

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C11-8-022

APPLICANT: Louisiana Mothers Against Drunk Driving

PROJECT TITLE: DWI Crash Victim Assistance Program

PROJECT FUNDS :

FUND: \$ 75,000 80.00%

PROJECT DURATION: 12 months

MATCH: \$ 18,750 20.00%

START DATE: 11/01/2012

TOTAL: \$ 93,750 100.00%

END DATE: 10/31/2013

Continuation of C88-8-003

PROJECT SUMMARY:

The DWI Crash Victims Assistance Program is a continuation project which offers support to DWI victims and their family members. MADD offers court accompaniment, emotional support, crisis intervention and referrals to area service providers as appropriate. MADD offers crisis intervention through a 24-hour helpline, as well as grief and injury recovery literature for victims and family members. MADD also provides victims to opportunity to speak as part of their healing journey at Victim Impact Panels and other educational events. Victims are educated about criminal justice procedure and accompanied to court by trained victim advocates. Advocates act as liaisons with crime scene investigators and prosecutors, reviewing crime investigation and crash reports for accuracy and advocating for corrections when warranted to ensure lawful prosecution of offenders. They also accompany victims throughout the various proceedings advising them on the purpose and technical aspects of the case. MADD offers training to law enforcement, prosecutors, victim assistance coordinators, and volunteers in direct victim services delivery.

RECOMMENDATION : FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 10/10/12 IS REVIEWED AND APPROVED BY LCLE STAFF.



LOUISIANA COMMISSION
ON LAW ENFORCEMENT
AND THE ADMINISTRATION
OF CRIMINAL JUSTICE

CRIME VICTIM ASSISTANCE
FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY:

Project ID: C11-8-022

CVA Purpose Area: 4

1. TITLE OF PROJECT

DWI Crash Victim Assistant Program

2. NEW PROJECT

CONTINUATION PROJECT OF: C10-8-019

3. PROJECT DURATION

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

Desired Start Date: 11/1/2012

Desired End Date: 10/31/2013

4. PROJECT FUNDS

Federal Funds: \$75,000

Cash Match \$18,750

In-Kind Match:

Total Project: **\$93,750**

5A. APPLICANT AGENCY INFORMATION

Agency Name: Mothers Against Drunk Driving

Physical Address: 2644 S. Sherwood Forest, Ste. 123

City: Baton Rouge Zip: 70816-

Mailing Address: 2644 S. Sherwood Forest, Ste. 123

City: Baton Rouge Zip: 70816-

Phone: (225) 902-0807 FAX: (225) 926-3842

Email: floyd.johnson@madd.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Floyd Johnson

Title: State Executive Director

Agency Name: Mothers Against Drunk Driving

Address: 2644 S. Sherwood Forest, Ste. 123

City: Baton Rouge Zip: 70816-

Phone: (225) 926-0807 FAX: (225) 926-3842

Email: floyd.johnsson@madd.org

Fed Employer Tax Id: 94 - -270727300 DUNS:

- 034757515

CCR CAGE/NCAGE:

4 RP 21

CCR Expiration Date:

6/23/12

6. IMPLEMENTING AGENCY

Name: Floyd Johnson

Title: State Executive Director

Agency: Mothers Against Drunk Driving

Address: 2644 S. Sherwood Forest, Ste. 12

City: Baton Rouge Zip: 70816-

Phone: (225) 926-0807 FAX: (225) 926-3842

Email: floyd.Johnson@madd.org

7. PROJECT DIRECTOR

Name: Floyd Johnson

Title: State Executive Director

Agency: Mothers Against Drunk Driving

Address: 2644 S. Sherwood Forest, Ste. 12

City: Baton Rouge Zip: 70816-

Phone: (225) 926-0807 FAX: (225) 926-3842

Email: floyd.johnson@madd.org

8. FINANCIAL OFFICER

Name: Leanna Abrams

Title: Regional Accountant

Agency: MADD National Office

Address: 511 E. John Carpenter Frwy.

City: Irving Zip: 75062-

Phone: (469) 420-4515 FAX: () -

Email: leanna.abrams@madd.org

9. BRIEF PROJECT DESCRIPTION: (*Please do not exceed space provided below.*)

The DWI Crash Victim Assistance Program is a continuation project which offers support to DWI victims and their family members. MADD offers court accompaniment, emotional support, crisis intervention and referrals to area service providers as appropriate. MADD offers crisis intervention through a 24 hour helpline, as well as grief and injury recovery literature for victims and family members. MADD also provides victims the opportunity to speak as part of their healing journey at Victim Impact Panels and other educational events. Victims are educated about criminal justice procedure and accompanied to court by trained victim advocates. Advocates act as liaisons with crime scene investigators and prosecutors, reviewing crime investigation and crash reports for accuracy and advocating for corrections when warranted to ensure lawful prosecution of offenders. They also accompany victims throughout the various proceedings advising them on the purpose and technical aspects of the case. MADD offers training to law enforcement, prosecutors, victim assistance coordinators, and volunteers in direct victim services delivery.

2012 AUG 10 AM 10:54

LA COMMISSION
LAW ENFORCEMENT

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):	
<input type="checkbox"/>	Sexual Assault
<input type="checkbox"/>	Domestic Abuse
<input type="checkbox"/>	Child Abuse
<input checked="" type="checkbox"/>	Previously Underserved
State Type of Previously Underserved: Victims Of Intoxicated Drivers	

PROJECT BUDGET SUMMARY

INSTRUCTIONS: The Checklist is self-explanatory. In Project Summary, applicable budget category totals will be automatically entered from each of the Detailed Project Budget Summaries. Provide source of Cash and/or In-Kind Match. In last table, check the type of victimization types that this project will address.

CHECKLIST:

	YES:	NO:
Are all budgeted items allowable per Program Guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were instructions followed to determine allowable personnel/contractual costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all line item computations correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do line items add to category totals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have category totals been rounded to nearest dollar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Each category amount listed in the table below must equal category totals shown on Pages 3 through 11.

Person Completing Budget Section: Floyd Johnson

Title: State Executive Director

Phone: (225) 926-0807

Fax: (225) 926-3842

E-Mail: floyd.johnson@madd.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$75,000.00	\$0	\$0	\$75,000
SECTION 200. FRINGE BENEFITS	\$0	\$18,750	N/A	\$18,750
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$0	\$0	\$0	\$0
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$0	\$0	\$0	\$0
TOTAL:	\$75,000	\$18,750	\$0	\$93,750

Provide Source of Cash Match: MADD Louisiana's general fundraising initiatives, and non federal grants will provide cash matching funds related to victim services.

Provide Source of In-Kind Match:

SECTION 100. PERSONNEL

Enter Position Titles and Names of the employees for each position funded through this grant. For further information and direction, please refer to the application instructions.

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Victim Seervice Specialist	Ann Shocklee	FT		100.00%	12.00	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Victim Service Specialist	Brenda Sinclair	FT		100.00%	12.00	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$0.00	F = Fed Funds C = Cash Match	

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH	
								F	C
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$0.00	F = Fed Funds C = Cash Match	

VOLUNTEERS:

DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions.	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
			\$0.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$0.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$75,000
CASH MATCH	18,750
IN-KIND MATCH	
PERSONNEL TOTAL	\$93,750

SECTION 100. PERSONNEL (Continued) – BRIEFLY EXPLAIN

Yes No Are job descriptions for each position attached? If not, explain:

Yes No Are resumes for each position attached? If not, explain:

A) Need for each position shown above; justify need for overtime:

MADD's mission is to eliminate drunk driving, to support the victims of this violent crime, and prevent underage drinking. MADD is the leading nonprofit agency in the state serving bereaved and injured victims of drunk driving and addressing drunk driving issues in partnership with legislators and law enforcement. Nearly 11,000 people were killed and nearly 400,000 injured due to drunk drivers in 2010 according to the NHTSA. Each of those people left someone behind who is grieving or now may need support due to an injury. Many of these victims and survivors have never had any contact with the criminal justice system and do not have an understanding of what can be involved in prosecuting drunk drivers. MADD Victim Advocates help victim navigate through the procedures, the delays, and the disposition of drunk driving prosecutions. Victim Advocates provide emotional support, information, and referrals for victims who experience gaps in their lives (financial, legal, & health). Victim Advocates guide victims/survivors through the aftermath of a drunk driving crash explaining the next steps, helping resolve problems and referring them to needed resources in their communities. MADD employs two(2) victim service specialist who cover the entire state. They are supported by

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

Salaries are consistent with or below similar positions within MADD and other Statewide victim services organizations.

C) Project duties of each position requested:

VICTIM SERVICES SPECIALIST: Provide effective and timely assistance to victims and survivors of drunk driving crashes. Accompany victims and survivors to court and educate them on the criminal justice process and procedures. Facilitate meetings in person and by phone with the District Attorney on behalf of Victims and Survivors. Facilitate communication between the various parts of the criminal justice system and the Victim/Survivor as deemed necessary for each side. Provide emotional support, legal advocacy and information and referrals to victims and survivors. Assist victims in preparing victim's impact statement and seeking crime victim compensation. Assist in the planning and scheduling of appropriate victim programs. Utilize a network of key individuals in the criminal justice system, legal and social service system to facilitate assistance for victims. Recruit, train, and support volunteer victim advocates. Provide supervision, technical assistance and training to volunteers including development of work plans problem solving and regular guidance on issues that arise from working with victims of drunk driving. Review volunteer victims advocates's level of service and performance and make recommendations for corrections and/or improvements. Identify and coordinate contact with state resources available to victims such as contacts in the criminal justice system, social welfare agencies, and support groups.

D) Indicate if personnel will be new or existing personnel. If existing, indicate if position has been backfilled. If this is a continuation application, indicate the personnel's original status. [Existing personnel is an employee that currently works for the agency, but will now be working on grant activities. If so, the position from which the employee was moved must be filled. If employee is same from the previous grant, indicate if the employee was originally hired for that position.]

The above personnel are existing staff in positions previously funded. The Managerial oversight responsibilities are provided by the State Executive Director who will act as Project Director for this project.

SECTION 200. FRINGE BENEFITS (Employer's Share Only)

Enter the Individual Name(s) of the employees receiving fringe benefits for each position funded through this grant. There are two sets of each benefit below to allow budgeting for eight employees. For further information and direction, please refer to the application instructions.

Check: All Fringe Benefits Will Be Paid by Applicant Agency

Additional Fringe Benefits Will Be Paid by Applicant Agency

EMPLOYEES' NAMES:					EMPLOYEES' NAMES: (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1. Brenda Sinclair	.062		\$36,804	\$2,281	5.	.062			\$0
2.	.062			\$0	6.	.062			\$0
3.	.062			\$0	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Brenda Sinclair	.0145		\$36,804	\$533	5.	.0145			\$0
2.	.0145			\$0	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1. Marjorie Shocklee	610.00	12.00	100.00%	\$7,320	5.				\$0
2. Brenda Sinclair	718.00	12.00	100.00%	\$8,616	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first \$7,000 or Less	RATE	TYPE	SALARY	TOTAL
1.		CHECK		\$0	5.		CHECK		\$0
2.		TYPE:		\$0	6.		TYPE:		\$0
3.		<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0
4.		<input type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> SUTA		\$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
FRINGE BENEFITS TOTAL (A):				\$18,750	FRINGE BENEFITS TOTAL (B):				\$0

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

Fringe Benefits Total (A+B): \$18,750

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$0
CASH MATCH	\$18,750
TOTAL FRINGE BENEFITS	\$18,750

PROGRAM NARRATIVE

A. PROBLEM DEFINITION

1. Identify the nature and magnitude of the specific problem existing in your particular community that needs to be addressed through this proposed project. **Document the need, not the symptoms or solutions.** Be sure to include current **valid local data** to support the justification. Give the source and date of your information. State the needs of your agency and the needs of the victims in your area as related to this problem and justify the need for the proposed project.

Injuries and fatalities due to drunk driving crashes are a problem in the United States as evidenced by National Highway Transportation Safety Administration (NHTSA) statistics showing 10,839 people were killed as a result of drunk driving crashes in 2010. An additional 500,000 people are injured annually by drunk drivers. Forty-two percent of all traffic fatalities in Louisiana are alcohol related. Louisiana Highway Safety Research Group reports 378 people were killed in alcohol-related crashes in Louisiana during 2010. Victims and survivors frequently have never had any contact with the criminal justice system and do not have an understanding of what can be involved in prosecuting drunk drivers.

Victims and survivors often become frustrated and confused trying to navigate through the procedures, the delays, and the disposition of drunk driving prosecutions. Victims and survivors need special emotional support as well as information and referrals due to unfamiliar gaps in their lives (financial, legal, emotional, health) created by drunk driving crashes. Not only do these victim/survivors find themselves in a sea of new problems, they often have no idea where to go to get help in resolving their issues. MADD Louisiana served 1,146 victims and family members in 2010.

MADD employs 2 full time victim services specialists to provide direct services to victims and survivors throughout the state. There is a significant need to add a 3rd victim advocate to provide better coverage in the southwest Louisiana region. Additional funding is being sought from other non-VOCA sources to restore previous capacity and to expand to meet the growing demand for services, but restoration is dependent on funding being secured from new sources.

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

Since its founding in 1980, MADD has been the only national organization of its kind focusing on serving the victims of drunk driving crashes. MADD Louisiana continues to be the sole service provider exclusively serving victims and survivors of DWI related crashes in the state. Without MADD, victims would not have any single expert resource to support them in the aftermath of a DWI crash. MADD victim advocates act as liaisons with crime scene investigators and prosecutors, reviewing crime investigation and crash reports for accuracy and advocating for corrections when warranted to ensure lawful prosecution of offenders. They accompany victims to court and provide emotional support in addition to explaining and advising the victims on the nature of proceedings and options that may be available to them at different stages of the proceedings. No other agencies in the state provide these specialized services exclusively to DWI crash victims. Other victim advocacy agencies generally specialize in other areas of crime or have such overwhelming and varied caseloads, that they are unable to give drunk driving crash victims and survivors the attention or specialized support that is required to help them move effectively and efficiently through their trauma and the associated court proceedings.

B. GOALS

GOALS: The primary mission of all projects is to have a positive impact on the victims, not just to accumulate statistics on how many are served. Based on the problem identified, BRIEFLY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

Goal 1: Improve the quantity and quality of service delivery to bereaved and Injured Victim of drunk driving crashes throughout Louisiana.

Goal2: Improved the well-being of bereaved and injured victims of drunk driving crashes in Louisiana.

Goal 3: Strengthen the knowledge of services available in Louisiana for those affected by drunk driving crashes.

C. OBJECTIVES

OBJECTIVES: Provide at least TWO (2) measurable objectives for EACH goal. Objectives need to be measurable, observable aspects of the program. Identify who, what will change and by how much. Use absolute numbers, not percentages and be sure to include a baseline number.

Goal 1:

(1). Maintain current level of service delivery utilizing volunteers to offset staff reduction. Assist 15% more victims/survivors by 2013.

Goal 2:

(1). Provide an annual event to honor bereaved and injured victims.

(2). Offer Victims the opportunity to heal by sharing their stories at Victim Impact Panel, Community Events and Media opportunities throughout the state.

(3). Maintain current/and establish additional victim to victim of DWI support groups.

(4). Assist victims in the preparations of applications for Crime Victims Compensation to help offset needs created by the drunk driving crash.

Goal 3:

(1). Maintain and expand MADD Victim Services public awareness and community outreach efforts to promote free victim services with special emphasis on the injured and elderly populations that has been identified as underserved group in Louisiana. This will be done by participating in a average of two(2) community awareness events monthly.

(2). Recruit and train two(2) new victim advocates(volunteers) and provide advance training to the existing volunteer advocates.

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E. DEMOGRAPHICS

1. This project serves the following Congressional District(s)

- 1 2 3 4 5 6 7 All (Statewide Project)

2. Type of Organizations:

Applicant Agency: Law Enforcement Prosecution Court Non-Profit Organization Tribal Government

Check the one answer that best describes the organization receiving VOCA Formula Grant Program funds.

- | | |
|---|--|
| <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Court | <input type="checkbox"/> Sexual Assault Program |
| <input type="checkbox"/> Domestic Violence Program | <input type="checkbox"/> Sexual Assault State Coalition |
| <input type="checkbox"/> Domestic Violence State Coalition | <input type="checkbox"/> Tribal Coalition |
| <input type="checkbox"/> Dual Program (Sexual Assault and Domestic Violence) | <input type="checkbox"/> Tribal Government |
| <input type="checkbox"/> Dual State Coalition (Sexual Assault and Domestic Violence) | <input type="checkbox"/> Tribal Sexual Assault and/or Domestic Violence Program |
| <input type="checkbox"/> Government Agency (Department of Human Services, Bureau of Health) | <input type="checkbox"/> Unit of Local Government |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> University/School |
| <input type="checkbox"/> Probation, Parole, or Other Correctional Agency | <input checked="" type="checkbox"/> Other (Specify): DWI Crash Victim Assistance |

- Yes No Is this a faith-based organization?
 Yes No Is this a culturally specific community-based organization?

F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

1. Name of the individual responsible for assisting victims in regard to accessing and using the LAVNS system:

NAME: Ann Shocklee & Brenda Sinclair PHONE: (225) 926-0807 EMAIL: la.state@madd.org

Yes No 2. Does this individual also serve as agency's point of contact for LAVNS? If not, please provide name and contact information:

NAME: Ann Shocklee & Brenda Sinclair PHONE: (225) 926-0807 EMAIL: la.state@madd.org

Yes No 3. Has this individual attended trainings provided by LCLE to learn how victims are served by LAVNS? If no, agency will request LAVNS training from LCLE within 30 days of award. NOTE: More information regarding the LAVNS program, including training information, can be found at: <http://lcle.la.gov/programs/lavns.asp>.

Yes No 4. Does the agency have posters displayed for promoting LAVNS and brochures readily available to victims? If no, please go to the LCLE website to request free LAVNS materials at: www.lcle.la.gov/lavns.

G. CRIME VICTIMS REPARATIONS (CVR)

Yes No 1. Is same individual responsible for assisting victims in regard to services available through the CVR program? If not, please provide name and contact information:

NAME: Ann Shocklee & Brenda Sinclair PHONE: (225) 926-0807 EMAIL: la.state@madd.org

Yes No 2. Does the agency know who the Crime Victims Reparations (CVR) Claims Investigator is at the Parish Sheriff's Office?

Yes No 3. Does the agency have posters displayed for promoting CVR and brochures readily available to victims? If no, please fax a written request (contact person, agency name, mailing address) for free CVR posters and brochures to 225-925-6159. NOTE: More information regarding the CVR program, including applications and other forms, can be found at: <http://lcle.la.gov/programs/cvr.asp>

PREVIOUS RESULTS (For Continuation Projects Only)

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

MADD Louisiana , despite reduction in victims services from 2009 and being without Executive Director from November 2011 until June, 2012 has served approx. 1320 victims. MADD held a Volunteer training for all volunteers statewide. There was Three Christmas Tree Memorial (Baton Rouge, Houma, Monroe) held in 2012. Lake Charles Louisiana held a Candlelight Vigil. MADD gain five new Victim Impact Speakers. MADD Staff and volunteers spoke at numerous health fairs, school events, job training, to promote the servives available through MADD.

2. Did the project work as expected? Explain.

Yes, The strategies were successful in reaching more victims than ever before providing more services to victims and their families than in previous years. By engaging bereaved and injured victims in MADD's victim services programs.

3. Have the original goals and objectives been revised? Yes No

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

I. EVALUATION AND DISSEMINATION OF REPORTING

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

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

Victims whose cases have been resolved during the grant period.

2. When will the data be collected?

Surveys will be mailed out quarterly

3. Who will collect and analyze the data?

Ann Shocklee and Brenda Sinclair

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

Name: Ann Shocklee

Phone: (318) 929-7919

Email: ann.shocklee@madd.org

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

The Executive Director will compare survey results against relevant grant objectives. In conjunction with staff victim services specialist objectives and strategies will be adjusted on an ongoing basis in response to survey results. Appropriate actions will be taken to ensure project goals can be accomplished by the conclusion of the grant period.

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

LCLE- Quarterly progress reports and monthly expenditure reports

MADD National Office - Quarterly Statistical Reports

MADD Louisiana Operation Council- Quarterly Progress Report

J. CONTINUATION

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

As long as VOCA funds are available MADD will continue to apply for funding through the Louisiana Commission On Law Enforcement for its Victim Assistance Program. At the conclusion of federal support MADD will work to expand funding from current sources used for matching funds and to identify new sources through general fundraising initiatives, foundations corporations, and grantmaking organizations.

K. RESOURCES

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

The Victim Assistance Program is coordinated from the Louisiana State Office for MADD, located at 2644 S. Sherwood Forest, Ste. 123, Baton Rouge, La. 70816-The North Louisiana Victim Service Specialist is located at 3502 N. Hwy. 169, Box, Mooringsport, La. 71060-The South Louisiana Victim Specialist is located at 109 N. Gatehouse Drive, #F, Metairie, La. 70001.

L. AUDIT REQUIREMENTS

All applications **must** check one:

- This organization/agency expends \$500,000 or more in federal funds (during the fiscal year of the organization/agency from any and all sources including the amount of this application) **AND MUST SUBMIT THE FOLLOWING INFORMATION:**

- | | |
|---|---------------------------|
| 1. Date of last audit | 1/18/2012 |
| 2. Dates covered by last audit: | July 1, 2010-June 30,2011 |
| 3. Date of next audit: | April, 2012 |
| 4. Dates to be covered by next audit: | 7-1-2011/12/31/11 |
| 5. Date next audit will be forwarded to LCLE: | Upon Completion |

- This organization/agency expends less than \$500,000 in federal funds from all sources during the fiscal year of the organization/agency.

M. VOLUNTEERS

- Yes No Are you using volunteers as match?
If yes, describe the duties and functions performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). Volunteers' duties must directly relate to the focus of this project and information stated in Section 100 Personnel.
- Yes No Are volunteers screened in compliance with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate?

N. REQUIRED COMPONENTS

1. Subgrantees are required to help victims apply for victim compensation. Describe a specific plan on how applicant has or will interface with the Louisiana Crime Victims Reparations Program.

Advocates will advise victims and survivors of the availability and mechanism to apply for compensation through the Louisiana Crime Victims Reparations Program. They will review the following pertinent areas of the process with the victim: (1) Basic Qualification Requirements, (2) Who May Qualify, (3) Who is Eligible, (4) Who is Not Eligible, (5) What Expenses Are Eligible, (6) What Expenses Are Not Eligible, (7) Limits on Awards, (8) Recoveries from Other Sources, (9) How the Application is Reviewed, and (10) Right to Appeal.

Advocates will inform victims that all of the above information is available on the Louisiana Commission on Law Enforcement's website. Hard copies of this information will be made available to victims who do not have access to the website. Advocates will assist victims and survivors in obtaining, completing, and submitting applications as requested by victims/survivors.

2. Describe how applicant has/will coordinate activities with other criminal justice system/private service providers in the community. If you have obtained cooperative agreements, a copy may be attached to the application in addition to the brief description.

Advocates will communicate with other criminal justice system and private service providers through telephone and face to face meetings based on the needs of each individual victim or survivor. Advocates will act as liaisons with crime scene investigators and prosecutors, reviewing crime investigation and crash reports for accuracy and advocating for corrections when warranted to ensure lawful prosecution of offenders. Advocates will coordinate meetings with the prosecution on behalf of victims and facilitate an open dialogue between the prosecution and the victim families. Advocates will assist in obtaining necessary reports and documentation based on each victim's individual capacity to participate in the process by contacting law enforcement agencies and prosecutors on a victim's behalf.

3. Indicate how the applicant will address the issue of encouraging the victims to report to law enforcement. Policies and procedures may be attached to the application in addition to the brief description.

Not applicable. Victims have already had their crashes reported to law enforcement when they request assistance from MADD.

4. State that the applicant will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate. The Louisiana Child Protection Act refers to screening prospective employees, **NOT** reporting instances of child abuse.

The organization will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate.

Rutha Chatwood

From: Rutha Chatwood
Sent: Wednesday, October 10, 2012 12:11 PM
To: Floyd Johnson (floyd.johnsson@madd.org)
Cc: Abrams, Leanna (Leanna.Abrams@madd.org)
Subject: C11-8-022; Louisiana Mothers Against Drunk Driving; DWI Crash Victim Assistance Program
Attachments: CVA Amended Certified Assurances 8-1-2012.docx

Mr. Floyd Johnson
State Executive Director
Mothers Against Drunk Driving
2644 S. Sherwood Forest, Suite 123
Baton Rouge, LA 70816

RE: C11-8-022; DWI Crash Victim Assistance Program

Dear Mr. Johnson:

This office has received the above application. This application will be presented at the Victim Services Advisory Board and the Commission meetings, which are scheduled for November 14 and 15, 2012, respectively. The information regarding the location of the meetings is yet to be determined. Since this application request is to continue the above project, you are only required to attend the Victim Services Advisory Board meeting.

Based on the preliminary review of the referenced application, the following issues must be addressed and resolved. Additional issues may arise between the agency review process and the Advisory Board and/or Commission meetings. If so, you will be given every opportunity and assistance to address and/or resolve any additional issues to avoid delaying the application to be presented.

1. Page 1, DUNS, SAM (CCR), and SAM (CCR) Documentation:
Please provide a current printout of the agency's SAM (CCR) information showing the current expiration date and the DUNS and CAGE/NCAGE Identification Code. In addition, please enter this information in the applicable fields on Page 1 of this application. SAM Website: <https://www.sam.gov/portal/public/SAM>
2. Page 1, Section Numbers 5A, 5B, 6, 7, and 8:
The Zip Code should be a nine-digit code. Please correct in each section.
3. Page 2, Project Budget Summary:
The totals in each category budgeted in your application is automatically entered in this table when completing the "Summary" tables in the bottom right-hand corner of each budget section. Please try to enter the amounts of each summary table so the Project Budget Summary table is completed properly. Please call me if you need assistance with the budget pages of your application.
4. Page 3, Section 100. Personnel:
Please enter the actual monthly salary for the two Victim Service Specialists, Ms. Ann Shocklee and Ms. Brenda Sinclair in the "Full-Time Employees" table. I also noticed that you wrote in \$75,000 in the section totals on Page 2, however, you entered \$75,000 as Federal Funds and \$18,750 as Cash Match in the Personnel Summary box at the bottom of the page.
5. Page 5, Section 200. Fringe Benefits:

Please check the applicable box at the top of the page – “Additional fringe benefits will be paid by applicant agency.” This choice would be logical if you are paying a portion of their benefits with this subgrants’ funding. Please explain if not applicable.

6. Page 15, Program Narrative C. Objectives:
Please provide a second objective for Goal 1.
7. Page 20, Program Narrative I. Evaluation and Dissemination of Reporting:
Please provide a copy of an evaluation form used for this project that provides you with the information needed to properly document and evaluate the success and/or shortcomings of the services provided to victims and their families.
8. Louisiana Secretary of State Status:
Please submit documentation that this agency is in “good standing” with the Louisiana Secretary of State’s Commercial Division when able to meet State requirements. Secretary of State Website: <http://www.sos.la.gov/tabid/819/Default.aspx>
9. CVA Amended Certified Assurances (08/01/2012):
Please complete and sign the attached CVA Amended Certified Assurances and return the original to my attention here at the LCLE office.

Please email or mail ONLY the changes as directed on the appropriate application pages and return only those pages for which changes or additional information was requested to the LCLE Office. Please do not fax replies, as they are not always legible.

All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. This information is due to LCLE **by Thursday, October 25, 2012**. Please contact me at 225-342-1625 if you have any questions pertaining to this letter.

Sincerely,

Rutha Chatwood

Victim Services Program Manager
LA Commission on Law Enforcement

Mailing Address:

P. O. Box 3133
Baton Rouge, LA 70821-3133

Physical Address:

602 North Fifth Street
Baton Rouge, LA 70802

Phone: 1-225-342-1625

Fax: 1-225-342-1846

Email: rutha.chatwood@lcle.la.gov

Hours: Tuesday - Friday, 7:00 a.m. – 5:30 p.m.