LOUISIANA COMMISSION ON LAW ENFORCEMENT

Applicant Hereby Applies to the LCLE for Financial Support for the Within-Described Project:

LCLE USE ONLY

Receipt Date	Award Date	Subgrant Number(s)
8/10/2013		-- 1343

1. Type of Funds for which you are applying			
2. Applicant	**Name Of Applicant:** Project Celebration, Inc.		
	Federal I.D: 72-1144152	**Parish:** Sabine	
	Street Address Line 1: 580 West Main Street		
	Address Line 2:	**Address Line 3:**	
	City: Many	**State:** LA	**Zip:** 71449-3005
3. Recipient Agencies	Project Celebration, Inc.		
4. Project Director	**Name:** Ms Mitzi Harris	**Title:** Executive Director **Agency:** Project Celebration, Inc.	
	Street Address Line 1: 580 West Main St.		
	Address Line 2:	**Address Line 3:**	
	City: Many	**State:** LA	**Zip:** 71449-3005
	Phone: 318-256-6242 **Fax:** 318-256-2064	**Email:** mitzi945@aol.com	
5. Financial Officer	**Name:** Ms. Carissa McCormic	**Title:** Financial Director **Agency:**	
	Street Address Line 1: 580 W. Main St		
	Address Line 2:	**Address Line 3:**	
	City: Many	**State:** LA	**Zip:** 71449
	Phone: 318-256-6242 **Fax:** 318-256-2064 x256	**Email:** carissamccormic@gmail.com	
6. Contact	**Name:** Ms Mitzi Harris	**Title:** Executive Director **Agency:** Project Celebration, Inc.	
	Street Address Line 1: 580 West Main St.		
	Address Line 2:	**Address Line 3:**	
	City: Many	**State:** LA	**Zip:** 71449-3005
	Phone: 318-256-6242 **Fax:** 318-256-2064	**Email:** mitzi945@aol.com	
7. Brief Summary of Project (Do Not Exceed Space Provided)	**Short Title** (May not exceed 50 characters) Domestic Violence Program		
	This program is designed to help domestic violence survivors find a safe place to escape from their abusers. The project will support advocacy, a shelter located in Sabine Parish and outreach efforts in Sabine and DeSoto Parishes.		

8. Subgrant Budget TOTAL BUDGET BY CATEGORY

BUDGET CATEGORY	AMOUNT
PERSONNEL	13,428.00
EMPLOYEE BENEFITS	1,430.00
TRAVEL (INCLUDING TRAINING)	627.00
EQUIPMENT	0.00
SUPPLIES & OPERATING EXPENSES	1,100.00
CONSULTANTS	0.00
CONSTRUCTION	0.00
OTHER	0.00
TOTAL	**16,585.00**

9. TOTAL BUDGET BY FUND SOURCE

FUND SOURCE	AMOUNT	PERCENT
FEDERAL	16,585.00	100%
STATE	0.00	
PROJECT INCOME	0.00	
INTEREST	0.00	
STATE MATCH	0.00	
CASH MATCH (NEW APPROP.)	0.00	
IN-KIND MATCH	0.00	
PROJECT INCOME MATCH	0.00	
TOTAL	**16,585.00**	**100%**

10. Project Start Date: 5/1/2013 **Project End Date:** 4/30/2014

11. IN WITNESS WHEREOF, the Applicant has caused this subgrant application to be executed, attested, and ensealed by its proper officials, pursuant to legal action authorizing the same to be done.

	Project Celebration, Inc.
DATE	NAME OF APPLICANT AGENCY
SIGNATURE OF AUTHORIZED OFFICIAL	
TITLE OF AUTHORIZED OFFICIAL	

(SEAL)

NOTE: The original copy must be signed in ink.
Titles of all signatories must be inserted.

LCLE USE ONLY

In response to this application, LCLE funds are hereby obligated for the project described by the subgrantee in the referenced application, subject to applicant acceptance.

EXECUTIVE DIRECTOR	DATE
Louisiana Commission on Law Enforcement	

12. BUDGET DETAILS

A. MASTER BUDGETS

BY RECIPIENT AGENCY	YEAR 1	TOTAL
Project Celebration, Inc.	16,585.00	**16,585.00**
Total:	**16,585.00**	**16,585.00**

Applicant Agency: Project Celebration, Inc.

BY CATEGORY	YEAR 1	TOTAL
PERSONNEL	13,428.00	**13,428.00**
EMPLOYEE BENEFITS	1,430.00	**1,430.00**
TRAVEL (INCLUDING TRAINING)	627.00	**627.00**
EQUIPMENT	0.00	**0.00**
SUPPLIES & OPERATING EXPENSES	1,100.00	**1,100.00**
CONSULTANTS	0.00	**0.00**
CONSTRUCTION	0.00	**0.00**
OTHER	0.00	**0.00**
Total:	**16,585.00**	**16,585.00**

BY SOURCE	YEAR 1	TOTAL
FEDERAL	16,585.00	**16,585.00**
STATE	0.00	**0.00**
PROJECT INCOME	0.00	**0.00**
INTEREST	0.00	**0.00**
STATE MATCH	0.00	**0.00**
CASH MATCH (NEW APPROP.)	0.00	**0.00**
IN-KIND MATCH	0.00	**0.00**
PROJECT INCOME MATCH	0.00	**0.00**
Total:	**16,585.00**	**16,585.00**

12. BUDGET DETAILS

A. MASTER

Line Item Details for: Project Celebration, Inc.

YEAR 1

PERSONNEL

		COST
Position:	Financial Director	
Name:	Carissa McCormic	
Computation:	$100/month x 12	1,200.00
Position:	Women's Advocate	
Name:	Tommie Jean Rivers	
Computation:	$400/month x 12 months	4,800.00
Position:	Children's Advocate	
Name:	Ezra Glover	
Computation:	$319/month x 12 months	3,828.00
Position:	Evening Shift Manager	
Name:	Betty Wolfe	
Computation:	$100/month x 12	1,200.00
Position:	Night Shift Manager	
Name:	Anquinette Moore	
Computation:	$100/month x 12	1,200.00
Position:	Weekend Shift Manager	
Name:	Jerrie Walker	
Computation:	$100/month x 12	1,200.00

Personnel - Year 1 Total: 13,428.00

EMPLOYEE BENEFITS

		COST
Position:	Financial Director	
Name:	Carissa McCormic SS	
Computation:	$1200/yr x .062 Social Security	74.00
Position:	Financial Director	
Name:	Carissa McCormic Medi	
Computation:	$1200/yr x .0145 Medicare	17.00
Position:	Financial Director	
Name:	Carissa McCormic W/C	
Computation:	$1200/yr x .03 Workers Comp	36.00

12. BUDGET DETAILS

A. MASTER

Line Item Details for: Project Celebration, Inc.

Position:	Night Shift Manager	
Name:	Anquinette Moore SS	
Computation:	$1200/yr x .062 Social Security	74.00
Position:	Night Shift Manager	
Name:	Anquinette Moore Meidcare	
Computation:	$1200/yr x .0145 Medicare	17.00
Position:	Night Shift Manager	
Name:	Anquinette Moore W/C	
Computation:	$1200/yr x .03 Workers Comp	36.00
Position:	Evening Shift Manager	
Name:	Betty Wolfe Medi	
Computation:	$1200/yr x .0145 Medicare	17.00
Position:	Evening Shift Manager	
Name:	Betty Wolfe SS	
Computation:	$1200/yr x .062 Social Security	74.00
Position:	Evening Shift Manager	
Name:	Betty Wolfe W/C	
Computation:	$1200/yr x .03 Workers Comp	36.00
Position:	Women's Advocate	
Name:	Tommie Jean Rivers Medi	
Computation:	$4,800/yr x .0145 Medicare	71.00
Position:	Women's Advocate	
Name:	Tommie Jean Rivers SS	
Computation:	$4,800/yr x .062 Social Security	299.00
Position:	Women's Advocate	
Name:	Tommie Jean Rivers W/C	
Computation:	$4,800/yr x .03 Workers Comp	144.00
Position:	Children's Advocate	
Name:	Ezra Glover Medi	
Computation:	$3,823/yr x .0145 Medicare	56.00
Position:	Children's Advocate	
Name:	Ezra Glover SS	
Computation:	$3,823/yr x .062 Social Security	237.00
Position:	Children's Advocate	
Name:	Ezra Glover W/C	
Computation:	$3,823/yr x .03 Workers Comp	115.00

12. BUDGET DETAILS

A. MASTER

Line Item Details for: Project Celebration, Inc.

Position:	Weekend Shift Manager	
Name:	Jerrie Walker Medi	
Computation:	$1200/yr x .0145 Medicare	17.00
Position:	Weekend Shift Manager	
Name:	Jerrie Walker SS	
Computation:	$1200/yr x .062 Social Security	74.00
Position:	Weekend Shift Manager	
Name:	Jerrie Walker W/C	
Computation:	$1200/yr x .03 Workers Comp	36.00
	Employee Benefits - Year 1 Total:	**1,430.00**

TRAVEL (INCLUDING TRAINING)

		COST
Purpose of Travel:	Local shelter business	
Location:	Sabine/DeSoto Parish	
Item:	Locate travel for shelter supplies	
Computation:	1229.25 miles x $.51/mile	627.00
	Travel (Including Training) - Year 1 Total:	**627.00**

EQUIPMENT

		COST
Item:		
Item:		
Quantity:		0.00
	Equipment - Year 1 Total:	**0.00**

SUPPLIES & OPERATING EXPENSES

		COST
Supply Item:	Basic Office/Shelter Supplies	
Computation:	$50/month x 12 months	600.00
Supply Item:	Utilities	
Computation:	$500 for phone line/electricity	500.00
	Supplies & Operating Expenses - Year 1 Total:	**1,100.00**

12. BUDGET DETAILS

A. MASTER

Line Item Details for: Project Celebration, Inc.

CONSULTANTS - CONSULTANT

	COST
Name / Position:	
Service Provided:	
Computation:	0.00
Consultants - Consultant - Year 1 Total:	**0.00**

CONSULTANTS - TRAVEL

	COST
Consultant:	
Location:	
Item:	
Computation:	0.00
Consultants - Travel - Year 1 Total:	**0.00**

CONSULTANTS - PRODUCT/SERVICE

	COST
Consultant:	
Item:	
Computation:	0.00
Consultants - Product/Service - Year 1 Total:	**0.00**

YEAR 1 TOTAL: 16,585.00

13. SECTIONS:

A. LCLE Budget Summary With Cash & InKind Match

1. Please itemize the Budget Category expenditures.

(Please verify that the Total Amount equals the Calculated Paid Amount.)

ID	Budget Category	Total Amount	Amount Paid with Federal Dollars	Amount Paid with Cash Match	Amount Paid with In-Kind Match	Calculated Paid Amounts
1.1	Personnel	13,428	13,428	0	0	13,428
1.2	Employee Benefits	1,430	1,430	0	0	1,430
1.3	Travel (including Training)	627	627	0	0	627
1.4	Supplies & Operating Expenses	1,100	1,100	0	0	1,100
Total: Σ		16,585	16,585	0	0	16,585

13. SECTIONS:

B. LCLE Budget - Personnel

PERSONNEL BUDGET JUSTIFICATION

1. Are personnel costs requested?

Yes

2. Are employees screened and in compliance with the Louisiana Child Protection Act (LA RS 15:5871.1)?

Yes

3. Are job descriptions for each position attached?

Yes

4. Are resumes for each position attached?

Yes

4.1. If no, explain why.

5. Explain the need for each position and justify the need for any overtime if requested.

The Financial Directors oversees the daily activities for every grant. She is responsible for tracking grant expenditures, reimbursements, employee payroll, and any other fiscal component associated with this grant.

Children's Advocate - Conduct groups for children while mothers are in support groups. Intake/Exist for all children whom enter the shelter. Provides support and assistance to children who have been abused or who have witnessed domestic violence. No overtime.

Women's Advocate - Conducts support groups and activities for women (residential and non-residential) who are receiving services from the shelter. She is responsible for providing all necessary services to the women and keeping accurate reports and records. No overtime.

Weekend Manager - Manages the shelter from Friday evening until Monday Morning providing any needed services to the residents and answering the 24 hour hotline. No overtime.

Night Manager - Manages the shelter from 12:00 A.M. until 8:00 A.M. providing all necessary services to the residents and answering the 24 hour hotline. No overtime.

Evening Manager - Manages the shelter from 4:00 P.M. until 12:00 A.M. providing all necessary services to the residents and answering the 24 hour hotline. No overtime.

Assistant Women's Advocate / Data - Assists in all clerical duties and data collection. No overtime.

6. Explain the basis of determining the salary for each position.

The salary of this positions were determined by the Executive Director to reflect other salaries in the area.

7. Explain the project duties for each position.

The Financial Director writes checks for invoices, payroll, contract work and other items as they are sent in. She prepares all expenditure reports for the grants and process all incoming payments. She prepares deposits for the office manager to take to the bank.

Children's Advocate - Conduct groups for children while mothers are in support groups. Intake/Exist for all children whom enter the shelter. Provides support and assistance to children who have been abused or who have witnessed domestic violence. She works from 8 am to 4 pm Monday - Friday. No overtime.

Women's Advocate - Conducts support groups and activities for women (residential and non-residential) who are receiving services from the shelter. She is responsible for providing all necessary services to the women and keeping accurate reports and records. She works from 8 am to 4 pm Monday - Friday. No overtime.

Weekend Manager - Manages the shelter from Friday evening until Monday Morning providing any needed services to the residents and answering the 24 hour hotline. No overtime.

Night Manager - Manages the shelter from 12:00 A.M. until 8:00 A.M. providing all necessary services to the residents and answering the 24 hour hotline. No overtime.

Evening Manager - Manages the shelter from 4:00 P.M. until 12:00 A.M. providing all necessary services to the residents and answering the 24 hour hotline. No overtime.

Assistant Women's Advocate / Data - Assists in all clerical duties and data collection. No overtime.

8. Indicate if personnel will be new or existing personnel. If existing, indicate if the 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 is moved must be filled. If employee is the same from the previous grant, indicate if the employee was originally hired for that position.]

All personnel are existing positions.

9. Are volunteers used in this project?

No

9.1. Is this a VOCA-funded project?

No

9.1.1. If yes, explain the need for an exemption to the requirement of using volunteers.

9.2. Are the volunteers used as in-kind match?

No

9.3. Are volunteers screened in compliance with the Louisiana Child Protection Act (LA R.S. 15:586.1)?

Yes

9.4. Are volunteers screened in compliance with the Louisiana Adult Protective Services Law (LA R.S. 1501-1511)?

No

9.5. Briefly describe the duties and functions of the volunteers. Indicate the number of hours per duty-function for this project. Duties must directly relate to the focus of this project.

9.6. Are job descriptions for volunteers attached?

No

9.7. Are timesheets kept on volunteers?

Yes

LCLE BUDGET - PERSONNEL related attachments:

File Name:	File Description:
Children's Advocate.doc	Children's Advocate Descrip
Evening Manager.doc	Evening Manager Descrip
Fiscal Director.doc	Fiscal Director Descrip
Night Manager.doc	Night Manager Descrip
Weekend Manager.doc	Weekend Manager Descrip
Women's Advocate.doc	Woman's Advocate Descrip
Anquinette Moore Resume.pdf	Ann Moore Resume
Betty Wolfe Resume.pdf	Betty Wolfe Resume
Carissa McCormic Resume.docx	Carissa M Resume
Ezra Glover Resume.rtf	Ezra G Resume
Jerrie Walker Resume.pdf	Jerrie W Resume
Tommie Rivers Resume.rtf	Tommie R Resume

13. SECTIONS:

C. LCLE Budget - Fringe Benefits

FRINGE BENEFITS JUSTIFICATION

1. Is personnel costs requested?

Yes

2. Please check the appropriate response regarding fringe benefits.

No additional fringe benefits will be provided.

13. SECTIONS:

D. STOP Budget Travel

TRAVEL

Travel is allowed for personnel listed in the Personnel Section of application. Mileage is unallowable in agency-owned vehicles. Charges cannot exceed established agency travel reates, but in no case can travel expenses exceed the current Louisiana Travel Guidelines. **Out-of-state travel rquires prior approval from LCLE**.

1. Is travel expenses being requested

Yes

2. Are requested travel expenses for local travel?

Yes

2.1. State who will travel and the purpose for local travel

Ezra Glover, Tommie Rivers for direct survivor services.

3. Are requested funds for non-local in-state and/or out-of-state travel?

No

3.1. State who will travel and the purpose of the non-local in-state and/or out-of-state travel.

NOTE: Out-of-state travel requires prior approval from LCLE. Only 50% of the out-of-state travel costs are allowed. This is inclusive only to the 48 contiguous states. Hawaii, Alaska and international travel is prohibited.

13. SECTIONS:

E. LCLE Budget - Equipment

EQUIPMENT JUSTIFICATION

1. Are equipment costs budgeted in this application?

No

1.1. If yes, explain the need for each equipment item requested.

1.2. Explain the procurement procedures.

1.3. Explain the equipment's relationship to this project.

2. Is this a request for sole source?

No

2.1. If yes, explain why sole source is needed. Refer to the **attached** instructions on requesting sole source.

NOTE: Sole Source request must be attached to this application.

13. SECTIONS:

F. LCLE Budget - Supplies & Operating Expenses

SUPPLIES & OPERATING EXPENSES JUSTIFICATION

1. Are supplies budgeted in this application?

Yes

1.1. If yes, explain the need and use of each major supply type requested.

Supplies are needed to ensure the smooth running of the shelter.

1.2. Explain the relationship of the supplies to this project.

The supplies will be used to purchase shelter needs such as copy paper, postage, file folders, cleaning supplies, paper products and hygiene products.

2. Are operating costs budgeted in this application?

Yes

2.1. If yes, explain the need of each operating cost requested.

Utilities such as the phone line, electricity and water.

2.2. Explain the relationship of the operating costs to this project.

Utilities are crucial in running the shelter since it is open 24/7 to survivors and is always occupied.

13. SECTIONS:

G. LCLE Budget - Consultant

CONSULTANTS JUSTIFICATION

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

The **original** signed (in **BLUE**) completed contract must be submitted to LCLE. This can be submitted as an attachment through Egrants. If the grant funds are part of a third party contract, the third party contract should be attached to the LCLE approved contract template as Attachment A - Statement of Work.

1. Are consultants costs budgeted in this application?

No

2. Explain the purpose of each consultant or other contractual services requested.

3. Explain why each service requested is necessary and cost effective for this project.

4. Explain the procurement procedures and basis for determing rate of pay.

5. Is this request for sole source?

No

5.1. If yes, explain why sole source is needed. Refer to the **attached** instructions on requesting sole source.

NOTE: You must attach the sole source request to this application.

13. SECTIONS:

H. STOP Purpose Areas

VAWA PURPOSE AREAS

Choose "**Yes**" for the VAWA Purpose Area(s) that this project will address. You will be required to report performance on each chosen purpose area.

1. Training law enforcement officers, judges, other court personnel, and prosecutors to more effectively identify and respond to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence.

No

2. Developing, training, or expanding units of law enforcement officers, judges, other court personnel, and prosecutors specifically targeting violent crimes against women including sexual assault and domestic violence.

No

3. Developing and implementing more effective police, court, and prosecution policies, protocols, orders, and services specifically devoted to preventing, identifying, and responding to violent crimes against women, including the crimes of sexual assault and domestic violence.

No

4. Developing, installing, or expanding data collection and communication systems, including computerized systems, linking police, prosecutors, and courts **or** for the purpose of identifying and tracking arrests, protection orders, violations of protection orders, prosecutions, and convictions for violent crimes against women, including the crimes of sexual assault and domestic violence.

No

5. Developing, enlarging, or strengthening victim services programs, including sexual assault, domestic violence, and dating violence programs, developing or improving delivery of victim services to underserved populations, providing specialized domestic violence court advocates in courts where a significant number of protection orders are granted, and increasing reporting and reducing attrition rates for cases involving violent crimes against women, including crimes of sexual assault and domestic violence.

Yes

6. Developing, enlarging, or strengthening programs addressing stalking.

No

7. Developing, enlarging, or strengthening programs addressing the needs and circumstances of Indian tribes in dealing with violent crimes against women, including the crimes of sexual assault and domestic violence.

No

8. Supporting formal and informal Statewide, multidisciplinary efforts, to the extent not supported by State funds, to coordinate the response of State law enforcement agencies, prosecutors, courts, victim services agencies, and other State agencies and departments, to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence.

No

9. Training of sexual assault forensic medical personnel examiners in the collection and preservation of evidence, analysis, prevention, and providing expert testimony and treatment of trauma related to sexual assault.

No

10. Developing, enlarging, or stengthening programs to assist law enforcement, prosecutors, courts, and others to address the needs and circumstances of older and disabled women who are victims of domestic violence or sexual assault, including recognizing, investigating, and prosecuting instances of such violence or assault and targeting outreach and support, counseling, and other victim services to such older and disabled individuals.

No

11. Providing assistance to victims of domestic violence and sexual assault in immigration matters.

No

12. Maintaining core victim services and criminal justice initiatives while supporting complementary new initiatives and emergency services for victims and their families.

No

13. Supporting the placement of special victim assistants (to be known as "Jessica Gonzales Victim Assistants") in local law enforcement agencies to serve as liaisons between law enforcement agencies to serve as liaisons between victims of domestic violence, dating violence, sexual assault, and stalking and personnel in local law enforcement agencies in order to improve the enforcement of protection orders. Jessica Gonzales Victim Assistants shall have expertise in domestic violence, dating violence, sexual assault, or stalking and may undertake the following activities -

- Developing, in collaboration with prosecutors, courts, and victim service providers, standardized response policies for local law enforcement agencies, including triage protocols to ensure that dangerous or potentially lethal cases are identified and prioritized;
- Notifying persons seeking enforcement of protection orders as to what responses will be provided by the relevant law enforcement agency;
- Referring persons seeking enforcement of protection orders to supplementary services (such as emergency shelter programs, hotlines, or legal assistance services); and
- Taking other appropriate action to assist or secure the safety of the person seeking enforcement of a protection order.

No

14. Providing funding to law enforcement agencies, nonprofit, nongovernmental victim services providers, and State, Tribal, Territorial, and local governments (which funding stream shall be known as the Crystal Judson Domestic Violence Protocol Program) to promote -

- the development and implementation of training for local victim domestic violence service providers, and to fund victim services personnel, to be known as "Crystal Judson Victim Advocates," to provide supportive services and advocacy for victims of domestic violence committed by law enforcement personnel;
- the implementation of protocols within law enforcement agencies to ensure consistent and effective responses to the commission of domestic violence by personnel within such agencies such as the model policy promulgated by the International Association of Chiefs of Police ("Domestic Violence by Police Officers: A Policy of the IACP, Police Response to Violence Against Women Project" July 2003); and
- the development of such protocols in collaboration with State, Tribal, Territorial and local victim services providers and domestic violence coalitions.

No

13. SECTIONS:

I. LCLE Program Narrative

PROBLEM DEFINITION

1. Are you a Law Enforcement agency?

No

1.1. If Yes, was the previous calendar year's (January-December) Uniform Crime Report data submitted?

A response to this question is optional and no answer was provided.

1.2. If not submitted, please state the date when the UCR data will be submitted.

2. 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 or state data, if local data is not available,** 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.

Taylor House is the only shelter in Sabine and DeSoto Parish dedicated to serving victims of domestic violence. According to the Louisiana Coalition Against Domestic Violence, Louisiana is ranked 4th highest in the nation of instances of domestic violence. In rural areas instances of domestic violence seem to be higher mostly because these families live in poverty and are under tremendous amounts of stress to care for their families. Many cannot afford to leave the relationship because of financial reasons so they stay and endure the abuse over and over.

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

The gap was identified when advocates realized people in rural areas did not have access or knowledge that services and resources where available to them. With continued outreach and education we hope to identify victims of domestic violence and provide resources to help them escape the cycle they are in.

13. SECTIONS:

J. LCLE Goals

GOALS

1. 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 domestic and dating violence.

Goal 2: Facilitate, preserve and enhance community coordination of services in Sabine and DeSoto Parishes.

13. SECTIONS:

K. LCLE Objectives

OBJECTIVES

1. Provide at least TWO (2) measureable objectives for EACH goal. Objectives need to be measureable, 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 advocates will provide 80 victims with services such as telephone assistance/support, crisis assessment/stabilization, provide referrals for legal assistance, individual and group therapy.

Goal 1, Objective 2: 40 victims served will demonstrate service satisfaction, knowledge of dynamics of violence and knowledge of where to receive information and/or services demonstrated by post service surveys.

Goal 2, Objective 1: The advocates will promote community knowledge of prevention, intervention and the dynamics of domestic violence and dating violence by facilitating 12 media presentations, 24 training/presentations to community organizations and schools.

Goal 2, Objective 2: The advocates will demonstrate increased community knowledge of prevention, intervention and the dynamics of domestic and dating violence by collecting post service surveys of which 60 respondents will indicate further knowledge of violence and where to refer individuals in need.

13. SECTIONS:

L. LCLE Activities

ACTIVITIES

1. 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 the entire grant period. This must relate back to the Goals and Objectives described earlier for your project. If this is a training project, please state below that you are completing the Training Program information.

Goal 1: Assist victims of domestic and dating violence.

Objective 1 Methods: The advocates will provide personal assistance, advocacy, counseling/therapy referrals and follow-up to 60 victims of domestic/dating violence by identifying victims from hotline calls or when a victim comes to Taylor House Shelter in search of help.

Objective 2 Methods: Increase public knowledge on the dynamics of domestic/dating violence by participating in 12 media broadcasts with local radio segments and write ups in the local papers. The advocates will place 1,000 brochures detailing services offered through Project Celebration and other organizations. These brochures will be placed in community centers, business offices, civic organizations and medical buildings for greater access by the public. Safety notices and hotline numbers will also be placed in public areas for greater view by the public to identify victims of domestic violence.

Goal 2: Facilitate, preserve and enhance community coordination of services in Sabine and DeSoto Parishes.

Objective 1 Methods: The outreach advocates will facilitate 6 presentations to law enforcement agencies and service providers by holding monthly Multi-disciplinary meetings to enhance coordination between agencies. Also, hold 6 presentations at junior and high schools in Sabine and DeSoto Parishes to identify victims of domestic/dating violence.

Objective 2 Methods: Demonstrate an improvement in the awareness of domestic/dating violence in 3 schools and 3 agencies.

13. SECTIONS:

M. LCLE Training Project

Training Projects

Complete this page in lieu of 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 form for in-house training.

1. Is this a training project?

No

2. Provide a brief concise description of the curriculum (topics to be included).

3. List the type of personnel to be trained.

4. How many individuals expected to be trained?

5. Identify the geographical location(s) of the trainees (who will be invited).

6. Dates and hours of the training

7. Identify the location of the training.

8. Provide a brief concise justification supporting the effectiveness of the training in addressing the identified need.

13. SECTIONS:

N. LCLE Prior Results

PRIOR RESULTS

(For Continuation Projects Only)

1. Is this a continuation project?

Yes

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

Last year we exceed our original goal, doubling the number of survivors served.

3. Did the project work as expected? Please explain why.

Yes, we were able to provide shelter and direct services for victims of domestic violence.

4. Have the original goals and objectives been revised?

Yes

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

We believe we will serve more victims during this project periods.

13. SECTIONS:

O. STOP Demographics

DEMOGRAPHICS

1. Type of Authorized Agency

Non-profit organization

2. Identify the best description of the organization receiving funding.

Dual Program (Domestice Violence and Sexual Assault)

3. Is this a faith-based organization?

No

4. Is this a culturally-specific community-based organization?

No

5. Congressional District that this project serves

4

6. Geographial area to be served.

Rural

7. State the physical address(es) where services are provided.

Project Celebration Inc./Taylor House Shelter, 580 W. Main St, Many, LA 71449

13. SECTIONS:

P. LCLE Evaluation

EVALUATION AND DISSEMINATION OF REPORTING

1. Pre-test, post-test and/or evaluation form(s) are attached.

Yes

1.1. If no, explain why.

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

Data is collected by the worker located on shift. Intakes are preformed by the Women's and Children's Advocate during the day shift.

3. When will the data be collected?

Data is collected when a survivor enters the shelter or calls the hotline for help during the day. If they come after hours, information will be taking the morning that the Women's and Children's Advocate arrive to work.

4. Who will collect and analyze the data?

Women's and Children's Advocate will collect the data. The Program Manager/Executive Director will analyze the data.

5. Who will be responsible for submitting the data for the Quarterly and Annual Progress/Monitoring reports? Please state their name and contact information below.

ID	Name	Phone Number	Email Address
5.1	Carissa McCormic	(318) 256-6242	carissamccormic@gmail.com

6. Following evaluation, who and how will updating or revising of the project's strategy be accomplished?

The Program Director/Executive Director will be responsible for updating or revising the project's strategies.

7. 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/Monitoring 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 monthly expenditure reports and Quarterly Progress and Monitoring Reports.

LCLE, DCFS, LaFASA will receive yearly audit report.

13. SECTIONS:

Q. LCLE Continuation

CONTINUATION

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

Yes

2. Since continued federal 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. Or, explain why this project cannot be supported at the conclusion of federal support.

With donations and contributions, we hope to continue this program if possible after the conclusion of federal support. The shelter has been open 24/7 to survivors for 20 years and we would hope that funding sources could be secured to ensure that the doors stay open.

13. SECTIONS:

R. LCLE Resources

RESOURCES

1. 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 is a building that houses 9 offices, a family room and a board room. Taylor House Shelter is a two story house that was converted into a shelter for DV survivors in 1996. There are eight rooms with beds for shelter survivors. The rooms are large enough to accommodate families of 5, with 2-3 beds. There is a handicap accessible bedroom located on the first floor with a handicap shower across the hall. There is a ramp on the front porch to for wheelchair access. The shelter is has 24/7 security monitoring. Entry to the survivor bedrooms is located behind two locked doors. The backyard is surrounded by an 8 ft high, wooded security fence so children can play outdoors in privacy. The shelter is adjacent to the Sheriff's Dept and across the street from a medical center.

13. SECTIONS:

S. LCLE Collaboration/Consultation

COLLABORATION/CONSULTATION

Law enforcement, prosecution, the courts, probation and parole agencies, and community providers must consult with each other.

1. Describe the process used to consult, coordinate, and collaborate with each agency.

Project Celebration hosts monthly Multi-Disciplinary meetings to bring law enforcement, court personnel, prosecution, the medical community, OCS and other organizations togehter to discuss cases. During these meetings a vast amount of information is shared such as resources and referral sources.

2. The following support documents are attached.

Three current letters of support.

LCLE COLLABORATION/CONSULTATION related attachments:

File Name:	File Description:
Support Letters.pdf	Support Letters

13. SECTIONS:

T. LCLE Audit Requirements

AUDIT REQUIREMENTS

1. Does your organization/agency expend $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)?

No

Please provide the following information if your organization/agency expends $500,000 or more in Federal funds for the fiscal year being audited:

1.1. Date of last audit

12/15/2012

1.1.1. audit period beginning:

7/1/2011

1.1.2. audit period ending:

6/30/2012

1.2. Date of next audit

11/15/2013

1.2.1. audit period beginning:

7/1/2012

1.2.2. audit period ending:

6/30/2013

1.3. Date next audit will be forwarded to LCLE

12/19/2013

13. SECTIONS:

U. STOP LAVNS & CVR

LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

and

CRIME VICTIMS REPARATIONS (CVR)

1. Provide the individual, their telephone and email responsible for assisting victims in regard to accessing using the LAVNS system.

Mitzi Harris, (318) 256-6242, mitzi945@aol.com

2. Does this individual also serve as the agency's point of contact for LAVNS?

Yes

2.1. If not, please provide the name, telephone and email.

3. Has this individual received training by LCLE to learn how victims are served by LAVNS?

Yes

3.1. If no, will the agency request LAVNS training from LCLE within 30 days of the award? NOTE: More information regarding LAVNS program, including training information, can be found at: http://lcle.la.gov/programs/lavns.asp.

A response to this question is optional and no answer was provided.

4. Does the agency have posters displayed for promoting LAVNS and brochures readily available to victims?

If no, please go to the LCLE wesite to request **free** LAVNS materials at: www.lcle.la.gov/lavns.

Yes

5. Is the individual identifed above, the same individual responsible for assisting victims in regard to services available through the Crime Victims Reparations (CVR) program?

Yes

5.1. If no, please provide the name, telephone and email.

6. Does the agency know who the CVR Claims Investigator is at the Parish Sheriff's Office?

Yes

7. Does the agency have posters displayed for promoting CVR and brochures readily available to victims?

If no, please visit LCLE's website for additional information on the CVR program, applications and other forms at: www.lcle.la.gov/programs/cvr.asp.

Yes

13. SECTIONS:

V. LCLE Civil Rights

CIVIL RIGHTS

Congress links federal financial assistance with federal civil rights laws. Your agency must ensure protections and guarantees of nondiscrimination. This information is required for the agency receiving a grant from the Louisiana Commission on Law Enforcement and Administration of Criminal Justice (LCLE). You may be asked to provide copies of documentation during a site visit or desk audit.

1. CIVIL RIGHTS CONTACT PERSON - Identify the designated individual who has lead responsibility in insuring that all applicable civil rights requirements are met.

Carissa McCormic

1.1. Civil Rights Contact Person's Email

carissamccormic@gmail.com

1.2. Civil Rights Contact Person's Telephone Number

(318) 256-6242

2. TRAINING - The Office for Civil Rights online training has been completed. The online training can be obtained at www.ojp.usdoj.gov/about/ocr/assistance.htm.

The attached Certificate of Civil Rights Training must be downloaded and signed in BLUE by the Project Director and returned directly to

Scan to
egrants@lcle.la.gov
or
mail to
Egrants
Louisiana Commission on Law Enforcement
PO Box 3133
Baton Rouge, LA 70821-3133

No

3. EQUAL EMPLOYMENT OPPORTUNITY PLAN (EEOP) - Is the agency required to submit an EEOP short form to the U.S. Department of Justice?

No

3.1. If **YES**, please identify the date the plan was prepared and the physical location of the plan.

3.2. If **NO**, you must complete, sign, and attach the Equal Employment Opportunity Plan (EEOP) Certification.

8/30/2013

4. NOTICE - Describe how the agency provides notification that the agency does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, disability, and age in the delivery of services and employment practices. Check all boxes that apply. You may be asked to provide copies of written policies or procedures.

4.1. Program Participants and Beneficiaries (posters, brochures, program materials, etc.)

Written Orientation / Program Manual

4.1.1. Describe Other

4.2. Employees (policies, posters, recruitment materials, etc.)

Human Resource Policy

4.2.1. Describe Other

5. COMPLAINTS - Describe how the agency informs program beneficiaries how to file complaints alleging discrimination. Check all boxes that apply.

Policies

5.1. Describer Other

6. RESOLUTION - Describe the agency's grievance procedures that incorporate due process standards for prompt and equitable resolution of complaints alleging discrimination in employment practices and delivery of services. Check all boxes that apply.

6.1. Employment

Human Resource Policies

6.1.1. Describe Other

6.1.2. Describe Procedure

6.2. Delivery of Services

Agency Policies

6.2.1. Describe Other

6.2.2. Describe Procedure

7. LIMITED ENGLISH PROFICIENCY (LEP) - Describe steps to provide meaningful access to programs who have LEP.

Consider these factors to determine the appropriate level of *reasonable* steps:

a. The *number or proportion* of LEP persons served or encountered in the eligible service population.

b. The *frequency* with which LEP individuals come in contact with the program.

c. The *nature and importance* of the program, activity, or service provdied by the program.

d. The *resources* available to the recipient.

7.1. Does the four factors analysis warrant LEP services?

Yes

7.1.1. If **YES**, check all boxes that apply

Interpreter services contracted as needed.

7.1.2. Describe Other

8. RELIGIOUS ACTIVITIES - Describe whether the agency conducts religious activities as part of programs or services. If so, please address the following and attach written policies or procedures.

8.1. Do you conduct religious activities as part of the program?

No

8.1.1. If **YES**, please certify:

A response to this question is optional and no answers were selected.

SUBSTANTIAL FINDINGS OF DISCRIMINATION - In the event a Federal or State court or Federal or State Administrative Agency (LCLE) makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origina, sex, sexual orientation, disability, or age against a recipient of funds, the recipient will forward a copy of the finding to the Louisiana Commission on Law Enforcement and the Office for Civil Rights, Office of Justice Programs. Submit any adverse findings within the past three (3) years of the project adward date to the Office for Civil Rights.

9. TECHNICAL ASSISTANCE - Would you like technical assistance with any of these areas?

No Technical Assistance Is Needed

13. SECTIONS:

W. LCLE EEOP

EQUAL EMPLOYMENT OPPORTUNITY PROGRAM (EEOP)

Federal regulations require recipients of financial assistance from the Office of Justice Programs (OJP), its component agencies, and the Office of Community Oriented Policing Services (COPS) to prepare, maintain on file, submit to OJP for review, and implement an Equal Employment Opportunity Plan (EEOP) in accordance with 28 C.F.R. §§ 42.301-.308. The regulations exempt some recipients from all of the EEOP requirements. Other recipients, according to the regulations, must prepare, maintain on file and implement an EEOP, but they do not need to submit the EEOP to OJP for review. Recipients that claim a complete exemption from the EEOP requirement must complete **Section A** of the attached form. Recipients that claim the limited exemption from the submission requirement must complete **Section B** of the attached form. **A recipient should complete *either* Section A or Section B, not both.** If a recipient receives multiple OJP or COPS grants, please complete a form for each grant, ensuring that any EEOP recipient certifies as completed and on file (if applicable) has been prepared within two years of the latest grant. Please send the completed form(s) to the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice, 810 7th Street, N.W., Washington, D.C. 20531. For assistance in completing this form, please call (202) 307-0690 or TTY (202) 307-2027.

1. SECTION A - Declaration Claiming Complete Exemption from the EEOP Requirement.

1.1. This agency claims a complete exemption from the EEOP requirement.

Yes

1.1.1. This agency (check all the boxes that apply)

Has less than 50 employees.

Is a non-profit organization

Is receiving an award less than $25,000.

1.2. The EEOP Certification Form for this project has been submitted to the Offiice for Civil Rights, Office of Justice Programs, U.S. Department of Justice, 810 7th Street, N.W., Washington, D.C. 20531.

No

1.2.1. Date submitted

1.2.2. If **NO**, please state when the EEOP will be submitted. LCLE must be notified when the EEOP is submitted.

Will submit by 8/30/13

2. SECTION B - Declaration Claiming Exemption from the EEOP Submission Requirement and Certifying that an EEOP is on File for Review.

2.1. This agency has 50 or more employees and is receiving a single award or subaward for $25,000 or more, but less than $500,000, have formulated an EEOP in accordance with 28 C.F.R. 42:301, et seq., subpart E. The EEOP has been formulated and signed into effect within the past two years by the proper authority and that it is available for review. The EEOP is on file in the office for review by the public and employee or for review or audit by officials of LCLE or the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice, as required by relevant laws and regulations.

A response to this question is optional and no answer was provided.

2.1.1. The EEOP is on file and can be viewed at:

LCLE EEOP related attachments:

File Name:	**File Description:**
EEOP 1343.pdf	EEOP 1343

13. SECTIONS:

X. LCLE FFATA

FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPENSATION QUESTIONNAIRE

If there are any changes to this questionnaire, you must notify LCLE in writing.

1. In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches, and all affiliates worldwide) receive

(1) 80 percent or more your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements;

AND

(2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

No

If the answer to Question #1 is **NO**, **STOP** you are not required to provide the data requested below.

2. If the answer to Question #1 is **YES**, does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m (a), 78o(d) or section 6104 of the Internal Revenue Code of 1986?

A response to this question is optional and no answer was provided.

3. If the answer to Question #2 is **YES**, provide link to SEC: http://www.sec.gov/

4. If the answer to Question #2 is **NO**, please provide the name and amount of the top 5 highly compensated officials of the sub-awardee organization. This will be the same compensation information that appears in sub-awardee's Central Contractor Registration (CCR) profile, as applicable.

ID	Name	Annual Income

13. SECTIONS:

Y. LCLE Non Profit

PRIVATE NON-PROFIT AGENCY CHECKLIST

The following items must be included with submission of this application for direct funding of private non-profit agencies. This information does not have to be submitted to LCLE for governmental applicants proposing to pass through some or all of the funds to a non-profit agency.

1. ATTACHMENT 1 - A copy of the most recent audited financial report, which must not be more than one year old; or a letter stating that the most report is on filed with LCLE.

Yes

2. ATTACHMENT 2 - A list of the members of the Board of Directors, stating each member's position.

Yes

3. ATTACHMENT 3 - A copy of the Louisiana Secretary of State Commerical Division stating that the organization is active and in good standing.

Yes

4. ATTACHMENT 4 - A copy of the by-laws of the organization, clearly defining the line of authority and responsibility moving between the Board and staff, outlining the hiring practices of the organization, and demonstrating the management and controls maintained by the Board; or for continuation subgrants, a letter from the Board Secretary certifying that the by-laws previously submitted are still in effect or copies of the latest amendments and changes.

Yes

5. ATTACHMENT 5 - Evidence that the Project Director, Financial Officer, and Board Officers and any employee that is responsible for the receipt and expenditure of funds are included in an employee dishonesty insurance policy for 30% of the funds requested or 10% of the organization's budget, whichever is greater.

Yes

6. ATTACHMENT 6 - A written statement that a checking account for subgrant funds will be arranged so that at least two (2) signatures are required for issuance of checks, and a list of those individuals who have such authority.

Yes

LCLE NON PROFIT related attachments:

File Name:	File Description:
2012 PCI Audit.pdf	Audit
Check Policy.pdf	Check Policy
Dishonesty Bond.pdf	Dishonesty Bond
SOS Good Standing Letter.pdf	SOS letter
PCI By Laws.pdf	By laws
PCI Board Members.docx	Board List

13. SECTIONS:

Z. STOP Certified Assurances

VIOLENCE AGAINST WOMEN ACT (VAWA) FORMULA GRANT PROGRAM
CERTIFIED ASSURANCES

Abbreviations:	
CFR Code of Federal Regulations	OMB Federal Office of Management and Budget
LCLE Louisiana Commission on Law Enforcement	USC United States Code
PL Public Law	VAWA Violence Against Women Act
OJP Office of Justice Programs	VAWO Violence Against Women Office

THE APPLICANT UNDERSTANDS, AND AGREES, THAT RECEIPT OF A SUBGRANT AS A RESULT OF THIS APPLICATION SUBJECTS THE APPLICANT TO THE FOLLOWING CERTIFIED ASSURANCES 1 THROUGH 77:

1. ALLOWABLE COSTS. The applicant certifies that any allowable costs incurred under any subgrant shall be determined in accordance with the general principles of allowable costs and standards for selected cost items set forth in 2 CFR Part 225 – "Cost Principals for State, Local, and Indian Tribal Governments" (formerly OMB Circular A-87) or 2 CFR Part 230 – "Cost Principals for Non-Profit Organizations" (formerly OMB Circular A-122), as well as the current edition of the OJP Financial Guide, and LCLE Policies.

2. ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW (ACORN). The applicant understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of any contract or subaward to either the Association of Community Organizations for Reform Now (ACORN) or its subsidiaries, without prior written approval of OJP. (Federal Memorandum M-10-02 dated October 7, 2009, issued pursuant to Section 163 of the Continuing Appropriations Resolution, 2010, Division B of PL. # 111-68 (CR), as well as State of Louisiana Executive Order BJ 09-16 dated September 17, 2009.)

3. AUDIT CONTRACTS. The applicant understands and agrees that every contract, agreement or understanding to make a study or prepare a report on behalf of a state agency official, by a private firm, consultant or individual who receives compensation thereof from state, federal, local or other public funds from whatever source, shall contain or be deemed to contain an authorization for the legislative auditor to audit the records of such firm, consultant or individual pertaining to such study or report.

4. **AUDIT AND INSPECTION.** The applicant understands and agrees that Office of Justice Programs, Office on Violence Against Women, Louisiana Commission on Law Enforcement, or any of their duly authorized representatives shall have access, for purposes of audit and examination, to any books, documents, papers, computer software, or records of the subgrantee, and to relevant books and records of contractors.

5. **AUDIT REQUIREMENTS.** The Applicant agrees to abide by the requirements of the OMB Circular A-133 entitled "Audits of States, Local Governments, and Non-Profit Organizations." The effective date of the new OMB Circular A-133 is July 1, 1996, and shall apply to audits for fiscal years beginning after June 30, 1996. The audit reports for June 1997 are the first to come under this Circular. The threshold for the single audit requirement is as follows:

If you have expended $300,000 ($500,000 for fiscal years ending after December 31, 2003) or more in a year in Federal awards, you are required to have a single or program specific (if certain criteria are met) audit conducted for that year in accordance with the provisions of the OMB Circular A-133.

If an audit discloses findings or recommendations, then a corrective action plan must be submitted along with the audit report and it must include the following:
a) The name and telephone number of the contact person responsible for the corrective action plan.

b) Specific steps taken to comply with the recommendations.

c) Timetable for performance and /or implementation dates for each recommendation.

d) Descriptions of monitoring to be conducted to ensure implementation.

A copy of the resultant audit report, if applicable, management letter issued by the auditor, corrective action plan and any written responses to the aforementioned should be forwarded to the Louisiana Commission on Law Enforcement. The audit report with attachments should be sent within 30 days after the completion of the audit, but no later than 9 months after the end of the audited period.

6. CENTRAL CONTRACTOR REGISTRATION (CCR). The applicant understands and agrees that it has and will maintain the Central Contractor Registration (CCR) registration. This is mandated by the Federal Funds Accountability and Transparency Act of 2006. Information can be obtained at www.sam.gov.

7. **CIVIL RIGHTS REQUIREMENTS.** Recipients of funds must comply with any applicable nondiscrimination requirements, which may include the Omnibus Crime Control and Safe Streets Act of 1968; the Violence Against Women Act of 1994, P.L. 103-322, the Violence Against Women Act of 2000, P.L. 106-386, and the Violence Against Women and Department of Justice Reauthorization Act of 2005, P.L. 109-162; the Juvenile Justice and Delinquency Prevention Act of 1974; Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; the Department of Justice Non-Discrimination Regulations at 28 C.F.R. Part 42, Subparts C, D, G, and I; 28 C.F.R. Part 35; and 28 C.F.R. Part 54.

8. **COMMINGLING OF FUNDS.** The applicant certifies and agrees there will be no commingling of funds on either a program-by-program basis or a project-by-project basis. Funds specifically budgeted and/or received for one project may not be used to support another.

9. **COMPETITIVE PROCUREMENT.** The applicant certifies that procurement of contract services and equipment shall be on a competitive basis in

LOUISIANA COMMISSION ON LAW ENFORCEMENT

Applicant Hereby Applies to the LCLE for Financial Support for the Within-Described Project:

LCLE USE ONLY

Receipt Date	Award Date	Subgrant Number(s)
8/10/2013		-- 1343

1. Type of Funds for which you are applying			
2. Applicant	**Name Of Applicant:** Project Celebration, Inc.		
	Federal I.D: 72-1144152	**Parish:** Sabine	
	Street Address Line 1: 580 West Main Street		
	Address Line 2:	**Address Line 3:**	
	City: Many	**State:** LA	**Zip:** 71449-3005
3. Recipient Agencies	Project Celebration, Inc.		
4. Project Director	**Name:** Ms Mitzi Harris	**Title:** Executive Director **Agency:** Project Celebration, Inc.	
	Street Address Line 1: 580 West Main St.		
	Address Line 2:	**Address Line 3:**	
	City: Many	**State:** LA	**Zip:** 71449-3005
	Phone: 318-256-6242 **Fax:** 318-256-2064	**Email:** mitzi945@aol.com	
5. Financial Officer	**Name:** Ms. Carissa McCormic	**Title:** Financial Director **Agency:**	
	Street Address Line 1: 580 West Main St.		

	Street Address Line 1: 580 W. Main St			
	Address Line 2:		**Address Line 3:**	
	City: Many		**State:** LA	**Zip:** 71449
	Phone: 318-256-6242	**Fax:** 318-256-2064 x256	**Email:** carissamccormic@gmail.com	
6. Contact	**Name:** Ms Mitzi Harris		**Title:** Executive Director **Agency:** Project Celebration, Inc.	
	Street Address Line 1: 580 West Main St.			
	Address Line 2:		**Address Line 3:**	
	City: Many		**State:** LA	**Zip:** 71449-3005
	Phone: 318-256-6242	**Fax:** 318-256-2064	**Email:** mitzi945@aol.com	
7. Brief Summary of Project (Do Not Exceed Space Provided)	**Short Title** (May not exceed 50 characters) Domestic Violence Program			
	This program is designed to help domestic violence survivors find a safe place to escape from their abusers. The project will support advocacy, a shelter located in Sabine Parish and outreach efforts in Sabine and DeSoto Parishes.			

8. Subgrant Budget TOTAL BUDGET BY CATEGORY

BUDGET CATEGORY	AMOUNT
PERSONNEL	13,428.00
EMPLOYEE BENEFITS	1,430.00
TRAVEL (INCLUDING TRAINING)	627.00
EQUIPMENT	0.00
SUPPLIES & OPERATING EXPENSES	1,100.00
CONSULTANTS	0.00
CONSTRUCTION	0.00
OTHER	0.00
TOTAL	**16,585.00**

9. TOTAL BUDGET BY FUND SOURCE

FUND SOURCE	AMOUNT	PERCENT
FEDERAL	16,585.00	100%
STATE	0.00	
PROJECT INCOME	0.00	
INTEREST	0.00	
STATE MATCH	0.00	
CASH MATCH (NEW APPROP.)	0.00	
IN-KIND MATCH	0.00	
PROJECT INCOME MATCH	0.00	
TOTAL	**16,585.00**	**100%**

10. Project Start Date: 5/1/2013 **Project End Date:** 4/30/2014

11. IN WITNESS WHEREOF, the Applicant has caused this subgrant application to be executed, attested, and ensealed by its proper officials, pursuant to legal action authorizing the same to be done.

DATE

Project Celebration, Inc.
NAME OF APPLICANT AGENCY

SIGNATURE OF AUTHORIZED OFFICIAL

TITLE OF AUTHORIZED OFFICIAL

(SEAL)

NOTE: The original copy must be signed in ink.
Titles of all signatories must be inserted.

LCLE USE ONLY

In response to this application, LCLE funds are hereby obligated for the project described by the subgrantee in the referenced application, subject to applicant acceptance.

EXECUTIVE DIRECTOR

DATE

Louisiana Commission on Law Enforcement

12. BUDGET DETAILS

A. MASTER BUDGETS

BY RECIPIENT AGENCY	YEAR 1	TOTAL
Project Celebration, Inc.	16,585.00	**16,585.00**
Total:	**16,585.00**	**16,585.00**

Applicant Agency: Project Celebration, Inc.

BY CATEGORY	YEAR 1	TOTAL
PERSONNEL	13,428.00	**13,428.00**
EMPLOYEE BENEFITS	1,430.00	**1,430.00**
TRAVEL (INCLUDING TRAINING)	627.00	**627.00**
EQUIPMENT	0.00	**0.00**
SUPPLIES & OPERATING EXPENSES	1,100.00	**1,100.00**
CONSULTANTS	0.00	**0.00**
CONSTRUCTION	0.00	**0.00**
OTHER	0.00	**0.00**
Total:	**16,585.00**	**16,585.00**

BY SOURCE	YEAR 1	TOTAL
FEDERAL	16,585.00	**16,585.00**
STATE	0.00	**0.00**
PROJECT INCOME	0.00	**0.00**
INTEREST	0.00	**0.00**
STATE MATCH	0.00	**0.00**
CASH MATCH (NEW APPROP.)	0.00	**0.00**
IN-KIND MATCH	0.00	**0.00**
PROJECT INCOME MATCH	0.00	**0.00**
Total:	**16,585.00**	**16,585.00**

12. BUDGET DETAILS

A. MASTER

Line Item Details for: Project Celebration, Inc.

YEAR 1

PERSONNEL

COST

Position:	Financial Director	
Name:	Carissa McCormic	
Computation:	$100/month x 12	1,200.00
Position:	Women's Advocate	
Name:	Tommie Jean Rivers	
Computation:	$400/month x 12 months	4,800.00
Position:	Children's Advocate	
Name:	Ezra Glover	
Computation:	$319/month x 12 months	3,828.00
Position:	Evening Shift Manager	
Name:	Betty Wolfe	
Computation:	$100/month x 12	1,200.00
Position:	Night Shift Manager	
Name:	Anquinette Moore	
Computation:	$100/month x 12	1,200.00
Position:	Weekend Shift Manager	
Name:	Jerrie Walker	
Computation:	$100/month x 12	1,200.00

Personnel - Year 1 Total: **13,428.00**

EMPLOYEE BENEFITS

		COST
Position:	Financial Director	
Name:	Carissa McCormic SS	
Computation:	$1200/yr x .062 Social Security	74.00
Position:	Financial Director	
Name:	Carissa McCormic Medi	
Computation:	$1200/yr x .0145 Medicare	17.00
Position:	Financial Director	
Name:	Carissa McCormic W/C	
Computation:	$1200/yr x .03 Workers Comp	36.00
Position:	Night Shift Manager	
Name:	Anquinette Moore SS	
Computation:	$1200/yr x .062 Social Security	74.00
Position:	Night Shift Manager	
Name:	Anquinette Moore Meidcare	
Computation:	$1200/yr x .0145 Medicare	17.00
Position:	Night Shift Manager	
Name:	Anquinette Moore W/C	
Computation:	$1200/yr x .03 Workers Comp	36.00

Position:	Evening Shift Manager	
Name:	Betty Wolfe Medi	
Computation:	$1200/yr x .0145 Medicare	17.00
Position:	Evening Shift Manager	
Name:	Betty Wolfe SS	
Computation:	$1200/yr x .062 Social Security	74.00
Position:	Evening Shift Manager	
Name:	Betty Wolfe W/C	
Computation:	$1200/yr x .03 Workers Comp	36.00
Position:	Women's Advocate	
Name:	Tommie Jean Rivers Medi	
Computation:	$4,800/yr x .0145 Medicare	71.00
Position:	Women's Advocate	
Name:	Tommie Jean Rivers SS	
Computation:	$4,800/yr x .062 Social Security	299.00
Position:	Women's Advocate	
Name:	Tommie Jean Rivers W/C	
Computation:	$4,800/yr x .03 Workers Comp	144.00
Position:	Children's Advocate	
Name:	Ezra Glover Medi	
Computation:	$3,823/yr x .0145 Medicare	56.00
Position:	Children's Advocate	
Name:	Ezra Glover SS	
Computation:	$3,823/yr x .062 Social Security	237.00
Position:	Children's Advocate	
Name:	Ezra Glover W/C	
Computation:	$3,823/yr x .03 Workers Comp	115.00
Position:	Weekend Shift Manager	
Name:	Jerrie Walker Medi	
Computation:	$1200/yr x .0145 Medicare	17.00
Position:	Weekend Shift Manager	
Name:	Jerrie Walker SS	
Computation:	$1200/yr x .062 Social Security	74.00
Position:	Weekend Shift Manager	
Name:	Jerrie Walker W/C	
Computation:	$1200/yr x .03 Workers Comp	36.00

Employee Benefits - Year 1 Total: **1,430.00**

TRAVEL (INCLUDING TRAINING)

		COST
Purpose of Travel:	Local shelter business	
Location:	Sabine/DeSoto Parish	
Item:	Locate travel for shelter supplies	
Computation:	1229.25 miles x $.51/mile	627.00
	Travel (Including Training) - Year 1 Total:	**627.00**

EQUIPMENT

		COST
Item:		
Item:		
Quantity:		0.00
	Equipment - Year 1 Total:	**0.00**

SUPPLIES & OPERATING EXPENSES

		COST
Supply Item:	Basic Office/Shelter Supplies	
Computation:	$50/month x 12 months	600.00
Supply Item:	Utilities	
Computation:	$500 for phone line/electricity	500.00
	Supplies & Operating Expenses - Year 1 Total:	**1,100.00**

CONSULTANTS - CONSULTANT

		COST
Name / Position:		
Service Provided:		
Computation:		0.00
	Consultants - Consultant - Year 1 Total:	**0.00**

CONSULTANTS - TRAVEL

		COST
Consultant:		
Location:		
Item:		
Computation:		0.00
	Consultants - Travel - Year 1 Total:	**0.00**

CONSULTANTS - PRODUCT/SERVICE

	COST
Consultant:	
Item:	
Computation:	0.00

Consultants - Product/Service - Year 1 Total: **0.00**

YEAR 1 TOTAL: 16,585.00

13. SECTIONS:

A. LCLE Budget Summary With Cash & InKind Match

1. Please itemize the Budget Category expenditures.

(Please verify that the Total Amount equals the Calculated Paid Amount.)

ID	Budget Category	Total Amount	Amount Paid with Federal Dollars	Amount Paid with Cash Match	Amount Paid with In-Kind Match	Calculated Paid Amounts
1.1	Personnel	13,428	13,428	0	0	13,428
1.2	Employee Benefits	1,430	1,430	0	0	1,430
1.3	Travel (including Training)	627	627	0	0	627
1.4	Supplies & Operating Expenses	1,100	1,100	0	0	1,100
Total: Σ		16,585	16,585	0	0	16,585

13. SECTIONS:

B. LCLE Budget - Personnel

PERSONNEL BUDGET JUSTIFICATION

1. Are personnel costs requested?

Yes

2. Are employees screened and in compliance with the Louisiana Child Protection Act (LA RS 15:5871.1)?

Yes

3. Are job descriptions for each position attached?

Yes

4. Are resumes for each position attached?

Yes

4.1. If no, explain why.

5. Explain the need for each position and justify the need for any overtime if requested.

The Financial Directors oversees the daily activities for every grant. She is responsible for tracking grant expenditures, reimbursements, employee payroll, and any other fiscal component associated with this grant.

Children's Advocate - Conduct groups for children while mothers are in support groups. Intake/Exist for all children whom enter the shelter. Provides support and assistance to children who have been abused or who have witnessed domestic violence. No overtime.

Women's Advocate - Conducts support groups and activities for women (residential and non-residential) who are receiving services from the shelter. She

is responsible for providing all necessary services to the women and keeping accurate reports and records. No overtime.

Weekend Manager - Manages the shelter from Friday evening until Monday Morning providing any needed services to the residents and answering the 24 hour hotline. No overtime.

Night Manager - Manages the shelter from 12:00 A.M. until 8:00 A.M. providing all necessary services to the residents and answering the 24 hour hotline. No overtime.

Evening Manager - Manages the shelter from 4:00 P.M. until 12:00 A.M. providing all necessary services to the residents and answering the 24 hour hotline. No overtime.

Assistant Women's Advocate / Data - Assists in all clerical duties and data collection. No overtime.

6. Explain the basis of determining the salary for each position.

The salary of this positions were determined by the Executive Director to reflect other salaries in the area.

7. Explain the project duties for each position.

The Financial Director writes checks for invoices, payroll, contract work and other items as they are sent in. She prepares all expenditure reports for the grants and process all incoming payments. She prepares deposits for the office manager to take to the bank.

Children's Advocate - Conduct groups for children while mothers are in support groups. Intake/Exist for all children whom enter the shelter. Provides support and assistance to children who have been abused or who have witnessed domestic violence. She works from 8 am to 4 pm Monday - Friday. No overtime.

Women's Advocate - Conducts support groups and activities for women (residential and non-residential) who are receiving services from the shelter. She is responsible for providing all necessary services to the women and keeping accurate reports and records. She works from 8 am to 4 pm Monday - Friday. No overtime.

Weekend Manager - Manages the shelter from Friday evening until Monday Morning providing any needed services to the residents and answering the 24 hour hotline. No overtime.

Night Manager - Manages the shelter from 12:00 A.M. until 8:00 A.M. providing all necessary services to the residents and answering the 24 hour hotline. No overtime.

Evening Manager - Manages the shelter from 4:00 P.M. until 12:00 A.M. providing all necessary services to the residents and answering the 24 hour hotline. No overtime.

Assistant Women's Advocate / Data - Assists in all clerical duties and data collection. No overtime.

8. Indicate if personnel will be new or existing personnel. If existing, indicate if the 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 is moved must be filled. If employee is the same from the previous grant, indicate if the employee was originally hired for that position.]

All personnel are existing positions.

9. Are volunteers used in this project?

No

9.1. Is this a VOCA-funded project?

No

9.1.1. If yes, explain the need for an exemption to the requirement of using volunteers.

9.2. Are the volunteers used as in-kind match?

No

9.3. Are volunteers screened in compliance with the Louisiana Child Protection Act (LA R.S. 15:586.1)?

Yes

9.4. Are volunteers screened in compliance with the Louisiana Adult Protective Services Law (LA R.S. 1501-1511)?

No

9.5. Briefly describe the duties and functions of the volunteers. Indicate the number of hours per duty-function for this project. Duties must directly relate to the focus of this project.

9.6. Are job descriptions for volunteers attached?

No

9.7. Are timesheets kept on volunteers?

Yes

LCLE BUDGET - PERSONNEL related attachments:

File Name:	File Description:
Children's Advocate.doc	Children's Advocate Descrip
Evening Manager.doc	Evening Manager Descrip
Fiscal Director.doc	Fiscal Director Descrip
Night Manager.doc	Night Manager Descrip
Weekend Manager.doc	Weekend Manager Descrip
Women's Advocate.doc	Woman's Advocate Descrip
Anquinette Moore Resume.pdf	Ann Moore Resume
Betty Wolfe Resume.pdf	Betty Wolfe Resume
Carissa McCormic Resume.docx	Carissa M Resume
Ezra Glover Resume.rtf	Ezra G Resume
Jerrie Walker Resume.pdf	Jerrie W Resume
Tommie Rivers Resume.rtf	Tommie R Resume

13. SECTIONS:

C. LCLE Budget - Fringe Benefits

FRINGE BENEFITS JUSTIFICATION

1. Is personnel costs requested?

Yes

2. Please check the appropriate response regarding fringe benefits.

No additional fringe benefits will be provided.

13. SECTIONS:

D. STOP Budget Travel

TRAVEL

Travel is allowed for personnel listed in the Personnel Section of application. Mileage is unallowable in agency-owned vehicles. Charges cannot exceed established agency travel reates, but in no case can travel expenses exceed the current Louisiana Travel Guidelines. **Out-of-state travel rquires prior approval from LCLE**.

1. Is travel expenses being requested

Yes

2. Are requested travel expenses for local travel?

Yes

2.1. State who will travel and the purpose for local travel

Ezra Glover, Tommie Rivers for direct survivor services.

3. Are requested funds for non-local in-state and/or out-of-state travel?

No

3.1. State who will travel and the purpose of the non-local in-state and/or out-of-state travel.

NOTE: Out-of-state travel requires prior approval from LCLE. Only 50% of the out-of-state travel costs are allowed. This is inclusive only to the 48 contiguous states. Hawaii, Alaska and international travel is prohibited.

13. SECTIONS:

E. LCLE Budget - Equipment

EQUIPMENT JUSTIFICATION

1. Are equipment costs budgeted in this application?

No

1.1. If yes, explain the need for each equipment item requested.

1.2. Explain the procurement procedures.

1.3. Explain the equipment's relationship to this project.

2. Is this a request for sole source?

No

2.1. If yes, explain why sole source is needed. Refer to the **attached** instructions on requesting sole source.

NOTE: Sole Source request must be attached to this application.

13. SECTIONS:

F. LCLE Budget - Supplies & Operating Expenses

SUPPLIES & OPERATING EXPENSES JUSTIFICATION

1. Are supplies budgeted in this application?

Yes

1.1. If yes, explain the need and use of each major supply type requested.

Supplies are needed to ensure the smooth running of the shelter.

1.2. Explain the relationship of the supplies to this project.

The supplies will be used to purchase shelter needs such as copy paper, postage, file folders, cleaning supplies, paper products and hygiene products.

2. Are operating costs budgeted in this application?

Yes

2.1. If yes, explain the need of each operating cost requested.

Utilities such as the phone line, electricity and water.

2.2. Explain the relationship of the operating costs to this project.

Utilities are crucial in running the shelter since it is open 24/7 to survivors and is always occupied.

13. SECTIONS:

G. LCLE Budget - Consultant

CONSULTANTS JUSTIFICATION

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

The **original** signed (in **BLUE**) completed contract must be submitted to LCLE. This can be submitted as an attachment through Egrants. If the grant funds are part of a third party contract, the third party contract should be attached to the LCLE approved contract template as Attachment A - Statement of Work.

1. Are consultants costs budgeted in this application?

No

2. Explain the purpose of each consultant or other contractual services requested.

3. Explain why each service requested is necessary and cost effective for this project.

4. Explain the procurement procedures and basis for determing rate of pay.

5. Is this request for sole source?

No

5.1. If yes, explain why sole source is needed. Refer to the **attached** instructions on requesting sole source.

NOTE: You must attach the sole source request to this application.

13. SECTIONS:

H. STOP Purpose Areas

VAWA PURPOSE AREAS

Choose "**Yes**" for the VAWA Purpose Area(s) that this project will address. You will be required to report performance on each chosen purpose area.

1. Training law enforcement officers, judges, other court personnel, and prosecutors to more effectively identify and respond to violent crimes against women, including the crimes of sexual assault, domestic violence, and dating violence.

No

2. Developing, training, or expanding units of law enforcement officers, judges, other court personnel, and prosecutors specifically targeting violent crimes against women including sexual assault and domestic violence.

No

3. Developing and implementing more effective police, court, and prosecution policies, protocols, orders, and services specifically devoted to preventing, identifying, and responding to violent crimes against women, including the crimes of sexual assault and domestic violence.

No

4. Developing, installing, or expanding data collection and communication systems, including computerized systems, linking police, prosecutors, and courts **or** for the purpose of identifying and tracking arrests, protection orders, violations of protection orders, prosecutions, and convictions for violent crimes against women, including the crimes of sexual assault and domestic violence.

No

5. Developing, enlarging, or strengthening victim services programs, including sexual assault, domestic violence, and dating violence programs, developing or improving delivery of victim services to underserved populations, providing specialized domestic violence court advocates in courts where a significant number of protection orders are granted, and increasing reporting and reducing attrition rates for cases involving violent crimes against women, including crimes of sexual