



LOUISIANA COMMISSION  
ON LAW ENFORCEMENT  
AND THE ADMINISTRATION  
OF CRIMINAL JUSTICE

CRIME VICTIM ASSISTANCE  
FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY:

Project ID:

CVA Purpose Area:

1. TITLE OF PROJECT

CASA Program

2.  NEW PROJECT

CONTINUATION PROJECT OF: C11-6-008

3. PROJECT DURATION

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

Desired Start Date: 1/1/2013

Desired End Date: 12/31/2013

4. PROJECT FUNDS

Federal Funds: \$30,238

Cash Match: \$0

In-Kind Match: \$7,560

Total Project: \$37,798

5A. APPLICANT AGENCY INFORMATION

Agency Name: Family and Youth Counseling Agency

Physical Address: 220 Louie Street

City: Lake Charles Zip: 70601-7250

Mailing Address: 220 Louie Street

City: Lake Charles Zip: 70601-7250

Phone: (337) 436-9533 FAX: (337) 439-9941

Email: julio@fyca.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Julio R. Galan

Title: President & CEO

Agency Name: Family and Youth Counseling Agency

Address: 220 Louie Street

City: Lake Charles Zip: 70601-7250

Phone: (337) 436-9533 FAX: (337) 439-9941

Email: julio@fyca.org

Fed Employer Tax Id: 72 - 0688561

DUNS: 786877720 -

CCR CAGE/NCAGE: 52TY5

CCR Expiration Date: 2/27/2012

6. IMPLEMENTING AGENCY

Name: Julio R. Galan

Title: President & CEO

Agency: Family and Youth Counseling Agen

Address: 220 Louie Street

City: Lake Charles Zip: 70601-7250

Phone: (337) 436-9533 FAX: (337) 439-9941

Email: julio@fyca.org

7. PROJECT DIRECTOR

Name: David Duplechian

Title: Vice President Advocacy

Agency: Family and Youth Counseling Agen

Address: 220 Louie Street

City: Lake Charles Zip: 70601-7250

Phone: (337) 436-6533 FAX: (337) 439-9941

Email: david@fyca.org

8. FINANCIAL OFFICER

Name: Deborah Bauman

Title: Vice President Finance

Agency: Family and Youth Counseling Agen

Address: 220 Louie Street

City: Lake Charles Zip: 70601-7250

Phone: (337) 436-9533 FAX: (337) 439-9941

Email: deborahb@fyca.org

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

Court Appointed Special Advocates (CASA) are volunteers who are trained to represent children who have been adjudicated to be in need of care due to familial abuse and/or neglect dependency reasons. The mission of CASA is to ensure that every neglected and/or abused child has a competent, caring volunteer advocate to represent his or her best interests to the court in all judicial proceedings.

LA COMMISSION  
LAW ENFORCEMENT  
2012 AUG 20 PM 2:07

**VOCA PURPOSE AREAS**

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

**PROJECT BUDGET SUMMARY**

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

<b><u>CHECKLIST:</u></b>	<b>YES:</b>	<b>NO:</b>
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: Deborah Bauman Title: Vice President Finance  
 Phone: (337) 436-9533 Fax: (337) 439-9941 E-Mail: deborahb@fyca.org

**PROJECT BUDGET SUMMARY**

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
<b>SECTION 100. PERSONNEL</b>	\$28,526	\$0	\$7,560	\$36,086
<b>SECTION 200. FRINGE BENEFITS</b>	\$1,712	\$0	N/A	\$1,712
<b>SECTION 300. TRAVEL</b>	\$0	\$0	\$0	\$0
<b>SECTION 400. EQUIPMENT</b>	\$0	\$0	\$0	\$0
<b>SECTION 500. SUPPLIES</b>	\$0	\$0	\$0	\$0
<b>SECTION 600. CONTRACTUAL</b>	\$0	\$0	N/A	\$0
<b>SECTION 700. RENOVATION COSTS</b>	\$0	\$0	\$0	\$0
<b>SECTION 800. OTHER DIRECT COSTS</b>	\$0	\$0	\$0	\$0
<b>TOTAL:</b>	<b>\$30,238</b>	<b>\$0</b>	<b>\$7,560</b>	<b>\$37,798</b>

**Provide Source of Cash Match:**

**Provide Source of In-Kind Match:** Volunteers project 756 hours of services @ \$10 per hour = \$7560.00

**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
Associate Executive Directo	David Duplechian	FT	\$4,822.10	9.55%	12.00	\$5,526.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CASA Volunteer Coord	Nicholas S. Hylton	FT	\$1,916.66	100.00%	12.00	\$22,999.92	<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:						\$28,526.04	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
CASA Volunteers advocate for victims by attending meetings, interviewing appropriate parties, attending court hearings, preparing court reports, documenting/maintaining case files	756.00	\$10.00	\$7,560.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$7,560.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$28,526
CASH MATCH	
IN-KIND MATCH	\$7,560
PERSONNEL TOTAL	\$36,086

**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:

Associate Executive Director is needed to oversee implementation of the program. CASA Volunteer Coordinator is needed to provide professional staff support to CASA Volunteers ensuring that children involved with the CASA Program receive sound advocacy and early permanency planning. Coordinator will also provide volunteer supervision and coordination of cases.

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

Pay rate used for this position is in conformity with salary administration plan approved by Board of Directors and in accordance with National CASA standards.

C) Project duties of each position requested:

Associate Executive Director coordinates and directs all activities of CASA, develops, maintains, and enhances interagency collaboration of case management for children in foster care, staff the CASA Advisory Council, oversee reporting requirements of program grants, and implements the system of quantitative information on the program. CASA Volunteer Coordinator is responsible for the following: volunteer training, case management, volunteer supervision, and program activities.

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.]

Associate Executive Director and CASA Volunteer Coordinator are existing personnel from prior year's grant. Lateraral moves within agency, vacated positions backfilled within previous grant.

**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. David Duplechian	.062		\$4,822	\$298	5.	.062			\$0
2. Nick Hylton	.062		\$1,916	\$118	6.	.062			\$0
3.	.062			\$0	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. David Duplechian	.0145		\$4,822	\$69	5.	.0145			\$0
2. Nick Hylton	.0145		\$1,916	\$27	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. David Duplechian	200.00	12.00	9.55%	\$229	5.				\$0
2. Nick Hylton	80.92	12.00	100.00%	\$971	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 TYPE:		\$0	5.		CHECK TYPE:		\$0
2.				\$0	6.				\$0
3.		<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0
4.		<input type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> SUTA		\$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
OTHER:	RATE		SALARY	TOTAL	OTHER:	RATE		SALARY	TOTAL
1.				\$0	5.				\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
FRINGE BENEFITS TOTAL (A):				\$1,712	FRINGE BENEFITS TOTAL (B):				\$0

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

**Fringe Benefits Total (A+B): \$1,712**

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$1,712
CASH MATCH	
<b>TOTAL FRINGE BENEFITS</b>	<b>\$1,712</b>

**SECTION 300. TRAVEL**

Itemize travel expenses of project personnel. Mileage is unallowable in agency owned vehicles. Charges are not to exceed established agency travel rates, but in no case can this exceed current Louisiana Travel Guideline rates. *Only 50% of out-of-state travel reimbursement and requires prior approval from LCLE.*

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH		
				F	C	IK
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE) NAME/POSITION TITLE/PURPOSE OF TRAVEL	TRAVEL DESTINATION	TRAVEL DATES:		PAID WITH		
		FROM	TO	F	C	IK
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH		
											F	C	IK
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										\$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
<b>TRAVEL TOTAL</b>	<b>\$0</b>

**SECTION 400. EQUIPMENT**

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

TYPE OF EQUIPMENT	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
				F	C	IK
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF EQUIPMENT:			\$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

**BRIEFLY EXPLAIN:**

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

B. Indicate procurement method; and

C. Relationship to this project:

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

## SECTION 400. COMPUTER QUESTIONNAIRE

If a computer and/or computer software is requested, the following must be completed. Please do not exceed spaces provided.

1. How will the purchase of computer equipment and/or software enhance the program to be funded?

2. How will the computer(s) be integrated into and/or enhance your current system?

3. What is the cost of each of the following:

A. Installation?

B. Staff training to use the computer equipment?

C. The on-going operational costs, such as maintenance agreements, supplies, etc.?

4. How will additional costs be supported?

**SECTION 500. SUPPLIES**

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

TYPE OF SUPPLIES	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
				F	C	IK
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF SECTION A SUPPLIES:			\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

**BRIEFLY EXPLAIN:**

A) Need for and use of each major supply type requested:

B) Its relationship to this project.

**SECTION 500. SUPPLIES (Continued)**

**SECTION B:** Use this section only for Publications, workbooks, curriculum guides, videotapes, etc. Under type choose: **P** – Publications; **W** – Workbooks; **CG** – Curriculum Guides; **V** – Videotapes; **O** – Other. Itemize each item separately. Include tax and shipping costs in Unit Price, when applicable.

TYPE	TITLE OF PUBLICATIONS/FILMS	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF SECTION B SUPPLIES:				\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

**BRIEFLY EXPLAIN:**

A) The use of each request and its relationship to the project. Also explain the choice of materials, e.g. based on previous experiences or research showing its effectiveness, etc.:

SECTION 500. SUPPLIES SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
<b>SUPPLIES TOTAL</b>	<b>\$0</b>

**SECTION 600. CONTRACTUAL**

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

INDIVIDUAL CONSULTANT	TYPE OF SERVICE OR TASK	HOURS DEVOTED	RATE PER HOUR	TOTAL COST	PAID WITH	
					F	C
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Name: Title: Agency:				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF CONTRACTUAL COSTS				\$0.00	F = Federal Funds C = Cash Match	

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH	
											F	C
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										\$0.00	F = Federal Funds C = Cash Match	

**BRIEFLY EXPLAIN:**

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

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

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

SECTION 600. CONTRACTUAL SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
CONTRACTUAL TOTAL	<b>\$0</b>

**SECTION 700. RENOVATION**

**Note:** Do not budget this category unless LCLE gives prior approval for proposed renovations – even if funded as In-Kind Match.

Is your building registered or does your building qualify with the National Historic Society?     YES         NO

If yes, you must meet the requirements set forth by Section 106 of the National Historic Preservation Act (16. U.S.C. Section 470, et. seq., as amended). List planned renovations and itemized costs explain the need for each.

PRE-APPROVED RENOVATIONS	TOTAL COST	PAID WITH		
		F	C	IK
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF RENOVATION COSTS:	\$0			

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

SECTION 700. RENOVATION COSTS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
<b>RENOVATION COSTS TOTAL</b>	<b>\$0</b>

**SECTION 800. OTHER DIRECT COSTS**

Itemize each type: e.g., audit, rent (show square footage and cost per square foot), phone charges, utilities, printing, duplicating, registration fees for conferences/workshops, etc. Prorate telephone and utility bills. Show method of determining cost. Please refer to application instructions for direction.

TYPE OF OTHER DIRECT COST	METHOD OF DETERMINING COST	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SUBTOTAL OF OTHER DIRECT COSTS:</b>				<b>\$0.00</b>	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

**BRIEFLY EXPLAIN:**

A) Need for each type listed; and

B) Its relationship to project.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
<b>OTHER DIRECT COSTS TOTAL</b>	<b>\$0</b>

## 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.

Abused/neglected children that appear before 14<sup>th</sup> Judicial District Family Court are not receiving adequate attention from state and parish agencies as a result of the large volume of cases and insufficient staffing. As a result, direct assistance to victims of child abuse is not being provided in a timely manner (soon after the abuse occurs), increasing the severity of psychological consequences suffered by these child victims as a result of the abuse. These cases are designated "Child In Need of Care" cases. Department of Children and Families for the State of LA reported that the state had 4,456 children in Foster Care with 339 children in foster care in Calcasieu Parish as of March 31, 2011.

It is important that these Children In Need of Care have a representative who is appointed by a court judge to speak exclusively for the child's best interests. The CASA Volunteer serves as a fact-finder for the judge by thoroughly researching the background of each assigned case, speaks for the child in the courtroom representing their best interest, and acts as an advocate for the child during the life of the case, ensuring that it is brought to a swift and appropriate conclusion. The CASA Volunteer advocates for timely assistance for victims of child abuse and permanent placement of the child in a secure, loving home. CASA Volunteers receive intense training before taking a case, and attend regular updates that provide information on how to best help the children they serve. The CASA Program in Calcasieu Parish served children in 2011 (LCLE Grant C10-6-010) first half, from 1/1/12 - 6/30/12 and have served children in the first half of 2012 (LCLE Grant C11-6-008). There continues to be a need for more trained CASA Volunteers to expand services to provide assistance to more abused children.

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

Over 700 children in Southwest Louisiana are in foster care, removed from their homes due to abuse and neglect by their parents or caregivers. These children are frightened, confused, and the consequences can be severe. Their wish is for a safe, permanent, loving home, but many become victims a second time to an overburdened child welfare system, a complex legal network of lawyers, social workers, and judges who, due to the sheer number of cases, often cannot give thorough, detailed attention to each child who comes before them. That's where the CASA Program steps in, working with one child or family at a time, serving as the eyes and ears of the court and gathering information about the child that might otherwise be unavailable. CASA's report that information, along with fact based recommendations, to the court, allowing for the best possible decisions to be made in each case, always with the best interest of the child in mind. CASA's also act as a safety net, ensuring that children do not fall through the cracks of the system, and that their wishes become reality. Children with CASA's generally spend less time in foster care and have a better chance of finding a safe, secure, loving home. Children with CASA's have a better chance of having a childhood.

## **B. GOALS**

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

Goal 1: To expand the services of the CASA Program to provide high quality direct assistance to more child victims of abuse, assisting them as soon as possible after the abuse occurs, reducing the severity of severe psychological consequences.

Goal 2: To ensure that victims receive high quality direct assistance through the criminal justice system, improving their willingness to cooperate with and restoring their faith in the criminal justice system.

## **C. OBJECTIVES**

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

Goal 1:

Objective 1: Recruit, swear in and assign 10 new CASA Volunteers to cases during the grant period, thus increasing the number of victims of child abuse who receive direct assistance.

Objective 2: Provide direct assistance to 20 new victims of child abuse who enter the foster care system during the grant period.

Goal 2

Objective 1: CASA Volunteers will have contact with approximately 3 new victims of child abuse monthly and victims will be contacted twice monthly to ensure they are receiving needed identified services.

Objective 2: 20 victims of child abuse being served by CASA Volunteers will have their cases closed during the grant period, leaving the foster care system because of reunification or adoption.

#### D. ACTIVITIES / METHODS

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

##### Goal 1:

Obj 1: Recruit, swear in, and assign 10 new CASA Volunteers to cases. Volunteer outreach will occur monthly and at least two opportunities will be offered during the grant period to allow volunteers to complete all requirements necessary for them to be able to provide direct assistance to victims of child abuse. After completion of swearing in, volunteers will be assigned to a Child In Need Of Care case to provide high quality assistance to victims of child abuse.

Obj 2: CASA Volunteer Coordinator will attend court to identify Child In Need Of Care cases that would benefit from CASA Volunteers providing direct services to victims of child abuse and will request assignment of CASA Volunteers to these cases.

##### Goal 2:

Obj 1: CASA Volunteers make contact with the victim of child abuse as soon as possible after assignment to assess needs, identify services available, ensure that services are being provided and that appropriate progress is being made.

Obj 2: CASA Volunteers monitor case, continue contact with victims of child abuse throughout the case, and attend court to ensure that the child's needs are met, that they are in a safe environment, and the child is moved out of foster care in a timely fashion, resulting in a closed case.

All goals and objectives will be conducted from start date of 1/1/13 and continue through end date of 12/31/13.

## D-2. TRAINING PROJECTS

Complete this page in lieu of Section D – Activities/Methods. This page is to be completed only if this application is for the training of individuals involved in the criminal justice system. **DO NOT** use this for in-house training.

1. Training Curriculum (topics to be included):

2. Type of personnel to be trained:

3. Number of personnel to be trained:

4. Geographical locations of trainees (who will be invited):

5. Dates and hours of training:

6. Location of training:

7. Explanation supporting the effectiveness of the training program including how the program will meet the identified need.



**H. PRIOR RESULTS (For Continuation Projects Only)**

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

Goal 1 - Results per progress reports 1/1 - 6/30/12

Objective 1: CASA trained and sworn in 12 new volunteers, increasing the number of victims of child abuse who received high quality direct assistance.

Goal 1

Objective 2: Direct assistance has been provided to 39 new victims of child abuse who entered the foster care system.

Goal 2

Objective 1: CASA Volunteers have made contact with 39 new abused children which have been contacted twice monthly.

Goal 2

Objective 2: 36 victims of child abuse being served by CASA Volunteers have had their cases closed.

2. Did the project work as expected? Explain.

Yes the project worked as expected. We had an increase in volunteers which allowed us to serve 233 victims of crime (new, carryover, primary and secondary).

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?

Revised to provide measurable objective for Goal 2 Objective 1

## I. EVALUATION AND DISSEMINATION OF REPORTING

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

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

Data will be collected from CASA Volunteers attending training sessions through sign-in sheets, meeting/speaking engagement report, pre and post tests, volunteer training evaluation forms and case files.

2. When will the data be collected?

Data will be collected at each of the training sessions and monthly through the grant period.

3. Who will collect and analyze the data?

CASA Volunteer Coordinator will collect the data and Project Director will analyze the data.

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

Name: David Duplechian

Phone: (337) 436-9533

Email: david@fyca.org

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

Data will be compiled and presented to the President & CEO, CASA Advisory Council and FYCA Board of Directors to decide whether updating/revising the project's strategy is warranted. If warranted, will be incorporated in the program.

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.

Reports are provided to the following agencies according to their requirements and guidelines: LA Commission on Law Enforcement - CVA Quarterly Progress Reports and Quarterly/Monthly Expenditure Reports, National CASA Association - statistical data upon request; LA CASA Association - statistical data upon request; Calcasieu CASA Advisory Council - quarterly reports; and FYCA Board of Directors - Annual Report and Quarterly reporting.

## 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.

This program currently receives funding from the Children's Trust Fund, TANF, Dinner at Mi CASA (fundraiser) and court fines.

Funding will continue to be sought from the following: Children's Miracle Network, Children's Justice Act, private foundation funding and fundraisers to continue the program.

## 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.

Family and Youth occupies a 9000 square foot facility located at 220 Louie Street, Lake Charles, LA. The CASA Program is housed within the agency's facility and occupies 350 square feet. Program staff utilize three offices, which contain desks, files and computer equipment. A storage closet is utilized for supplies.

## L. AUDIT REQUIREMENTS

All applications must check one:

- This organization/agency expends \$500,000 or more in federal funds (during the fiscal year of the organization/agency from any and all sources including the amount of this application) **AND MUST SUBMIT THE FOLLOWING INFORMATION:**
1. Date of last audit
  2. Dates covered by last audit:
  3. Date of next audit:
  4. Dates to be covered by next audit:
  5. Date next audit will be forwarded to LCLE:
- This organization/agency expends less than \$500,000 in federal funds from all sources during the fiscal year of the organization/agency.

## M. VOLUNTEERS

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

CASA Volunteers make contact with all parties, including caseworker, parents/guardians, teachers, foster caregivers, therapists, physicians as well as the children being served, schedule visits, interviews, meetings as often as necessary. 10-15 hours per month. They appear in court at each hearing involving their charge in order to promote the best interest of the child and to provide pertinent information to the court. 35 hours per month. They write reports providing findings and recommendations for the court. 4 hours per month. They monitor the case by visiting the child as needed to ascertain the child's needs are being met and if court orders are being carried out by all parties. 2-5 hours per month. Document contacts made with any parties. 2 hours per month. Meet regularly with Volunteer Coordinator to discuss case. 1-2 hours per month. Total Volunteer hours average 60-65 per month per volunteer.

## 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.

Associate Executive Director, Senior Coordinator, and CASA Volunteer Coordinators will supply information about the LA Crime Victims Reparations Program when appropriate through flyers. Follow-ups will be performed to insure that proper delivery of services have been provided.

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.

CASA Program of Family and Youth, along with 14<sup>th</sup> Judicial District Court, Calcasieu Parish District Attorney's Office, and Office of Community Services, Region V have developed a cooperative agreement. CASA Program will make contact with OCS Caseworker, Parents/Guardians, School Teachers, Foster Caregivers, Mental Health Therapists, District Attorney, Medical Physicians as well as the children being served to schedule visits, interviews and meetings as often as necessary. CASA Program will appear in court at each hearing to promote the best interest of the child and to provide pertinent information to the court.

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.

Under the provisions of Title VI of the LA Children's Code, OCS receives requests for the protective services and conducts investigations to determine the validity of the complaints. If court intervention is warranted, OCS forwards the case to the Calcasieu Parish District Attorney's Office where the case is made part of the state's petition to the 14<sup>th</sup> Judicial District Court. The judge may appoint the CASA at any stage of the court proceeding. CASA Volunteers are required to inform the court of any new or additional offenses they become aware of, once they have become involved in the case.

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.

Family and Youth will comply with the LA Child Protection Act LA R. S. 15:587.1 as appropriate. The agency screens prospective employees and volunteers as required by the act.