

**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		-- 1333

<b>1. Type of Funds for which you are applying</b>	Title II - Juvenile Justice & Delinquency Prevention Program (Federal 16.540 JJDP )		
<b>2. Applicant</b>	<b>Name Of Applicant:</b> Family and Youth Counseling Agency, Inc.		
	<b>Federal I.D:</b> 720688561	<b>Parish:</b> Calcasieu	
	<b>Street Address Line 1:</b> 220 Louie Street		
	<b>Address Line 2:</b>	<b>Address Line 3:</b>	
	<b>City:</b> Lake Charles	<b>State:</b> LA	<b>Zip:</b> 70601-7250
<b>3. Recipient Agencies</b>	Family and Youth Counseling Agency, Inc.		
<b>4. Project Director</b>	<b>Name:</b> Mr. David Duplechian		<b>Title:</b> Vice President Advocacy
	<b>Agency:</b> Family & Youth Counseling Agency		
	<b>Street Address Line 1:</b> 220 Louie St		
	<b>Address Line 2:</b>	<b>Address Line 3:</b>	
	<b>City:</b> Lake Charles	<b>State:</b> LA	<b>Zip:</b> 70601-7250
<b>5. Financial Officer</b>	<b>Name:</b> Ms. Deborah Bauman		<b>Title:</b> Vice President Finance
	<b>Agency:</b> Family & Youth Counseling Agency, Inc.		
	<b>Street Address Line 1:</b> 220 Louie St		
	<b>Address Line 2:</b>	<b>Address Line 3:</b>	
	<b>City:</b> Lake Charles	<b>State:</b> LA	<b>Zip:</b> 70601-7250
<b>6. Contact</b>	<b>Name:</b> Mr. David Duplechian		<b>Title:</b> Vice President Advocacy
	<b>Agency:</b> Family & Youth Counseling Agency		
	<b>Street Address Line 1:</b> 220 Louie St		
	<b>Address Line 2:</b>	<b>Address Line 3:</b>	
	<b>City:</b> Lake Charles	<b>State:</b> LA	<b>Zip:</b> 70601-7250
<b>7. Brief Summary of Project</b> (Do Not Exceed Space Provided)	<b>Short Title (May not exceed 50 characters)</b> Mental Health for Youth		
	This program will provide mental health counseling to youth affected by "child maltreatment".		

**8. Subgrant Budget TOTAL BUDGET BY CATEGORY**

BUDGET CATEGORY	AMOUNT
PERSONNEL	18,500.00
EMPLOYEE BENEFITS	505.00
TRAVEL (INCLUDING TRAINING)	0.00
EQUIPMENT	0.00
SUPPLIES & OPERATING EXPENSES	0.00
CONSULTANTS	0.00
CONSTRUCTION	0.00
OTHER	0.00
<b>TOTAL</b>	<b>19,005.00</b>

**9. TOTAL BUDGET BY FUND SOURCE**

FUND SOURCE	AMOUNT	PERCENT
FEDERAL	19,005.00	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	
<b>TOTAL</b>	<b>19,005.00</b>	<b>100%</b>

10. Project Start Date: 9/1/2013

Project End Date: 8/31/2014

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

Family and Youth Counseling Agency, 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**

<b>BY RECIPIENT AGENCY</b>	<b>YEAR 1</b>	<b>TOTAL</b>
Family and Youth Counseling Agency, Inc.	19,005.00	<b>19,005.00</b>
<b>Total:</b>	<b>19,005.00</b>	<b>19,005.00</b>

**Applicant Agency:** Family and Youth Counseling Agency, Inc.

<b>BY CATEGORY</b>	<b>YEAR 1</b>	<b>TOTAL</b>
PERSONNEL	18,500.00	<b>18,500.00</b>
EMPLOYEE BENEFITS	505.00	<b>505.00</b>
TRAVEL (INCLUDING TRAINING)	0.00	<b>0.00</b>
EQUIPMENT	0.00	<b>0.00</b>
SUPPLIES & OPERATING EXPENSES	0.00	<b>0.00</b>
CONSULTANTS	0.00	<b>0.00</b>
CONSTRUCTION	0.00	<b>0.00</b>
OTHER	0.00	<b>0.00</b>
<b>Total:</b>	<b>19,005.00</b>	<b>19,005.00</b>

<b>BY SOURCE</b>	<b>YEAR 1</b>	<b>TOTAL</b>
FEDERAL	19,005.00	<b>19,005.00</b>
STATE	0.00	<b>0.00</b>
PROJECT INCOME	0.00	<b>0.00</b>
INTEREST	0.00	<b>0.00</b>
STATE MATCH	0.00	<b>0.00</b>
CASH MATCH (NEW APPROP.)	0.00	<b>0.00</b>
IN-KIND MATCH	0.00	<b>0.00</b>
PROJECT INCOME MATCH	0.00	<b>0.00</b>
<b>Total:</b>	<b>19,005.00</b>	<b>19,005.00</b>

**12. BUDGET DETAILS****A. MASTER**

Line Item Details for: Family and Youth Counseling Agency, Inc.

**YEAR 1****PERSONNEL**

		<u>COST</u>
<b>Position:</b>	Counselor	
<b>Name:</b>	Sara Pesic-Leveque	
<b>Computation:</b>	\$2225.66/mo salary X 12 X 69.27%	18,500.00
<b>Personnel - Year 1 Total:</b>		<b>18,500.00</b>

**EMPLOYEE BENEFITS**

		<u>COST</u>
<b>Position:</b>	Counselor	
<b>Name:</b>	Sara Pesic-Leveque	
<b>Computation:</b>	SSI \$18500 salary X 2.73% (remaing SSI & Med will be expense of the agency)	505.00
<b>Employee Benefits - Year 1 Total:</b>		<b>505.00</b>

**TRAVEL (INCLUDING TRAINING)**

		<u>COST</u>
<b>Purpose of Travel:</b>		
<b>Location:</b>		
<b>Item:</b>		
<b>Computation:</b>		0.00
<b>Travel (Including Training) - Year 1 Total:</b>		<b>0.00</b>

**EQUIPMENT**

		<u>COST</u>
<b>Item:</b>		
<b>Item:</b>		
<b>Quantity:</b>		0.00
<b>Equipment - Year 1 Total:</b>		<b>0.00</b>

**12. BUDGET DETAILS**

**A. MASTER**

Line Item Details for: Family and Youth Counseling Agency, Inc.

**SUPPLIES & OPERATING EXPENSES**

	<u><b>COST</b></u>
Supply Item:	
Computation:	0.00
<hr/>	
<b>Supplies &amp; Operating Expenses - Year 1 Total:</b>	<b>0.00</b>

**CONSULTANTS - CONSULTANT**

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

**CONSULTANTS - TRAVEL**

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

**CONSULTANTS - PRODUCT/SERVICE**

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

**YEAR 1 TOTAL: 19,005.00**

**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	18,500	18,500	18,500
1.2	Employee Benefits	505	505	505
Total: Σ		19,005	19,005	19,005

**13. SECTIONS:****B. LCLE Budget - Personnel****PERSONNEL BUDGET JUSTIFICATION**

1. Are personnel costs budgeted in this application?

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.

Counselor is needed to provide mental health services to youth and their families with counseling, education and community referrals.

6. Explain the need for overtime, if applicable.

N/A

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

Pay rate used for position is in conformity with the salary administration plan approved by the FYCA Board of Directors and in accordance with Family Service America Standards.

8. Explain the project duties for each position.

Counselor duties include rendering direct casework assistance, counseling, guidance and education to victims of child maltreatment and their families.

9. 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.]

New hire

10. Are volunteers used in this project?

No

10.1. Is this a VOCA-funded project?

No

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

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

No

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

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

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

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

10.5. 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.

10.6. Are job descriptions for volunteers attached?

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

10.7. Are timesheets kept on volunteers?

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

LCLE BUDGET - PERSONNEL related attachments:

**File Name:**

**File Description:**

✦ Counselor.doc

Counselor Job Description

✦ Sara Pesic.doc

Sara Pesic resume

**13. SECTIONS:**

**C. LCLE Budget - Fringe Benefits**

**FRINGE BENEFITS JUSTIFICATION**

1. Are personnel costs budgeted in this application?

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

2. Please check the appropriate response regarding fringe benefits.

Additional fringe benefits will be provided by the Applicant Agency.

**13. SECTIONS:**

**D. JJDP Travel**

**TRAVEL**

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

1. Are travel costs budgeted in this application?

No

2. Are requested travel expenses for local travel?

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

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

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

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

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

**NOTE: Out-of-state travel requires prior approval from LCLE. Only 5% of the award or \$500, whichever is less, can be requested for out-of-state travel. This is inclusive only to the 48 contiguous states. Hawaii, Alaska and international travel is prohibited.**

**13. SECTIONS:**

**E. LCLE Budget - Equipment**

**EQUIPMENT JUSTIFICATION**

1. Are equipment costs budgeted in this application?

No

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

1.2. Explain the procurement procedures.

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

2. Is this a request for sole source?

No

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

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

**13. SECTIONS:**

**F. LCLE Budget - Supplies & Operating Expenses**

SUPPLIES & OPERATING EXPENSES JUSTIFICATION

1. Are supplies budgeted in this application?

No

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

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

2. Are operating costs budgeted in this application?

No

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

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

**13. SECTIONS:****G. LCLE Budget - Consultant****CONSULTANTS JUSTIFICATION**

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

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

1. Are consultants costs budgeted in this application?

No

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

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

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

5. Is this request for sole source?

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

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

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

**13. SECTIONS:**

**H. JJDP Federal Standard Program Areas**

1. Check the Federal Standard Program Area that this project will address.

20. Mental Health Services

**13. SECTIONS:****I. LCLE Program Narrative****PROBLEM DEFINITION**

1. Are you a Law Enforcement agency?

No

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

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

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

2. Identify the nature and magnitude of the specific problem existing in your particular community that needs to be addressed through this proposed project.

**Document the need, not the symptoms or solutions.** Be sure to include current **valid local data or state data, if local data is not available**, to support the justification. Give the source and date of your information. State the needs of your agency and the needs of the victims in your area as related to this problem and justify the need for the proposed project.

According to a Journal of the Office of Juvenile Justice Delinquency Prevention entitled Causes and Correlates: Findings and Implications "research indicates that child maltreatment (physical abuse, sexual abuse, neglect) that occurs at some point prior to age 18 is a risk factor for delinquency. The journal also states youth maltreated before the age of 12, who may or may not also have been maltreated between ages 12 and 18, were significantly more likely to be arrested and to self-report more delinquency, especially serious and violent delinquency; than subjects who had not been maltreated prior to age 12." Victims of child abuse need counseling. No other agency in this parish provides counseling to abused children. Abused children need counselors which can address the special needs for abused children. Abused children are more likely than other children to experience physical health problems, PTSD, major depressive disorders, eating disorders, and drug and alcohol use. Research shows that youth who start their delinquency careers before the age of 13 are at higher risk of becoming serious and violent offenders than those who start their delinquency careers later. Preventive interventions to reduce offending should be available at least from the beginning of elementary school-age onward. It is never too early to prevent offending.

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

At a recent Child In Need of Care (CINC) Task Force Meeting, Department of Children and Family Services supervisors, as well as attorneys, and Family and Juvenile Court Judges, all identified a lack of counselors both trained and experienced in dealing with child victims of sexual and severe physical abuse and accessible to victims of limited resources as an issue in Lake Charles/Calcasieu Parish. This means many child victims of sexual and severe physical abuse are not getting the interventions they need.

**13. SECTIONS:**

**J. 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.

We wish to provide mental health services to youth affected by "child maltreatment" (physical abuse, sexual abuse and neglect) that occurred prior to the age of 18 and untreated to prevent juvenile delinquency.

**13. SECTIONS:****K. JJDP Methods****METHODS**

Identify and describe how you will achieve each of your stated project objectives. Methods must correlated with the stated Goals and Objectives.

1. When will the service be provided (daily, weekly, monthly) and what are the hours of operation?

Daily, weekly and monthly as needed and requested by child victims. Hours of operation are Monday - Thursday from 8am to 7pm and on Friday from 8am - 5pm

2. How are youth referred to and enrolled in the program (Describe specific procedures.)

Victims are referred to the program by the Children's Advocacy Center and Office of Juvenile Justice.

3. For what period of time are youth in the program and how are youth released from the program (both successfully and terminated).

Length of counseling will be determined after first sessions of counseling with the family and upon consultation with counselor's supervisor.

4. Describe the overall project model, format, and/or curriculum.

Counselor will work with Children's Advocacy Center and OJJS to facilitate referrals of the client/family. Upon referral to program, counselor will interview the child and family, conduct an assessment and develop a comprehensive treatment plan. Individual and family counseling techniques include cognitive, behavioral and affective systems therapy, reality therapy and client-centered therapy, which deal with efforts to stabilize the victim's life and assist in managing practical problems casued by the victimization. Counselor will perform these techniques consistent with acceptable counseling practices.

5. Is this an evidence-based program?

Yes

5.1. Name the title of the program/curriculum and its source.

Counseling incorporates evidence-based initiatives and practices based on InterPersonal Therapy Modality Counseling (IPT Counseling). Practices and initiatives offered address the issues associated with traumatic events such as child abuse. Outcomes are rated using ORS (Outcome Research Scale), a research based professionally.

**13. SECTIONS:**

**L. 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.

1. Counselor will document clients referred to counseling through the grant period.
  2. Counselor will interview client and family, conduct an assessment and develop a comprehensive treatment plan. Individual counseling techniques will be used to stabilize the client's life and assist in managing practical problems. Counseling will be done on weekly, monthly basis with length of counseling determined after first session and upon consultation with supervisor.
  3. Counselor will incorporate family members into counseling sessions to provide information and education along with development of safety plan.
- All program activities will be conducted at the beginning of the program, 9/1/13 and will continue throughout the remaining 12 months of the program ending on 8/31/2014.

**13. SECTIONS:**

**M. LCLE Objectives**

**OBJECTIVES**

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

Objective 1: 30 youth referred will be provided therapy by counselor. 15 of these clients will demonstrate improvement as shown on the "Client Report of Progress" and the "Client Treatment Plan".

Objective 2: 30 youth referred will remain in school as demonstrated by self report on "Client Goals"

Objective 3: 30 families will be provided at least 1 counseling session. Of the 30 families, 80% of the families will display family change to understand risk factors and preventive measures.

**13. SECTIONS:**

**N. LCLE Training Project**

**Training Projects**

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

1. Is this a training project?

No

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

3. List the type of personnel to be trained.

4. How many individuals expected to be trained?

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

6. Dates and hours of the training

7. Identify the location of the training.

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

**13. SECTIONS:**

**O. JJDP Disproportionate Minority Contact Project**

**DISPROPORTIONATE MINORITY CONTACT (DMC) PROJECTS**

Complete this section ONLY if this project will be funded under Federal Standard Program Area 10 Disproportionate Minority Contact.

1. Is this project addressing Federal Standard Purpose Area 10 Disproportionate Minority Contact (DMC)?

No

2. Have you received the Relative Rate Index (RRI) Table of the Juvenile Justice Contact Points for DMC verification from LCLE?

NOTE: If **no**, this application will **not** be considered for funding.

No

3. Check the juvenile justice contact point(s) this project will address.

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

4. Explain how this project will address the contact point(s). NOTE: Proposed activities should be based on best practices in the field of DMC reduction.

**13. SECTIONS:**

**P. LCLE Prior Results**

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

1. Is this a continuation project?

No

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.)

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

4. Have the original goals and objectives been revised?

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

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

**13. SECTIONS:**

**Q. JJDP Demographics**

**DEMOGRAPHICS**

1. Type of Authorized Agency

Non-profit organization

2. Type of Implementing Agency

Non-profit Community-based Organization

3. Congressional District that this project serves

3

4. Geographical area to be served.

Urban

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

220 Louie Street, Lake Charles, LA 70601

6. Primary status of juveniles to be served

Mental Health

7. This is a system improvement project and/or training project.

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

8. Juveniles to be served

8.1. Target number of juveniles to be served.

30

8.2. Age Range

7-18

8.3. Number of White juveniles

13

8.4. Number of African-American/Black juveniles.

17

8.5. Number of Hispanic juveniles.

0

8.6. Number of Asian juveniles

0

8.7. Number of Native American juveniles

0

8.8. Number of Other juveniles.

0

8.9. Total Juvenile Race

30

8.10. Number of male juveniles.

14

8.11. Number of female juveniles.

16

8.12. Total gender of juveniles.

30

**13. SECTIONS:**

**R. LCLE Evaluation**

**EVALUATION AND DISSEMINATION OF REPORTING**

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

Yes

1.1. If no, explain why.

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

Data is collected from referral source and will show how many were provided therapy. Counselor will track the progress of each client through case notes, reports and computer software. Clients will also be administered a pre and post evaluation for self-reporting on a regular basis throughout therapy.

3. When will the data be collected?

Data will be collected for each referral and at each session throughout the grant period; daily, monthly and quarterly.

4. Who will collect and analyze the data?

Counselor will collect data and it will be analyzed by the counselor, President/CEO of Family and Youth, and Project Director of this program.

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	David Duplechian	337-436-9533	david@fyca.org

6. 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, the Shannon Cox Counseling Center Advisory Council and FYCA Board of Directors to decide whether updating/revising the project's strategy is warranted. If warranted, it will be incorporated into the program.

7. The applicant agency agrees to submit program monitoring reports, expenditure reports, and any other required documents by the designated due dates. The applicant also understands that failure to submit these required reports by the designated due dates will affect the agency's risk rating on grant performance and could prevent eligibility for future funding.

Yes

8. In addition to reporting to the Louisiana Commission on Law Enforcement, name the recipients who will receive the project's results and the schedule of reporting (i.e. quarterly, interim, yearly). For example: If applicable, board of directors, applicant agency (if different from implementing agency), courts with jurisdiction, etc.

Data will be compiled and presented to the President/CEO on a monthly basis, The Shannon Cox Counseling Center Advisory Council on a quarterly basis and FYCA Board of Directors on monthly/yearly basis.

LCLE EVALUATION related attachments:

**File Name:**

✂ Evaluation forms.pdf

**File Description:**

evaluation forms

**13. SECTIONS:**

**S. 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.

Family and Youth continues to seek funding from United Way and Children's Trust Fund.

**13. SECTIONS:**

**T. LCLE Resources**

RESOURCES

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

Family and Youth occupies a 9000 square foot facility located at 220 Louie Street, Lake Charles, LA 70601. The Shannon Cox Counseling Center facilities are housed within the agency's building. The Shannon Cox Counseling Center facilities include a reception area, two conference rooms, and offices for the President/CEO, Program Director, and Counselor. Each office contains a desk, chairs, bookshelves, telephones, and computer equipment.

**13. SECTIONS:**

**U. LCLE Collaboration/Consultation**

**COLLABORATION/CONSULTATION**

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

1. Does this project require the agency to consult or collaborate with other agencies as prescribed by the federal requirements?

Yes

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

Consultation, coordination and collaboration between Family and Youth, Children's Advocacy Center, and Office of Juvenile Justice Services has been established. Members will meet routinely throughout the year to enhance and improve program operations for victims of child abuse and their families.

2. The following support documents are attached.

Three current letters of support.

LCLE COLLABORATION/CONSULTATION related attachments:

**File Name:**

- ✂ LCLE Support Letter 1.pdf
- ✂ LCLE Support Letter 2.pdf
- ✂ LCLE Support Letter 3.pdf

**File Description:**

- CPPJ Letter
- Oasis Support Letter
- CAC Support Letter

**13. SECTIONS:**

**V. 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

1.1.1. audit period beginning:

1.1.2. audit period ending:

1.2. Date of next audit

1.2.1. audit period beginning:

1.2.2. audit period ending:

1.3. Date next audit will be forwarded to LCLE

**13. SECTIONS:****W. 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.

David Duplechian

**1.1. Civil Rights Contact Person's Email**

david@fyca.org

**1.2. Civil Rights Contact Person's Telephone Number**

337-436-9533

**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](http://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](mailto: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.

Form will be completed and mailed, not allowed to be attached here.

**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.

Verbal Orientation

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

Employee report complaint to supervisor. If complaint is about supervisor, then referred to human resources representative.  
Reviewed by CEO.

6.2. Delivery of Services

Program Manual

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?

No

7.1.1. If YES, check all boxes that apply

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

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:**

**X. 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 7<sup>th</sup> 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)**

Is a non-profit organization

**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.**

Not required to be submitted to Washington. Original signed form will be mailed to Egrant system, while a copy will be attached to the summary page of this application.

**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.**

No

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

**13. SECTIONS:**

**Y. 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
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**13. SECTIONS:**

**Z. 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 FYCA Audit.pdf
- ✦ 2013 FYCA Board of Directors.docx
- ✦ FYCA Bylaws.DOC
- ✦ LA Good Standing.xps
- ✦ declaration page.pdf
- ✦ checking acct.doc

**File Description:**

- 2012 FYCA Audit
- 2013 FYCA Board of Directors
- FYCA By-Laws
- LA Secretary of State
- Insurance Declaration Page
- checking account

**13. SECTIONS:****AA. JJDP Certified Assurances**

**TITLE II (JJDP) FORMULA GRANTS PROGRAM  
CERTIFIED ASSURANCES**

**Abbreviations:**

CFR Code of Federal Regulations	OJJDP Office of Juvenile Justice and Delinquency Prevention
JJDP Juvenile Justice and Delinquency Prevention	PL Public Law
LCLE Louisiana Commission on Law Enforcement	OMB Federal Office of Management and Budget
OJP Office of Justice Programs	USC United States Code

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

1. **ALLOWABLE COSTS.** The applicant certifies that any allowable costs incurred under any subgrant shall be determined in accordance with the general principles of allowable costs and standards for selected cost items set forth in 2 CFR Part 225 – “Cost Principals for State, Local, and Indian Tribal Governments” (formerly OMB Circular A-87) or 2 CFR Part 230 – “Cost Principals for Non-Profit Organizations” (formerly OMB Circular A-122), as well as the current edition of the OJP Financial Guide, and LCLE Policies.
2. **ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW (ACORN).** The applicant understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of any contract or subaward to either the Association of Community Organizations for Reform Now (ACORN) or its subsidiaries, without prior written approval of OJP. (Federal Memorandum M-10-02 dated October 7, 2009, issued pursuant to Section 163 of the Continuing Appropriations Resolution, 2010, Division B of PL. # 111-68 (CR), as well as State of Louisiana Executive Order BJ 09-16 dated September 17, 2009.)
3. **AUDIT CONTRACTS.** The applicant understands and agrees that every contract, agreement or understanding to make a study or prepare a report on behalf of a state agency official, by a private firm, consultant or individual who receives compensation thereof from state, federal, local or other public funds from whatever source, shall contain or be deemed to contain an authorization for the legislative auditor to audit the records of such firm, consultant or individual pertaining to such study or report.
4. **AUDIT AND INSPECTION.** The applicant understands and agrees that OJP, OJJDP, LCLE, or any of their duly authorized representatives shall have access, for purposes of audit and examinations, 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 \$500,000 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 LCLE. 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. **BIO-MEDICAL EXPERIMENTATION.** Pursuant to Section 299(d) of the JJDP Act, the applicant assures that funding will not be used for any bio-medical or behavior control experimentation on individuals or any research involving such experimentation.

7. **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](http://www.sam.gov).

8. **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 Victims of Crime Act of 1984; 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.

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

10. **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 (RFP's) 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).

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, Office of Juvenile Justice and Delinquency Program, Louisiana Commission on Law Enforcement, and the Juvenile Justice and Delinquency Program Advisory Board.

The applicant assures compliance with the applicable guidelines, provisions, policies and requirements of the JJDP Act (P.L. 93-415, as amended and codified at §§5601 et seq.). Assurance of compliance to this Act is inclusive of any amendment or replacement of the Act through reauthorization or new legislation.

The applicant also assures compliance with the provisions of the 2 CFR Part 225 – “Cost Principles for State, Local, and Indian Tribal Governments” (formerly OMB Circular A-87); 2 CFR Part 230 – “Cost Principles for Non-Profit Organizations” (formerly OMB Circular A-122); 28 CFR Ch.1 § 66.3 – “Part 66 – Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments” (also known as the Grants Management

Common Rule for State and Local Units of Government); 48 CFR Ch. I § 101.2 – Part 10 – Uniform Administrative Requirements for Grants and Agreements (Including Subawards) with Institutions of Higher Education Hospitals and Other Non-Profit Organizations”; the current edition of the OJP Financial Guide, and any other Federal requirements which may apply.

Subgrantee agrees to abide by all applicable federal, state and local laws, rules and regulations governing the subgrant agency.

12. **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).
13. **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.
14. **CRIME REPORTING.** The law enforcement applicant agrees to begin or continue participating in the Uniform Crime Reporting (UCR) Program or the Louisiana Incident Based Reporting System (LIBRS) Programs of LCLE.
15. **CRIMINAL RECORDS SYSTEM – DATA REPORTS.** The law enforcement applicant agrees to submit all required data to the state LIBRS/UCR Program in accordance with the requirements of the applicable program and to submit all required arrest fingerprinting cards and related data to the Bureau of Criminal Identification in the time and manner specified by the Bureau.
16. **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](http://www.dnb.com) or 1-866-705-5711.
17. **DETENTION PLACEMENT.** The applicant will administer detention placement priorities based upon juvenile needs and availability of grant funds.
18. **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, or disability against a recipient of funds, the recipient will forward a copy of such findings to the Louisiana Commission on Law Enforcement, PO Box 3133, Baton Rouge, LA 70821-3133 and Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice, 810 7<sup>th</sup> St., N.W., Washington, D.C. 20531. The State of Louisiana also includes any discrimination on the grounds of sexual orientation.
19. **DRUG COURTS.** The applicant assures that funds used for a drug court will conform to the current Drug Court Program standards as published by the Louisiana Supreme Court, Drug Court Office in Section III of the Manual of Policies and Procedures. The applicant agrees to utilize the Drug Court Management System as described in Section VII of Louisiana Supreme Court, Drug Court Office Manual of Policies and Procedures. The applicant agrees to collect and maintain follow-up data on program participants criminal recidivism and drug use relapse. The data collected must be available for review by LCLE staff and Federal Department of Justice.
20. **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.
21. **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.

22. **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.

23. **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 or 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 effected; 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, and f) an Inventory Report must be updated through Egrants to include items billed in each fiscal report.

24. **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.

25. **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.

26. **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](http://www.ojp.gov/about/ocr/equal_fbo.htm).

Faith-based organizations should also note that the Safe Street Acts, as amended; the Victims of Crime 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](http://www.ojp.usdoj.gov/ocr/etfbo.htm).

27. **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](mailto:oig_hotline@usdoj.gov); c) Hotline: 1-800-869-4499 (Phone). 1-202-616-9881 (Fax). or d) Website: [www.usdoj.gov/oig](http://www.usdoj.gov/oig) (Additional information is available from the DOJ OIG website.)

- 28. **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](http://www.ojp.gov/funding/ffata.htm).
- 29. **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, submission of financial reports, and any other applicable required documentation which may be prescribed by the organizations and/or publications within these Certified Assurances.
- 30. **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)}
- 31. **FUTURE SUPPORT.** The applicant understands that the awarding of future funding is contingent upon the availability of future federal appropriations.
- 32. **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.
- 33. **HUMAN RESEARCH SUBJECTS.** The applicant agrees to comply with the requirements of 28 C.F.R. Part 46 and all OJP policies and procedures regarding the protection of human research subjects, including obtaining of Institutional Review Board approval, if appropriate, and subject informed consent.
- 34. **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.
- 35. **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 related thereto.
- 36. **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, P.O. 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.
- 37. **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>.

LOUISIANA COMMISSION ON LAW ENFORCEMENT

Applicant Hereby Applies to the L.C.L.E. for Financial

LCLE USE ONLY

Receipt Date	Award Date	Subgrant Number(s)
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Support for the Within-Described Project:	8/9/2013	-- 1333
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<b>1. Type of Funds for which you are applying</b>	Title II - Juvenile Justice & Delinquency Prevention Program (Federal 16.540 JJDP )		
<b>2. Applicant</b>	<b>Name Of Applicant:</b> Family and Youth Counseling Agency, Inc.		
	<b>Federal I.D:</b> 720688561	<b>Parish:</b> Calcasieu	
	<b>Street Address Line 1:</b> 220 Louie Street		
	<b>Address Line 2:</b>	<b>Address Line 3:</b>	
	<b>City:</b> Lake Charles	<b>State:</b> LA	<b>Zip:</b> 70601-7250
<b>3. Recipient Agencies</b>	Family and Youth Counseling Agency, Inc.		
<b>4. Project Director</b>	<b>Name:</b> Mr. David Duplechian		<b>Title:</b> Vice President Advocacy
	<b>Agency:</b> Family & Youth Counseling Agency		
	<b>Street Address Line 1:</b> 220 Louie St		
	<b>Address Line 2:</b>	<b>Address Line 3:</b>	
	<b>City:</b> Lake Charles	<b>State:</b> LA	<b>Zip:</b> 70601-7250
	<b>Phone:</b> 337-436-9533	<b>Fax:</b> 337-439-9941	<b>Email:</b> david@fyca.org
<b>5. Financial Officer</b>	<b>Name:</b> Ms. Deborah Bauman		<b>Title:</b> Vice President Finance
	<b>Agency:</b> Family & Youth Counseling Agency, Inc.		
	<b>Street Address Line 1:</b> 220 Louie St		
	<b>Address Line 2:</b>	<b>Address Line 3:</b>	
	<b>City:</b> Lake Charles	<b>State:</b> LA	<b>Zip:</b> 70601-7250
	<b>Phone:</b> 337-436-9533	<b>Fax:</b> 337-439-9941	<b>Email:</b> deborahb@fyca.org
<b>6. Contact</b>	<b>Name:</b> Mr. David Duplechian		<b>Title:</b> Vice President Advocacy
	<b>Agency:</b> Family & Youth Counseling Agency		
	<b>Street Address Line 1:</b> 220 Louie St		
	<b>Address Line 2:</b>	<b>Address Line 3:</b>	
	<b>City:</b> Lake Charles	<b>State:</b> LA	<b>Zip:</b> 70601-7250
	<b>Phone:</b> 337-436-9533	<b>Fax:</b> 337-439-9941	<b>Email:</b> david@fyca.org
<b>7. Brief Summary of Project</b> (Do Not Exceed Space Provided)	<b>Short Title (May not exceed 50 characters)</b> Mental Health for Youth  This program will provide mental health counseling to youth affected by "child maltreatment".		

**8. Subgrant Budget TOTAL BUDGET BY CATEGORY**

BUDGET CATEGORY	AMOUNT
PERSONNEL	18,500.00
EMPLOYEE BENEFITS	505.00
TRAVEL (INCLUDING TRAINING)	0.00
EQUIPMENT	0.00
SUPPLIES & OPERATING EXPENSES	0.00
CONSULTANTS	0.00
CONSTRUCTION	0.00
OTHER	0.00
<b>TOTAL</b>	<b>19,005.00</b>

**9. TOTAL BUDGET BY FUND SOURCE**

FUND SOURCE	AMOUNT	PERCENT
FEDERAL	19,005.00	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	
<b>TOTAL</b>	<b>19,005.00</b>	<b>100%</b>

**10. Project Start Date:** 9/1/2013      **Project End Date:** 8/31/2014

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

\_\_\_\_\_  
Family and Youth Counseling Agency, 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
Family and Youth Counseling Agency, Inc.	19,005.00	19,005.00
<b>Total:</b>	<b>19,005.00</b>	<b>19,005.00</b>

**Applicant Agency:** Family and Youth Counseling Agency, Inc.

BY CATEGORY	YEAR 1	TOTAL
PERSONNEL	18,500.00	18,500.00
EMPLOYEE BENEFITS	505.00	505.00
TRAVEL (INCLUDING TRAINING)	0.00	0.00
EQUIPMENT	0.00	0.00
SUPPLIES & OPERATING EXPENSES	0.00	0.00
CONSULTANTS	0.00	0.00
CONSTRUCTION	0.00	0.00
OTHER	0.00	0.00
<b>Total:</b>	<b>19,005.00</b>	<b>19,005.00</b>

BY SOURCE	YEAR 1	TOTAL
FEDERAL	19,005.00	19,005.00
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
<b>Total:</b>	<b>19,005.00</b>	<b>19,005.00</b>

**12. BUDGET DETAILS**

**A. MASTER**

Line Item Details for: Family and Youth Counseling Agency, Inc.

**YEAR 1**

**PERSONNEL**

<b>Position:</b>	Counselor	<u><b>COST</b></u>
<b>Name:</b>	Sara Pestic-Leveque	
<b>Computation:</b>	\$2225.66/mo salary X 12 X 69.27%	18,500.00

**Personnel - Year 1 Total: 18,500.00**

**EMPLOYEE BENEFITS**

<b>Position:</b>	Counselor	<u><b>COST</b></u>
<b>Name:</b>	Sara Pestic-Leveque	
<b>Computation:</b>	SSI \$18500 salary X 2.73% (remaining SSI & Med will be expense of the agency)	505.00

**Employee Benefits - Year 1 Total: 505.00**

**TRAVEL (INCLUDING TRAINING)**

<b>Purpose of Travel:</b>		<u><b>COST</b></u>
<b>Location:</b>		
<b>Item:</b>		
<b>Computation:</b>		0.00

**Travel (Including Training) - Year 1 Total: 0.00**

**EQUIPMENT**

<b>Item:</b>		<u><b>COST</b></u>

Item:  
Quantity: 0.00

Equipment - Year 1 Total: 0.00

**SUPPLIES & OPERATING EXPENSES**

Supply Item:  
Computation: COST 0.00

Supplies & Operating Expenses - Year 1 Total: 0.00

**CONSULTANTS - CONSULTANT**

Name / Position:  
Service Provided:  
Computation: COST 0.00

Consultants - Consultant - Year 1 Total: 0.00

**CONSULTANTS - TRAVEL**

Consultant:  
Location:  
Item:  
Computation: COST 0.00

Consultants - Travel - Year 1 Total: 0.00

**CONSULTANTS - PRODUCT/SERVICE**

Consultant:  
Item:  
Computation: COST 0.00

Consultants - Product/Service - Year 1 Total: 0.00

**YEAR 1 TOTAL: 19,005.00**

**13. SECTIONS:**

**A. LCLE Budget Summary No Match**

1. Please itemize the Budget Category expenditures.  
(Please verify that the Total Amount equals the Calculated Paid Amount.)

ID	Budget Category	Total Amount	Amount Paid with Federal Dollars	Calculated Paid Amounts
1.1	Personnel	18,500	18,500	18,500
1.2	Employee Benefits	505	505	505

Total: Σ		19,005	19,005	19,005
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**13. SECTIONS:**

**B. LCLE Budget - Personnel**

**PERSONNEL BUDGET JUSTIFICATION**

1. Are personnel costs budgeted in this application?

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.

Counselor is needed to provide mental health services to youth and their families with counseling, education and community referrals.

6. Explain the need for overtime, if applicable.

N/A

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

Pay rate used for position is in conformity with the salary administration plan approved by the FYCA Board of Directors and in accordance with Family Service America Standards



8. Explain the project duties for each position.

Counselor duties include rendering direct casework assistance, counseling, guidance and education to victims of child maltreatment and their families.

9. 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.]

New hire

10. Are volunteers used in this project?

No

10.1. Is this a VOCA-funded project?

No

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

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

No

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

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

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

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

10.5. 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.

10.6. Are job descriptions for volunteers attached?

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

10.7. Are timesheets kept on volunteers?

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

LCLE BUDGET - PERSONNEL related attachments:

File Name: File Description

**File Name:**

**File Description:**

✦ Counselor.doc

Counselor Job Description

✦ Sara Pesic.doc

Sara Pesic resume

**13. SECTIONS:**

**C. LCLE Budget - Fringe Benefits**

**FRINGE BENEFITS JUSTIFICATION**

1. Are personnel costs budgeted in this application?

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

2. Please check the appropriate response regarding fringe benefits.

Additional fringe benefits will be provided by the Applicant Agency.

**13. SECTIONS:**

**D. JJDP Travel**

**TRAVEL**

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

1. Are travel costs budgeted in this application?

No

2. Are requested travel expenses for local travel?

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

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

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

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

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

**NOTE: Out-of-state travel requires prior approval from LCLE. Only 5% of the award or \$500, whichever is less, can be requested for out-of-state travel. This is inclusive only to the 48 contiguous states. Hawaii, Alaska and international travel is prohibited.**

### 13. SECTIONS:

#### E. LCLE Budget - Equipment

##### EQUIPMENT JUSTIFICATION

1. Are equipment costs budgeted in this application?

No

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

1.2. Explain the procurement procedures.

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

2. Is this a request for sole source?