to June 14, 2013.

Objective 2: Increase public knowledge about sexual assault by participating in 12 media broadcasts and distributing 1,000 brochures and posting safety notices in any area that women frequent such as rest rooms, doctors offices, etc.

Goal 2: Facilitate, preserve and enhance community coordination for services in the Caddo, Bossier and Webster parish areas in order to educate the communities about sexual assault and prevention of sexual assault.

Objective 1: Facilitate 12 presentations to law enforcement agencies, junior and high schools, and other civic organizations in Caddo, Bossier and Webster parishes in order to identify sexual assault victims and refer them to needed services from June 15, 2012 to June 14, 2013.

Objective 2: Demonstrate and improvement in the awareness of sexual assault in 10 schools, service providers and law enforcement agencies in order to identify crime victims and refer them to needed services from June 15, 2012 to June 14, 2013.

I. EVALUATION AND DISSEMINATION OF REPORTING

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

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

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

2. When will the data be collected?

Data is collected before and after initial contact.

3. Who will collect and analyze the data?

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

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

Name: 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 advocates.

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

Objective 4: Outreach Advocates will collect and analyze all information to demonstrate positive outcomes.

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

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

J. CONTINUATION

Yes No

Do you plan to continue this project at the conclusion of federal support?

Since continued VOCA funding is limited and not assured, alternate funding sources should be sought. Name the sources and potential sources of continued funding for this project at the conclusion of Federal support.

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

K. RESOURCES

Describe the facilities and additional resources available to this project. Include the physical facility where services are provided. If applicable, list other resources available to this project, i.e. equipment, supplies, staff, etc.

Project Celebration, Inc. is housed in a fairly new building made possible with grant funding for USDA. In addition to a board room, family room, and a fully functioning kitchen, Project Celebration has six counseling offices available. The handicap accessible building is inviting and safe environment for victims of sexual assault and their families to receive services in a confidential setting. A separate intrance is avaiable to Toledo Sexual Assault and 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.

Project Celebration, Inc. 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 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 assault 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.

Project Celebration, Inc. complies with all state and federal regulations.