

LOUISIANA COMMISSION ON LAW ENFORCEMENT

LCLE USE ONLY

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

| <u>Receipt Date</u> | <u>Award Date</u> | <u>Subgrant Number(s)</u> |
|---------------------|-------------------|---------------------------|
| 8/9/2013 | | -- 1326 |

| | | | |
|--|---|------------------------|------------------------------------|
| 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. Brandy Goins | | Title: Forensic Interviewer |
| | Agency: | | |
| | Street Address Line 1: 580 W. Main St | | |
| | Address Line 2: | Address Line 3: | |
| | City: Many | State: LA | Zip: 71449 |
| 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 |
| 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 |
| 7. Brief Summary of Project (Do Not Exceed Space Provided) | Short Title (May not exceed 50 characters) Sexual Assault Services Program "Many" | | |
| | The Toledo Sexual Assault and Crisis Center is a program under the umbrella of Project Celebration Inc. The program strives to serve all survivors of sexual assault in our community. The pre-awarded funds provide advocacy for survivors of sexual assault such as medical, personal, counseling and court advocacy. | | |
| | Phone: 318-256-6242 | | |
| | Fax: 318-256-2064 | | |
| | Email: mitzi945@aol.com | | |

8. Subgrant Budget TOTAL BUDGET BY CATEGORY

| BUDGET CATEGORY | AMOUNT |
|-------------------------------|------------------|
| PERSONNEL | 14,199.00 |
| EMPLOYEE BENEFITS | 1,471.00 |
| TRAVEL (INCLUDING TRAINING) | 0.00 |
| EQUIPMENT | 0.00 |
| SUPPLIES & OPERATING EXPENSES | 2,292.00 |
| CONSULTANTS | 0.00 |
| CONSTRUCTION | 0.00 |
| OTHER | 0.00 |
| TOTAL | 17,962.00 |

9. TOTAL BUDGET BY FUND SOURCE

| FUND SOURCE | AMOUNT | PERCENT |
|--------------------------|------------------|-------------|
| FEDERAL | 17,962.00 | 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 | 17,962.00 | 100% |

10. Project Start Date: 4/1/2013

Project End Date: 3/31/2014

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. | 17,962.00 | 17,962.00 |
| Total: | 17,962.00 | 17,962.00 |

Applicant Agency: Project Celebration, Inc.

| BY CATEGORY | YEAR 1 | TOTAL |
|-------------------------------|------------------|------------------|
| PERSONNEL | 14,199.00 | 14,199.00 |
| EMPLOYEE BENEFITS | 1,471.00 | 1,471.00 |
| TRAVEL (INCLUDING TRAINING) | 0.00 | 0.00 |
| EQUIPMENT | 0.00 | 0.00 |
| SUPPLIES & OPERATING EXPENSES | 2,292.00 | 2,292.00 |
| CONSULTANTS | 0.00 | 0.00 |
| CONSTRUCTION | 0.00 | 0.00 |
| OTHER | 0.00 | 0.00 |
| Total: | 17,962.00 | 17,962.00 |

| BY SOURCE | YEAR 1 | TOTAL |
|--------------------------|------------------|------------------|
| FEDERAL | 17,962.00 | 17,962.00 |
| 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: | 17,962.00 | 17,962.00 |

12. BUDGET DETAILS**A. MASTER**

Line Item Details for: Project Celebration, Inc.

YEAR 1**PERSONNEL**

| | | <u>COST</u> |
|----------------------------------|-------------------------|------------------|
| Position: | SA Counselor | |
| Name: | Janet Arnold | |
| Computation: | \$457/month x 12 months | 5,484.00 |
| Position: | Program Director | |
| Name: | Brandy Goins | |
| Computation: | \$300/month x 12 months | 3,600.00 |
| Position: | Office Manager | |
| Name: | LaJuana W. Mosley | |
| Computation: | \$364/month x 12 months | 3,600.00 |
| Position: | Sexual Assault Advocate | |
| Name: | Tommie Rivers | |
| Computation: | 33 hrs x \$15/hr | 495.00 |
| Position: | Sexual Assault Advocate | |
| Name: | Ezra Glover | |
| Computation: | 33 hrs | 495.00 |
| Position: | Sexual Assault Advocate | |
| Name: | LaJuana W. Mosley | |
| Computation: | 525 Hours x \$15/hr | 525.00 |
| Personnel - Year 1 Total: | | 14,199.00 |

EMPLOYEE BENEFITS

| | | <u>COST</u> |
|---------------------|-----------------------------------|-------------|
| Position: | SA Counselor | |
| Name: | Janet Arnold SS | |
| Computation: | \$5,484/yr x .062 Social Security | 340.00 |
| Position: | SA Counselor | |
| Name: | Janet Arnold Medi | |
| Computation: | \$5,484/yr x .0145 Medicare | 80.00 |
| Position: | SA Counselor | |
| Name: | Janet Arnold WC | |
| Computation: | \$5,484/yr x .03 Worker's Comp | 165.00 |

12. BUDGET DETAILS**A. MASTER****Line Item Details for: Project Celebration, Inc.**

| | | |
|---------------------|--|--------|
| Position: | Program Director | |
| Name: | Brandy Goins SS | |
| Computation: | \$3,600/yr x .062 Social Security | 223.00 |
| Position: | Program Director | |
| Name: | Brandy Goins Medi | |
| Computation: | \$3,600/yr x .0145 Meidcare | 52.00 |
| Position: | Program Director | |
| Name: | Brandy Goins WC | |
| Computation: | \$3,600/yr x .03 Worker's Comp | 108.00 |
| Position: | Office Manager | |
| Name: | LaJuana W. Mosley SS | |
| Computation: | \$3,600/yr x .062 Social Security | 223.00 |
| Position: | Office Manager | |
| Name: | LaJuana W. Mosley Medi | |
| Computation: | \$3,600/yr x .0145 Meidcare | 52.00 |
| Position: | Office Manager | |
| Name: | LaJuana W. Mosley WC | |
| Computation: | \$3,600/yr x .03 Worker's Comp | 108.00 |
| Position: | Office Manager | |
| Name: | LaJuana W. Mosley D/V Ins | |
| Computation: | \$10/month x 12 months Dental/Vision Insurance | 120.00 |

Employee Benefits - Year 1 Total: 1,471.00

SUPPLIES & OPERATING EXPENSES

| | | <u>COST</u> |
|---------------------|--|--------------------|
| Supply Item: | Basic Office Supplies | |
| Computation: | \$50/month x 12 months | 600.00 |
| Supply Item: | SA Supplies for Survivors | |
| Computation: | \$50/month x 12 months for clothing for survivors, rape kits, etc. | 600.00 |
| Supply Item: | Phone | |
| Computation: | \$50/month x 12 months for phone line | 600.00 |
| Supply Item: | Water | |
| Computation: | \$41/month x 12 months for water bill | 492.00 |

Supplies & Operating Expenses - Year 1 Total: 2,292.00

12. BUDGET DETAILS

A. MASTER

Line Item Details for: Project Celebration, Inc.

CONSULTANTS - CONSULTANT

| | <u>COST</u> |
|---|-------------|
| Name / Position: | |
| Service Provided: | |
| Computation: | 0.00 |
| <hr/> | |
| Consultants - Consultant - Year 1 Total: | 0.00 |

CONSULTANTS - TRAVEL

| | <u>COST</u> |
|---|-------------|
| Consultant: | |
| Location: | |
| Item: | |
| Computation: | 0.00 |
| <hr/> | |
| Consultants - Travel - Year 1 Total: | 0.00 |

CONSULTANTS - PRODUCT/SERVICE

| | <u>COST</u> |
|--|-------------|
| Consultant: | |
| Item: | |
| Computation: | 0.00 |
| <hr/> | |
| Consultants - Product/Service - Year 1 Total: | 0.00 |

YEAR 1 TOTAL: 17,962.00

13. SECTIONS:

A. LCLE Budget Summary No Match

I. 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 | Calculated Paid Amounts |
|----------|-------------------------------|--------------|----------------------------------|-------------------------|
| 1.1 | Personnel | 14,199 | 14,199 | 14,199 |
| 1.2 | Employee Benefits | 1,471 | 1,471 | 1,471 |
| 1.3 | Supplies & Operating Expenses | 2,292 | 2,292 | 2,292 |
| Total: Σ | | 17,962 | 17,962 | 17,962 |

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 SA Counselor position provides needed counseling for survivors to heal from the traumatic event they have experienced.

The Program Manager oversees the scheduling and day to day operations of the program.

The Office Manager maintains files for the program and preforms other clerical duties necessary to ensure the smooth running of the program.

The Sexual Assault Advocates are on call after work hours to assist survivors with medical, personal and court advocacy. They are not paid fringe benefits for these task.

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

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

7. Explain the project duties for each position.

The SA Counselor meets with survivors that are referred to them by the SA Advocates.

The Program Manager is responsible for scheduling on-call SA Advocates, ensuring they are current with their training and handles any concerns that may arise for either Advocates or survivors.

The Office Manager fields phone calls for the program, ensures the advocates have all the necessary forms available to them when need and maintains files for program.

The Sexual Assault Advocates are utilized to provide medical, personal and court advocacy on behalf of the survivors they serve. They rotate shifts so someone is on call and can be reached when an advocate is requested to assist survivors of sexual assault.

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.]

Existing Personnel. In the Office Manager position, LaJuana Mosley has replaced Charlene McCormic who previously retired from PCI. Brandy Goins is replacing Harold Ledford as Program Director. Mr. Ledford is working as a volunteer for PCI and is not available to perform all the duties needed for this program.

New Personnel: Ezra Glover, Tommie Rivers and LaJuana Mosley have been added as SA Advocates to this grant instead of paying contract workers. Janet Arnold will fill the new position as the SA Counselor. Previously we hired contract workers for this position.

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)?

No

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?

No

LCLE BUDGET - PERSONNEL related attachments:

File Name:

- ✂ Brany Ezernack Resume.pdf
- ✂ LaJuana Mosley Resume.pdf
- ✂ Tommie Jean Rivers Resume.pdf
- ✂ Janet Arnold Resume.pdf
- ✂ JOB DESCRIPTION- Program Director.doc

File Description:

- Brandy Goins Resume
- LaJuana Mosley Resume
- Tommie Jean Rivers Resume
- Janet Arnold Resume
- Program Director Description

✦ Office Manager.doc

Office Manager Description

✦ Sexual Assault Advocate.doc

SA Advocate

✦ Certified Counselor.doc

Counselor

✦ Ezra Glover Resume.rtf

Ezra Glover 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. LCLE Budget - Supplies & Operating Expenses****SUPPLIES & OPERATING EXPENSES JUSTIFICATION**

1. Are supplies requested for this project?

Yes

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

Basic office supplies will be used to purchase paper, toner, postage and other items for office use.

Survivor supplies will consist of clothing for sexual assault victims who receive medical advocacy. Rape kits will also be purchased through funds provided by this grant.

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

Basic office supplies are needed for everyday management of the grant from copying paper to files for survivor cases. Clothing is essential because survivor's clothing is required to be taken for evidence in cases. The Advocates will provide a change of clothes for the survivors when they are called to the medical facility. Rape kits are needed to collect evidence of sexual assault.

2. Are operating expenses requested for this project?

Yes

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

A phone line is essential when a sexual assault advocate is needed. Water is a necessity to run the our daily operation.

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

The phone line connects the advocates to the survivors of sexual assault. Water is used in the everyday operation of the building in which the program is housed.

13. SECTIONS:

E. 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.

N/A

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

N/A

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

N/A

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.

N/A

13. SECTIONS:

F. SASP Purpose Areas

SASP PURPOSE AREAS

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

1. 24-hour hotline services providing crisis intervention and referral

Yes

2. Accompaniment and advocacy through medical, criminal justice, and social support systems, including medical facilities, police, and court proceedings

Yes

3. Crisis intervention, short-term individual and group support services, and comprehensive service coordination and supervision to assist sexual assault victims and family or household members

Yes

4. Information and referral to assist the sexual assault victim and family or household members

Yes

5. Community-based, linguistically and culturally specific services and support mechanisms, including outreach activities for underserved communities

Yes

6. The development and distribution of materials on issues related to the services described above

Yes

13. SECTIONS:**G. 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.

Our community sits in a rural area. Many of the people in our area live close to poverty and live outside the city limits. Many do not have the means to seek help or are unaware that help is available to them in instances of sexual assault. There is a need to reach these rural areas and provide information on sexual assault such as how to identify victims or ways to prevent sexual assault in the community. According to city-data.com, Sabine Parish's poverty rate in 2009 sat at 20.1%, while DeSoto Parish's was at 21.6% during the same time period.

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

Many of the population in the rural areas of the two parishes we serve are not properly served. Many in this communities can not afford to seek out help or are unaware that help is available to them.

13. SECTIONS:

H. LCLE Goals

GOALS

I. 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 serves (medical, court and personal advocacy and counseling) to victims of sexual assault with dedicated, compassionate advocates.

Goal 2: To provide outreach in the communities we serve in order to identify and proved resources to victims of sexual assault.

13. SECTIONS:

I. LCLE Activities

ACTIVITIES

I. 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.

During each quarter 5-8 survivors will be served with direct services such as medical/court advocacy, counseling or referrals. During each quarter a minimum of 5 survivors will attend counseling sessions as referred by the advocate. Every month an advocate will host a presentation that is specific to sexual assault on how to identify victims, where resources can be found within the community and how to report suspected sexual assault. During these monthly presentations, the advocate will give a pre and post test to show that the group is more informed as a result of the presentation.

13. SECTIONS:

J. LCLE Objectives

| |
|-------------------|
| <u>OBJECTIVES</u> |
|-------------------|

| |
|--|
| <p>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.</p> |
|--|

Goal 1, Objective 1: Advocates will provide direct services to a minimum of 30 sexual assault survivors from 4/1/13 to 3/30/14 in the form of medical, personal or court advocacy and provide survivor survey's evaluating satisfaction with the services provided.

Goal 1, Objective 2: Provide counseling services for a minimum of 20 sexual assault survivors referred by SA advocates.

Goal 2, Objective 1: The SA Advocates will preform 12 presentations to the community (schools, clubs, civic organizations, etc.) on the effects of sexual assault, how to identify sexual assault victims and where to find resources within our community.

Goal 2, Objective 2: Preform pre and post test to evaluate the knowledge of the group before and after the presentation.

13. SECTIONS:

K. 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.)

From 4/1/2012 to 3/30/2013 a total of eighty-two (82) survivors of sexual assault were served with the use of funding from the SASP grant. 57 survivors received medical advocacy and 42 survivors received court advocacy in the form of accompaniment. 70 survivors were referred to and participated in counseling or group counseling.

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

Yes, PCI was able to serve more victims of sexual assault do to the funding from this grant. Without the extra funding, we could not provide advocates in the community who are dedicated to providing these much needed services.

4. Have the original goals and objectives been revised?

No

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

13. SECTIONS:

L. SASP Demographics

DEMOGRAPHICS

1. Type of Authorized Agency

Non-profit organization

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

Dual Program (Domestic 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. Geographical area to be served.

Rural

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

580 W. Main St, Many, LA 71449 in Sabine Parish.

13. SECTIONS:

M. 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?

The data will be collected from the SA Survivor by the SA Advocate.

3. When will the data be collected?

On the first contact with the survivor and after services are given.

4. Who will collect and analyze the data?

SA Advocates will collect the data and the Program 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 and advocates will discuss ways to improve their services to survivors.

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 and annual report.

LCLE, DCFS, LaFASA will receive yearly audit report.

LCLE EVALUATION related attachments:

File Name:

✦ Victim Evaluation of Services Survey.doc

File Description:

Survey Form

13. SECTIONS:

N. 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.

We would hope to have funding to continue this project after federal support concluded. Project Celebration continuously searches for new avenues of funding. With few grants available and more competition, it has become harder for agencies to secure funding. With the combination of other funding sources, community donations, etc. we hope to continue this program in the future.

13. SECTIONS:

O. LCLE Resources

RESOURCES

I. 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 located in Many LA in Sabine Parish. PCI occupies a building that houses eight offices, a family room and a board room. All survivor records are keep behind two locked doors in locked filing cabinets. There is also an outreach office located in DeSoto Parish where victims can meet the counselor for sessions. Supplies are available such as files, copy paper, fax machines, scanners, printers and computers.

13. SECTIONS:

P. 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 meeting to bring law enforcement, court personnel, prosecution, the medical community, OCS, and other organizations together to discuss cases. During these meetings a vast amount of information is shared such a resources and referral sources are brought to the table.

2. The following support documents are attached.

Three current letters of support.

LCLE COLLABORATION/CONSULTATION related attachments:

File Name:

File Description:

✦ Support Letters.pdf

Letters of Support

13. SECTIONS:

Q. 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:

07/01/2011

1.1.2. audit period ending:

06/30/2012

1.2. Date of next audit

11/15/2013

1.2.1. audit period beginning:

07/01/2012

1.2.2. audit period ending:

06/30/2013

1.3. Date next audit will be forwarded to LCLE

12/19/2013

13. SECTIONS:

R. 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.

Will submit by 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. Describe 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 provided 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:

S. 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 Office 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.

It will be submitted by 8/30/2013.

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:

✦ EEOP 1326.pdf

File Description:

EEOP

13. SECTIONS:

T. 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:

U. 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:

- ✂ 2012 PCI Audit.pdf
- ✂ PCI Active Board Members 2012-2013.docx
- ✂ SOS Good Standing Letter.pdf
- ✂ PCI By Laws.pdf
- ✂ Check Policy.pdf
- ✂ Dishonesty Bond.pdf

File Description:

- PCI Audit
- Board List
- SOS Good Standing
- Bylaws
- Check Policy
- Dishonesty Bond

13. SECTIONS:

V. SASP Certified Assurances

SEXUAL ASSAULT SERVICES PROGRAM (SASP) FORMULA GRANT PROGRAM
CERTIFIED ASSURANCES

Abbreviations:

| | |
|---|---|
| CFR Code of Federal Regulations | OMB Federal Office of Management and Budget |
| LACLE 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 Federal OMB Circular A-87 or A-122, as well as the current edition of the OJP Financial Guide, and LACLE 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, Violence Against Women Office, 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 FUND.** 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 accordance with applicable federal, state, or local procurement regulations, and consistent with policies established by LCLE. Non-competitive procurement (sole source) must receive prior approval from LCLE. Contractors that develop or draft specifications, requirements, statements of work, and/or Request for Proposals (RFPs) for a proposed procurement shall be excluded from bidding or submitting a proposal to compete for the award of such procurement. An exemption to this regulation requires the prior approval of LCLE and is only given in unusual circumstances, such as when a non-profit organization is acting as the agent of the state or local unit of government. Any request for exemption must be submitted in writing to LCLE.

Any state agency or agency of a political subdivision of the state which is using appropriated federal funds must comply with Section 6002 of RCRA. Section 6002 requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by the Environmental Protection Agency (EPA).

10. **COMPLIANCE WITH OTHER STATUTORY REQUIREMENTS.** The applicant certifies that it will comply with all lawful requirements imposed by the awarding Federal agency, specifically including any applicable regulations such as 28 C.F.R. Part 18 – Office of Justice Programs Hearing and Appeal Procedures; 28 C.F.R. Part 22 Confidentiality of Identifiable Research and Statistical Information; 28 C.F.R. Part 23 Criminal Intelligence Systems Operating Policies; 28 C.F.R. Part 30 Intergovernmental Review of Department of Justice Programs and Activities; 28 C.F.R. Part 35 Nondiscrimination on the Basis of Disabilities in State and Local Government Services; 28 C.F.R. Part 42 Non Discrimination; Equal Employment Opportunity; Policies and Procedures; 28 C.F.R. Part 61 Procedures for Implementing the National Environmental Policy Act; 28 C.F.R. Part 63 Flood Plan Management and Wetland Protection Procedures, and the Award Term for Trafficking Persons in 2 C.F.R. § 175.15(b).

11. **COMPLIANCE WITH POLICY.** The applicant certifies that this subgrant shall be subject to the policies and regulations established by the Office of Justice Programs (OJP), the Office of Violence Against Women (OVW), the Louisiana Commission on Law Enforcement (LCLE), and the Victim Services Advisory Board.

The applicant assures compliance with the applicable guidelines, provisions, policies and requirements authorized by the Violence Against Women Act of 1994, P.L. 103-322, the Violence Against Women Act of 2000, P.L. 106-386, the Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C. 3711 et seq.

P.L. 103-222, the Violence Against Women Act of 2000, P.L. 100-580, the Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C. 5111 et. seq., the Violence Against Women and Department of Justice Reauthorization Act of 2005, P.L. 109-162, OVW's implementing regulations at 28 CFR Part 90, the current edition of the Office on Violence Against Women (OVW) Financial Grants Management Guide, (and the applicable program guidelines and regulations), as required.

12. **CONFIDENTIALITY REQUIREMENTS.** The applicant agrees to comply with all confidentiality requirements of 42 U.S.C. Section 3789g and 28 C.F.R. Part 22 that are applicable to collection, use, and revelation of data or information. Applicant further agrees, as a condition of subgrant approval, to submit a Privacy Certificate that is in accord with requirements of 28 C.F.R. Part 22 and, in particular, section 22.23.

13. **CRIME VICTIMS REPARATIONS PROGRAM.** The applicant certifies that it will be responsible for providing assistance to victims in regard to services available through the Crime Victims Reparations Program as appropriate.

14. **DATA UNIVERSAL NUMBERING SYSTEM (DUNS NUMBER).** All applicants must have a Data Universal Numbering System (DUNS Number). Information can be obtained at www.dnb.com or 1-866-705-5711.

15. **DISCRIMINATION FINDING.** The applicant assures that in the event that any federal or state court or administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, age, sexual orientation, or disability against a recipient of funds, the recipient will forward a copy of the findings to the Office of Civil Rights Compliance (OCRC), of the Office of Justice Programs.

16. **DUAL COMPENSATION.** The applicant assures that no contractor will receive dual compensation from his regular employer and the applicant for work performed during a single period of time and that adequate documentation will be maintained to verify such.

17. **ELIGIBILITY FOR FUNDING.** The applicant certifies it has the legal authority to apply for federal assistance and the institutional, managerial, and financial capability (including funds sufficient to pay any required non-federal share of project cost) to ensure proper planning, management, and completion of the project described in this application.

18. **EQUAL EMPLOYMENT OPPORTUNITY PROGRAM.** The applicant assures that if required to formulate an Equal Employment Opportunity Program (EEOP) in accordance with 28 C.F.R. 42.302 et seq., compliance with the requirement will follow, and a current EEOP will be maintained on file or submitted to the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice according to applicable requirements. If claiming a partial or complete exemption from the EEOP requirements, the applicant will submit a copy of the enclosed EEOP Certification Form to the Office for Civil Rights.

19. **EQUIPMENT INVENTORY CONTROL.** The applicant certifies that any equipment purchased through the subgrant will be tagged, put in an inventory control system, and identified or distinguished as OJP purchased equipment. When equipment is willfully or negligently lost, stolen, damaged, or destroyed, the subgrantee is responsible for replacing or repairing the equipment. Stolen equipment must be reported to local police, and all resulting reports must be submitted to LCLE.

20. **EQUIPMENT AND OTHER CAPITAL EXPENDITURES.** The applicant certifies that a) no other equipment owned by the subgrantee is available for the project; b) subgrant funds will not be used to provide reimbursement for the purchase price of equipment already owned by the subgrantee except through permissible depreciation or use allowance actually charged to the subgrantee; c) if equipment is for purposes other than this project, the appropriate proration of costs to each activity involved will be affected; d) the amount of Federal funds applicable to the purchase or rent of equipment shall be reduced by any amount received or credited toward the trade-in or sale of older existing equipment which is being replaced as a result of this subgrant; e) funds provided by

this subgrant will not be used to replace items of equipment purchased with LCLE subgrant funds except as provided for in current VAWA guidance.

21. **EQUITABLE TREATMENT.** Pursuant to Section 223(a)(15) of the JJDP Act, the applicant assures that youth in the juvenile justice system are treated equitably on the basis of gender, race, family income, and mentally, emotionally, or physically handicapping conditions.

22. **FAITH-BASED EQUAL TREATMENT REGULATIONS.** The grantee agrees to comply with the applicable requirements of 28 C.F.R. Part 38, the Department of Justice regulation governing "Equal Treatment for Faith Based Organizations" (the "Equal Treatment Regulation"). The Equal Treatment Regulation provides in part that Department of Justice grant awards of direct funding may not be used to fund any inherently religious activities, such as worship, religious instruction, or proselytization. Recipients of direct grants may still engage in inherently religious activities, but such activities must be separate in time or place from the Department of Justice funded program, and participation in such activities by individuals receiving services from the grantee or a sub-grantee must be voluntary. The Equal Treatment Regulation also makes clear that organizations participating in programs directly funded by the Department of Justice are not permitted to discriminate in the provision of services on the basis of a beneficiary's religion. Information can be obtained at www.ojp.gov/about/ocr/equal_fbo.htm.

Faith-based organizations should also note that the Safe Street Acts, as amended; the Violence Against Women Act, as amended; and the Juvenile Justice and Delinquency Prevention Act, as amended contain prohibition against discrimination on the basis of religion in employment. Despite these nondiscrimination provisions, the Justice Department has concluded that the Religious Freedom Restoration Act (RFRA) is reasonably construed, on a case-by-case basis, to require that its funding agencies permit faith-based organizations applying for funding under the applicable program statues both to receive DOJ funds and to continue considering religion when hiring staff, even if the statute that authorizes the funding program generally forbids considering of religion in employment decisions by grantees. For more information on this regulation, please see OCR website at www.ojp.usdoj.gov/ocr/etfbo.htm.

23. **FALSE CLAIMS ACT.** The applicant must promptly refer to the Department of Justice, Office of the Inspector General any credible evidence that a principal, employee, agent, contractor, subgrantee, subcontractor, or other person has either 1) submitted a false claim for grant funds under the False Claims Act; or 2) committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving grant funds. Potential fraud, waste, abuse, or misconduct should be reported to the Office of the Inspector General by: a) Mail: Office of the Inspector General, US Department of Justice, Investigations Division, 950 Pennsylvania Ave., N.W., Room 476, Washington, DC 20530; b) Email: oig.hotline@usdoj.gov; c) Hotline: 1-800-869-4499 (Phone), 1-202-616-9881 (Fax), or d) Website: www.usdoj.gov/oig (Additional information is available from the DOJ OIG website.)

24. **FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT OF 2006 (FFATA).** The applicant agrees to comply with applicable requirements to report first-tier subawards of \$25,000 or more and, in certain circumstances, to report the names and total compensation of the five most highly compensated executives of the recipient and first-tier subrecipients of award funds. Such data will be submitted to the FFATA Subaward Reporting System (FSRS). The details of recipient obligations, which derive from the Federal Funding Accountability and Transparency Act of 2006 (FFATA), are posted on the OJP website at www.ojp.gov/funding/ffata.htm.

25. **FILING COSTS FOR CIVIL OR CRIMINAL CHARGES.** The applicant certifies that, in connection with the prosecution of any misdemeanor or felony domestic violence offense, the victim will not bear the cost associated with the filing of civil or criminal charges against the domestic violence offender, or the costs associated with the issuance or service of a warrant, protection order, and witness subpoena (arising from the incident that is the subject of the arrest or criminal prosecution).

26. **FISCAL REGULATIONS.** Applicant certifies and agrees that fiscal administration of subgrants shall be subject to such further rules, regulations, and policies concerning accounting and records, payment of funds, cost allowance, submittal of financial reports, and any other applicable required documentation which may be prescribed by the organizations and/or publications named in #1 and #3.

27. **FLOOD DISASTER PROTECTION ACT OF 1973**. The applicant certifies that flood insurance will be purchased in communities where such insurance is available as a condition for the construction or acquisition purpose for use. {Flood Disaster Protection Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234, 87 Stat. 975, approved December 31, 1976)}
28. **FORENSIC MEDICAL EXAMS**. The applicant assures that grant funds will not be used to pay for the cost of the forensic medical examination or any additional procedure for victims of sexual assault. The State, Indian tribal government, or territorial government does not require a victim of sexual assault to participate in the criminal justice system or cooperate with law enforcement in order to be provided with a forensic medical exam, reimbursement for charges incurred on account of such an exam, or both.
29. **FUTURE SUPPORT**. The applicant understands that the awarding of future funding is contingent upon the availability of future federal appropriations.
30. **HATCH ACT**. The applicant, if a governmental entity, assures it will comply with requirements of 5 U.S.C. § 1501-8 and § 7324-28, which limit certain political activities of State or local government employees whose principal employment is in connection with an activity financed in whole or in part by federal assistance.
31. **IMMIGRATION AND NATURALIZATION SERVICES EMPLOYMENT ELIGIBILITY VERIFICATION**. The applicant agrees to comply with, and keep on file as appropriate, the Immigration and Naturalization Services Employment Eligibility Verification form (I-9). This form is to be used by recipients of federal funds to verify that persons are eligible to work in the United States.
32. **INDIGENT DEFENDERS**. The applicant certifies that no subgrant funds will be expended for any federal litigation by any indigent defender or any expenses including travel relate thereto.
33. **INTEREST INCOME**. Applicant assures that all interest earned on advances will be accountable. Interest Income is not considered Program Income. Subgrant agencies should only request federal funds for immediate needs. Interest earned on federal funds up to a maximum of \$250 a year for all federal programs may be kept by the subgrantee. Amounts over \$250 must be submitted annually to the United States Department of Health and Human Services, Division of Payment Management Services, PO Box 6021, Rockville, MD 20852. A copy of any pertinent correspondence must be submitted to LCLE. Interest on Program Income may be used as match with prior approval from LCLE.
34. **LANGUAGE PROFICIENCY (LIMITED ENGLISH PROFICIENCY)**. In accordance with Department of Justice Guidance pertaining to Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d, recipients of Federal financial assistance must take reasonable steps to provide meaningful access to their programs and activities for persons with limited English proficiency (LEP). For more information on the civil rights responsibilities that recipients have in providing language services to LEP individuals, please see the website at <http://www.lep.gov>.
35. **LOUISIANA AUTOMATED VICTIMS NOTIFICATION SYSTEM (LAVNS)**. The applicant certifies that it will be responsible for providing assistance to victims in regard to accessing and using the Louisiana Automated Victims Notification System (LAVNS) as appropriate.
36. **MANDATORY REPORTING**. The applicant assures compliance with the provisions of Article 609 of the Louisiana Children's Code, which, in part,

states that all suspected, or known instances of child abuse and/or neglect shall be reported. Reports can be made to the Office of Community Services (OCS), the Child Abuse Hot Line, or local law enforcement.

37. **MATCH.** Applicant certifies that the required match is available and dedicated to this project and is not derived from other Federal funds. Current employee positions transferred to the subgrant shall be replaced or backfilled with new employees. The applicant assures that funds required to pay the non-federal portion (cash match) of the cost of each project for which a subgrant is made shall be in addition to funds that would otherwise be made available for law enforcement, or other criminal justice efforts by the recipients of the grant funds. Recipients and their subrecipients must maintain records which clearly show the source, the amount, and the timing of all matching contribution.

38. **NATIONAL ENVIRONMENTAL POLICY ACT (NEPA).** The applicant agrees to aid LCLE in support of Department of Justice's compliance with the Federal regulations in regards to the National Environmental Policy Act (NEPA) of 1969 (41 U.S.C. § 4321 et seq.)

39. **NATIONAL HISTORIC PRESERVATION.** The applicant will comply with the Federal regulations regarding any minor renovations or remodeling of a property or structure fifty years or older: Section 106 of the National Historic Preservation Act of 1966 (16 U.S.C § 470), Executive Order 11593 (identification and protection of historic properties), the Archeological and Historical Preservation Act of 1974 (16 U.S.C. § 469 a-1 et seq.), and the National Environmental Policy Act of 1969 (42 U.S.C. § 4321).

40. **NEW PROGRAM RESOURCES.** The applicant, if it is a new program that has not yet demonstrated a record of providing services, certifies that at least 25% of its financial support is from non-federal sources.

41. **NON-DISCRIMINATION.** The applicant assures that it, and all its contractors, will comply with any applicable federal nondiscrimination requirements, which may include the Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C. § 3789d(c); 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, 42 U.S.C. § 5672(b); Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d; Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794; Title II of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12132; Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681; the Age Discrimination Act of 1975, 42 U.S.C. § 6102; Department of Justice Non-Discrimination Regulation 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.

42. **NON-PROFIT ORGANIZATIONS.** The nonprofit organization applicant agrees to maintain its nonprofit status in "Good Standing" with the Louisiana Secretary of State's Commercial Division for the duration of the project period.

43. **OBLIGATION OF SUBGRANT FUNDS.** The applicant certifies that subgrant funds may not, without advance written approval by LCLE, be obligated prior to the effective date or subsequent to the termination date of the subgrant period. Obligations outstanding as of the termination date shall be liquidated within 90 days. Such obligation must be related to goods or services provided and utilized within the grant period. No additional obligations can be incurred after the end of the grant.

44. **PATENTS.** The applicant assures that if any subgrant produces patents, patent rights, processes or inventions, a report will be made to LCLE from which a determination will be made as to whether protection of such invention or discovery is necessary in accordance with President's Memorandum of August 23, 1971 (36 P.R. 16889).

- 45. **PERPETRATOR DEFENSE.** The applicant assures that grant funds will not be used for legal or defense services for perpetrators of violence against women.
- 46. **PERSONNEL.** The applicant certifies that specific detailed time and attendance records, to include overtime, will be maintained on all grant personnel. Salaries and wages of employees chargeable to more than one grant program must be supported by appropriate time distribution records, which show equitable distribution of time and effort. The applicant further certifies that appropriate screening will be conducted, as well as background checks, for grant personnel who have contact with, or access to juveniles associated with the applicant's subgrant in accordance with the most current Louisiana Child Protection Act.
- 47. **PERSONNEL – BACKGROUND CHECKS.** The applicant certifies that appropriate screenings will be conducted as well as background checks, for grant personnel who have contact with or access to juveniles associated with the subgrant in accordance with the most current Louisiana Child Protection Act.
- 48. **PERSONNEL – EXECUTIVE OVERTIME.** The applicant assures that executives, such as President or Executive Director of an organization, will not be reimbursed for overtime or compensatory time under the grant or a respective cooperative agreement.
- 49. **PERSONNEL – OFF-DUTY.** The applicant assures that off-duty personnel who work on this project must work hours which do not conflict with their regular job work hours.
- 50. **PERSONNEL – OVERTIME.** The applicant certifies that all personnel must work hours which does not conflict or overlap with the regular work hours of the employee. Payment will be on a overtime, hourly basis at a rate not to exceed 1 and ½ times the employee's regular, hourly rate of pay.
- 51. **POLYGRAPH TESTING PROHIBITION.** The applicant certifies that their laws, policies, or practices will ensure that no law enforcement officer, prosecuting officer or other government official shall ask or require an adult, youth, or child victim of an alleged sex offense as defined under Federal, tribal, State, territorial, or local law to submit to a polygraph examination or other truth telling device as a condition for the proceeding with the investigation of such an offense; or under 42 U.S.C. 379gg-8(b), the refusal of a victim to submit to a polygraph or other truth telling examination shall not prevent the investigation, charging, or prosecution of an alleged sex offense by a State, Indian tribal government, territorial government, or unit of local government.
- 52. **PRESS RELEASES.** The applicant certifies that any statements or press releases describing projects, activities, or results shall name LCLE as the agency responsible for making federal funds available for such activity.
- 53. **PROGRAM INCOME.** The applicant certifies that all income earned, as a direct result of grant-funded activity (sale of publications, registration fees, asset forfeitures, and/or any other activities that generate program income), will be accounted for and utilized in accordance with the LCLE and the effective edition of the OJP Financial Guide and, as applicable, either (1) 28 C.F.R. Part 66 or (2) 28 C.F.R. Part 70 and 2 C.F.R. Part 215 (OMB Circular A-110). Program income must be reported on the Subgrant Expenditure Report.

LOUISIANA COMMISSION ON LAW ENFORCEMENT

LCLE USE ONLY

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

| Receipt Date | Award Date | Subgrant Number(s) |
|--------------|------------|--------------------|
| 8/9/2013 | | -- 1326 |

| | | |
|--|---|-----------------------|
| 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 | |

| | | |
|--|--|--|
| | 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. Brandy Goins | Title: Forensic Interviewer 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: pcelebration@bellsouth.net |
| 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) | <p>Short Title (May not exceed 50 characters) Sexual Assault Services Program "Many"</p> <p>The Toledo Sexual Assault and Crisis Center is a program under the umbrella of Project Celebration Inc. The program strives to serve all survivors of sexual assault in our community. The pre-awarded funds provide advocacy for survivors of sexual assault such as medical, personal, counseling and court advocacy.</p> | |

8. Subgrant Budget TOTAL BUDGET BY CATEGORY

| BUDGET CATEGORY | AMOUNT |
|-------------------------------|------------------|
| PERSONNEL | 14,199.00 |
| EMPLOYEE BENEFITS | 1,471.00 |
| TRAVEL (INCLUDING TRAINING) | 0.00 |
| EQUIPMENT | 0.00 |
| SUPPLIES & OPERATING EXPENSES | 2,292.00 |
| CONSULTANTS | 0.00 |
| CONSTRUCTION | 0.00 |
| OTHER | 0.00 |
| TOTAL | 17,962.00 |

9. TOTAL BUDGET BY FUND SOURCE

| FUND SOURCE | AMOUNT | PERCENT |
|--------------------------|------------------|-------------|
| FEDERAL | 17,962.00 | 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 | 17,962.00 | 100% |

10. Project Start Date: 4/1/2013

Project End Date: 3/31/2014

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

SIGNATURE OF AUTHORIZED OFFICIAL

Project Celebration, Inc.

NAME OF APPLICANT AGENCY

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. | 17,962.00 | 17,962.00 |
| Total: | 17,962.00 | 17,962.00 |

Applicant Agency: Project Celebration, Inc.

| BY CATEGORY | YEAR 1 | TOTAL |
|-------------------------------|------------------|------------------|
| PERSONNEL | 14,199.00 | 14,199.00 |
| EMPLOYEE BENEFITS | 1,471.00 | 1,471.00 |
| TRAVEL (INCLUDING TRAINING) | 0.00 | 0.00 |
| EQUIPMENT | 0.00 | 0.00 |
| SUPPLIES & OPERATING EXPENSES | 2,292.00 | 2,292.00 |
| CONSULTANTS | 0.00 | 0.00 |
| CONSTRUCTION | 0.00 | 0.00 |
| OTHER | 0.00 | 0.00 |
| Total: | 17,962.00 | 17,962.00 |

| BY SOURCE | YEAR 1 | TOTAL |
|----------------------------|-----------|------------------|
| FEDERAL | 17,962.00 | 17,962.00 |
| STATE | 0.00 | 0.00 |
| PROJECT INCOME | 0.00 | 0.00 |
| INTEREST | 0.00 | 0.00 |
| STATE MATCH | 0.00 | 0.00 |
| STATE MATCH (NEW APPROVAL) | 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: | 17,962.00 | 17,962.00 |

12. BUDGET DETAILS

A. MASTER

Line Item Details for: Project Celebration, Inc.

YEAR 1

PERSONNEL

| | | <u>COST</u> |
|----------------------------------|-------------------------|------------------|
| Position: | SA Counselor | |
| Name: | Janet Arnold | |
| Computation: | \$457/month x 12 months | 5,484.00 |
| Position: | Program Director | |
| Name: | Brandy Goins | |
| Computation: | \$300/month x 12 months | 3,600.00 |
| Position: | Office Manager | |
| Name: | LaJuana W. Mosley | |
| Computation: | \$364/month x 12 months | 3,600.00 |
| Position: | Sexual Assault Advocate | |
| Name: | Tommie Rivers | |
| Computation: | 33 hrs x \$15/hr | 495.00 |
| Position: | Sexual Assault Advocate | |
| Name: | Ezra Glover | |
| Computation: | 33 hrs | 495.00 |
| Position: | Sexual Assault Advocate | |
| Name: | LaJuana W. Mosley | |
| Computation: | 525 Hours x \$15/hr | 525.00 |
| Personnel - Year 1 Total: | | 14,199.00 |

EMPLOYEE BENEFITS

| | | <u>COST</u> |
|---------------------|-----------------------------------|-------------|
| Position: | SA Counselor | |
| Name: | Janet Arnold SS | |
| Computation: | \$5,484/yr x .062 Social Security | 340.00 |
| Position: | SA Counselor | |
| Name: | Janet Arnold Medi | |
| Computation: | \$5,484/yr x .0145 Medicare | 80.00 |
| Position: | SA Counselor | |
| Name: | Janet Arnold WC | |

SUBGRANT: 1326

Short Title: Sexual Assault Services Program "Many"

Name:

Janet Arnold WC

Computation:

\$5,484/yr x .03 Worker's Comp

165.00

Position:

Program Director

Name:

Brandy Goins SS

Computation:

\$3,600/yr x .062 Social Security

223.00

SUBGRANT: 1326

Short Title: Sexual Assault Services Program "Many"

Position: Program Director
Name: Brandy Goins Medi
Computation: \$3,600/yr x .0145 Medicare 52.00

Position: Program Director
Name: Brandy Goins WC

SUBGRANT: 1326

Short Title: Sexual Assault Services Program "Many"

Computation:

\$3,600/yr x .03 Worker's Comp

108.00

SUBGRANT: 1326

Short Title: Sexual Assault Services Program "Many"

| | | |
|--|--|-----------------|
| Position: | Office Manager | |
| Name: | LaJuana W. Mosley SS | |
| Computation: | \$3,600/yr x .062 Social Security | 223.00 |
| Position: | Office Manager | |
| Name: | LaJuana W. Mosley Medi | |
| Computation: | \$3,600/yr x .0145 Meidcare | 52.00 |
| Position: | Office Manager | |
| Name: | LaJuana W. Mosley WC | |
| Computation: | \$3,600/yr x .03 Worker's Comp | 108.00 |
| Position: | Office Manager | |
| Name: | LaJuana W. Mosley D/V Ins | |
| Computation: | \$10/month x 12 months Dental/Vision Insurance | 120.00 |
| Employee Benefits - Year 1 Total: | | 1,471.00 |

| |
|--|
| SUPPLIES & OPERATING EXPENSES |
|--|

| | | |
|--|--|--------------------|
| | | <u>COST</u> |
| Supply Item: | Basic Office Supplies | |
| Computation: | \$50/month x 12 months | 600.00 |
| Supply Item: | SA Supplies for Survivors | |
| Computation: | \$50/month x 12 months for clothing for survivors, rape kits, etc. | 600.00 |
| Supply Item: | Phone | |
| Computation: | \$50/month x 12 months for phone line | 600.00 |
| Supply Item: | Water | |
| Computation: | \$41/month x 12 months for water bill | 492.00 |
| Supplies & Operating Expenses - Year 1 Total: | | 2,292.00 |

| |
|---------------------------------|
| CONSULTANTS - CONSULTANT |
|---------------------------------|

| | | |
|--------------------------|--|--------------------|
| | | <u>COST</u> |
| Name / Position: | | |
| Service Provided: | | |
| Computation: | | 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: 17,962.00

13. SECTIONS:

A. LCLE Budget Summary No Match

I. 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 | Calculated Paid Amounts |
|----------|-------------------------------|--------------|----------------------------------|-------------------------|
| 1.1 | Personnel | 14,199 | 14,199 | 14,199 |
| 1.2 | Employee Benefits | 1,471 | 1,471 | 1,471 |
| 1.3 | Supplies & Operating Expenses | 2,292 | 2,292 | 2,292 |
| Total: Σ | | 17,962 | 17,962 | 17,962 |

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 SA Counselor position provides needed counseling for survivors to heal from the traumatic event they have experienced.

The Program Manager oversees the scheduling and day to day operations of the program.

The Office Manager maintains files for the program and preforms other clerical duties necessary to ensure the smooth running of the program.

The Sexual Assault Advocates are on call after work hours to assist survivors with medical, personal and court advocacy. They are not paid fringe benefits for these task.

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

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

7. Explain the project duties for each position.

The SA Counselor meets with survivors that are referred to them by the SA Advocates.

The Program Manager is responsible for scheduling on-call SA Advocates, ensuring they are current with their training and handles any concerns that may arise for either Advocates or survivors