LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: J10-6-001

APPLICANT: BeauCARE, Inc

PROJECT TITLE: Delinquency Prevention Program

PROJECT FUNDS :

FUND:	$ 33,782	100.00%	PROJECT DURATION: 12 months
MATCH:	$ 0	0.00%	START DATE: 01/01/2011
TOTAL:	$ 33,782	100.00%	END DATE: 12/31/2011

Continuation of J09-6-001

PROJECT SUMMARY:

The project will focus on providing programs and activities to at risk youth in the Beauregard Parish. Services will include life skills, counseling, homework/tutoring, structured recreation, parental involvement, community service, arts and crafts and mentoring programs. Hours will be after school from 3:00 PM - 6 PM; summer months 9:00 AM - 5:00 PM; Friday evenings from 6:00 PM - 9:00 PM; Saturday afternoon/evenings from 3:00 PM - 9:00 PM. The program is focused to provide youth improved mental, physical and emotional health and the ablility to cope with life decisions and become productive young adults.

RECOMMENDATION : FUND X **DENY** ___

SPECIAL CONDITIONS :

1. BY ACCEPTING THIS AWARD, THE SUBRECIPIENT AFFIRMS THAT IT IS NOT A MEMBER OF ACORN, ANY OF ITS AFFILIATES, SUBSIDIARIES, OR ALLIED ORGANIZATIONS.

   SUBRECIPIENT AGREES THAT IT WILL ADHERE TO SECTION 163 OF THE CONTINUING APPROPRIATIONS RESOLUTION, 2010, DIVISION B OF PUB. L. NO. 111-68 (CR) AND STATE EXECUTIVE ORDER BJ 09-16 THAT PROHIBITS FUNDING TO THE ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW (ACORN), OR ANY OF ITS AFFILIATES, SUBSIDIARIES, OR ALLIED ORGANIZATIONS.

   FEDERAL GUIDANCE (M-10-02) DATED OCTOBER 7, 2009, AS WELL AS EXECUTIVE ORDER BJ 09-16 IS POSTED ON LCLE'S WEBSITE AT WWW.LCLE.LA.GOV UNDER SUBGRANTEE GUIDANCE.
2. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 10/11/10 IS REVIEWED AND APPROVED BY LCLE STAFF.
3. NO RELEASE OF FUNDS BY LCLE FOR CONTRACTUAL SERVICES UNTIL SIGNED, EXECUTED CONTRACT(S) ARE SUBMITTED TO LCLE AND APPROVED.

LOUISIANA COMMISSION ON LAW ENFORCEMENT AND THE ADMINISTRATION OF CRIMINAL JUSTICE

TITLE II (JJDP) FORMULA BLOCK GRANT PROGRAM

CFDA #16.540

FOR LCLE USE ONLY: **Project ID:** J10-6-001 **Federal Standard Purpose Area:** 9

1. TITLE OF PROJECT

Delinquency Prevention

2 ☐ **NEW PROJECT**

☒ **CONTINUATION PROJECT OF** J09 - 6 - 001

3. PROJECT DURATION

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

Desired Start Date: 1/1/2011

Desired End Date: 12/31/2011

4. PROJECT FUNDS

Federal Funds Requested: $33,782

5A. APPLICANT AGENCY

Agency Name: BeauCARE, Inc.

Physical Address: 628 High School Drive

City: DeRidder Zip: 70634-

Mailing Address: P.O. Box 1779

City: DeRidder Zip: 70634-1779

Phone: (337) 462-2273 FAX: (337) 462-2268

Email: aduplechin@beaucares.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Percy McCraney

Title: Board President

Agency Name: BeauCARE, Inc.

Address: P.O. Box 1779

City: DeRidder , Zip: 70634-1779

Phone: (337) 462-2273 FAX: (337) 462-2268

Email: pmccraney@amerisafe.com

Federal Employer Tax Id #: 72-1209038 DUNS: 038472655 CCR/NCAGE: 4LGQ8 CCR Expiration Date: 1/11/2011

6. IMPLEMENTING AGENCY

Name: Annette G. Duplechin

Title: Executive Director

Agency: BeauCARE, Inc.

Address: P.O. Box 1779

City: DeRidder Zip: 70634-1779

Phone: (337) 462-2273 FAX: (337) 462-2268

Email: aduplechin@beaucares.org

7. PROJECT DIRECTOR

Name: Alisha Guitreau

Title: Youth Development Program Manager

Agency: BeauCARE, Inc.

Address: P.O. Box 1779

City: DeRidder Zip: 70634-1779

Phone: (337) 462-2273 FAX: (337) 462-2268

Email: aguitreau@beaucares.org

8. FINANCIAL OFFICER

Name: Bruce Butts

Title: Director of Finance

Agency Name: BeauCARE, Inc.

Address: P.O. Box 1779

City: DeRidder Zip: 70634-1779

Phone: (337) 462-2273 FAX: (337) 462-2268

Email: bbutts@beaucares.org

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

The project will focus on providing programs and activities to at risk youth in the Beauregard Parish area. Services will include life skills, counseling, homework/tutoring, structured recreation, parental involvement, community service, arts & crafts and mentoring programs. Hours will be after school from 3:00 - 6:00 PM; summer months 9:00 AM - 5:00 PM; Friday evenings from 6:00 - 9:00 PM; Saturday afternoon/evenings from 3:00 - 9:00 PM. The program is focused to provide youth improved mental, physical and emotional health and the ability to cope with life decisions and become productive young adults.

FEDERAL STANDARD PROGRAM AREAS

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

	Standard Program Area	
1	Aftercare/Re-entry	☐
2	Alternatives to Detention	☐
3	Child Abuse and Neglect Program	☐
4	Children of Incarcerated Parents	☐
5	Community Assessment Centers (CAC)	☐
6	Compliance Monitoring	N/A
7	Court Services	☐
8	Deinstitutionalization of Status Offenders (DSO)	☐
9	Delinquency Prevention	☒
10	Disproportionate Minority Contact (DMC)	☐
11	Diversion	☐
12	Gangs	☐
13	Gender-Specific Services	☐
14	Graduated Sanctions	☐
15	Gun Programs	☐
16	Hate Crimes	☐
17	Jail Removal	☐
18	Job Training	☐
19	Juvenile Justice System Improvement:	
	Ombudsman Services	☐
	Services	☐
	Legal	☐
	MIS	☐
20	Mental Health Services	☐
21	Mentoring	☐
22	Native American Programs	☐
23	Planning and Administration	N/A
24	Probation	☐
25	Restitution/Community Service	☐
26	Rural Area Juvenile Programs	☐
27	School Programs:	
	Law-Related Education	☐
	School Counseling	☐
	Special Education	☐
	Alternatives to Suspensions & Expulsions	☐
	After-School	☐
	In School	☐
28	Separation of Juveniles from Adult Offenders	☐
29	Serious Crimes	☐
30	Sex Offender Program	☐
31	State Advisory Group Allocation	N/A
32	Substance Abuse:	
	Treatment	☐
	Prevention	☐
	Control	☐
33	Youth Advocacy	☐
34	Youth Courts	☐
35	Strategic Community Action Planning	☐

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.

CHECKLIST:	YES:	NO:
Are all budgeted items allowable per Program Guidelines?	☒	☐
Were instructions followed to determine allowable personnel/contractual costs?	☒	☐
Are all line item computations correct?	☒	☐
Do line items add to category totals?	☒	☐
Have category totals been rounded to nearest dollar?	☒	☐

Each category amount listed in the table below must equal category totals shown on the Budget Sections..

Person Completing Budget Section: Annette G. Duplechin Title: Executive Director

Phone: (337) 462-2273 Fax (337) 462-2268 E-Mail: aduplechin@beaucares.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORY	SECTION TOTAL
Section 100. Personnel	**$27,128**
Section 200. Fringe Benefits	**$2,459**
Section 300. Travel	**$0**
Section 400. Equipment	**$0**
Section 500. Supplies	**$470**
Section 600. Contractual	**$1,015**
Section 800. Other Direct Costs	**$2,710**
TOTAL	~~$31,072~~ 33,782.00

FUNDING HISTORY

	Subgrant Number	Amount	Duration (Months)
Year 1	J09-6-001	$34,294	12
Year 2	J - -		
Year 3	J - -		
	Total	**$34,294**	**12**

CONGRESSIONAL DISTRICT(S) THAT REPRESENT THIS PROJECT.

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

SECTION 100. PERSONNEL

Enter only the Title Position(s) and Individual Name(s) of the employees for each position funded through this grant. For further information and direction, please refer to the application instructions.

FULL TIME POSITONS

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT
Executive Director	Annette G. Duplechin	FT	$3,300.00	5.00%	12.00	$1,980.00
Program Director	Alisha Guitreau	FT	$2,458.00	50.00%	12.00	$14,748.00
		FT				$0.00
		FT				$0.00
		FT				$0.00
		FT				$0.00
		FT				$0.00
		FT				$0.00
					SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:	$16,728.00

PART TIME AND/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
Assistant Prog. Coordinator	Sondra Fitzgerald	PT	$10.00	20.00	100.00%	52.00	$10,400.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
					SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:		$10,400.00

SECTION 100. PERSONNEL TOTAL	$27,128

SECTION 100. PERSONNEL (Continued) - BRIEFLY EXPLAIN:

☒ Yes ☐ No Are job descriptions for each position attached?

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

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

Executive Director is needed to supervise and oversee program activities and projects.
Program Director is needed to coordinate and manage various projects and activities throughout the life of the program.
Assistant Program Coordinator is needed to aid the Program Director in preparation and implementing for the various projects and activities in the program.
No overtime is being requested.

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

Position salaries are based on like positions in this area.

C) Project duties of each position requested:

Executive Director: Responsible for oversight, management and implementation of overall agency programs. Assures compliance with all State and Federal guidelines. Makes recommendations for expansion and development of programs. Responsible for community outreach and collaborations with partnering agencies.

Program Director: Responsible for planning for all aspects of the program to include planning of activities, enrollment, scheduling of events, classes, activities, reporting hours and attendance; assuring safety measures; securing guest speakers and mental health consultants; keeping records; working referral sources for programs offered; working with participant parents or guardians for maximum successful program participation.

Assistant Program Coordinator: Provide program assistance with recordkeeping; program implementation; mentoring; acts as a liasion between the youth and Program Coordinator; ensures safety of program participants during activities; coordinates structured recreation activities with Sports & Recreation Program Manager and other parties as needed; ensures daily recordkeeping is accurate; works with Program Director to ensure compliance with LCLE funding guidelines.

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 is moved must be filled. If employee is the same from the previous grant, indicate if the employee was originally hired for that position.]

All employees are existing personnel. Assistant Program Coordinator was orginally hired for the position in May 2010 of the previous grant program.. Program Director was originally hired for the position in the prior year program, though she was titled Program Coordinator. Executive Director was originally the Program Director in the prior year program. The amount of time spent by the Executive Director is being significantly decreased since the program is established, yet is still needed for supervision and overall program management. No backfill is required on Executive Director's position.

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 (8) employees. Check either box if Federal funds are partially being requested or not being requested.

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. Annette G. Duplechin	.062		$1,980	$122	5.	.062			$0
2. Alisha Guitreau	.062		$14,748	$914	6.	.062			$0
3. Sondra Fitzgerald	.062		$10,400	$644	7.	.062			$0
4.	.062			$0	8.	.062			$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Annette G. Duplechin	.0145		$1,980	$28	5.	.0145			$0
2. Alisha Guitreau	.0145		$14,748	$213	6.	.0145			$0
3. Sondra Fitzgerald	.0145		$10,400	$150	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.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
1. Annette G. Duplechin	0.001		$1,980	$1	5.				$0
2. Alisha Guitreau	0.001		$14,748	$14	6.				$0
3. Sonra Fitzgerald	0.001		$10,400	$10	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. Annette G. Duplechin	0.023	CHECK TYPE:	$397	$9	5. 7700@5%=385@.023=8.8		CHECK TYPE:		$0
2. Alisha Guitreau	0.023		$7,700	$177	6.				$0
3. Sondra Fitzgerald	0.023	☐ FUTA	$7,700	$177	7.		☐ FUTA		$0
4.		☒ SUTA		$0	8.		☐ 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):	$2,459				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): **$2,459**

SECTION 200. FRINGE BENEFITS TOTAL	**$2,459**

SECTION 500. SUPPLIES

SECTION A: List all other supplies, including office supplies (pens, pencils, paper, etc.), postage, blank cassette tapes, student supplies, etc. If office supplies average $50 per month or less ($600 maximum amount for a 12-month grant period), do not itemize items. List as "Basic Supply Allowance" under "Type", "1", under "Quantity" and the dollar amount under "Total Cost". The unit cost should include tax and shipping and handling when applicable.

TYPE OF SUPPLIES	QUANTITY	UNIT PRICE	TOTAL COST
Basic Supply Allowance	1.00	$470.00	$470.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
		SECTION A TOTAL	$470.00

BRIEFLY EXPLAIN:

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

Basic office supplies such as paper, pens, pencils, file folders, ink, clips and postage are needed to support program activities.

B) Relationship to this project:

Program activities require logs, records, supplies needed for administrative staff reporting; further supplies listed above are needed for youth in various program activities.

SECTION 600. CONTRACTUAL

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 contract. Must use approved LCLE contract.

INDIVIDUAL CONSULTANT	TYPE OF SERVICE OR TASK	HOURS DEVOTED	RATE PER HOUR	TOTAL COST
Name: Sharon Hitchens Title: LCSW Agency:	Group and Individual Counseling	20.30	$50.00	$1,015.00
Name: Title: Agency:				$0.00
Name: Title: Agency:				$0.00
			SUBTOTAL OF CONTRACTUAL/CONSULTANT COSTS:	$1,015.00

CONTINUED FROM ABOVE	MILEAGE RATE	TOTAL MILES	MILEAGE COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (INCLUDE TAX)	OTHER TRAVEL COSTS	TOTAL COSTS
Name:			$0.00							$0.00
Name:			$0.00							$0.00
Name:			$0.00							$0.00
									SUBTOTAL OF CONSULTANT/CONTRACTOR TRAVEL COSTS:	$0.00

BRIEFLY EXPLAIN:

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

The purpose of the Licensed Clinical Social Worker is to provide professional counseling services to program participants.

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

The LCSW services are necessary to promote self-esteem, anger management, positive lifestyle choices and positive social relationships.
The cost of the LCSW services are comparable to other professional services in this area. Delivering the services on site are convenient for participants and also cost efficient in that it alleviates the added cost of travel for the participants and agency to provide services.

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

The LCSW services will be procurred by the agency via qualified and available professionals who already have established successful relationships with the agency. The rate of pay for services rendered is comparable to other area professionals.

SECTION 600. CONTRACTUAL TOTAL	$1,015

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, etc. Prorate telephone and utility bills. Show method of determining cost. Please refer to application instructions for direction.

TYPE OF OTHER DIRECT COSTS	METHOD OF DETERMINING COST	QUANTITY	UNIT COST	TOTAL COST
Audit pro-rated	20% of actual total cost of $6	1.00	$1,300.00	$1,300.00
Utilities pro-rated	20% of actual mthly cost $350	12.00	$70.00	$840.00
Local/Long Dist. Phone Charges	10% of actual mthly cost $250	12.00	$25.00	$300.00
Internet Services	10% of actual mthly cost $225	12.00	$22.50	$270.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
				$0.00
			CATEGORY TOTAL	$2,710.00

BRIEFLY EXPLAIN:

A) Need for each type listed; and

Audit is mandatory per all current funding sources.
Utilities, internet, phone charges are necessary cost to manage the program hours and support the proposed programs and related activities.
Facility where program is housed is owned by City of DeRidder and rented to agency for minimal cost annually.

B) Relationship to project:

The listed types of expenditures are needed in peripheal support of the programs operation in relation to projects and activities.

SECTION 800. OTHER DIRECT COSTS TOTAL	$2,710

PROGRAM NARRATIVE

A. PROBLEM DEFINITION

1. Identify the nature and magnitude of the specific problems existing in your community that needs to be addressed through this proposed project. **Document the need, not the symptoms or solutions**. Provide background information that supports the need for the proposed program/service. 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.

Problem: This community holds no other alternative to detention for youth identified as at high risk. The common practices of addressing this issue is court-ordered sanction for violations; juvenile detention; and/or suspension/explusion from public schools. BeauCARE is the only agency within this area which addresses concerns of identified high risk youth. Thus, a need exist for a local program offering programs to identified high risk youth so youth can remain in the community, attend a combination of primary prevention and intervention programs offering structured recreation, educational assistance, mentoring, life skill changing programs and monitoring of such programs.

Research has shown that youth who are detained/suspended from school usually do not have the opportunity to participate in programming designed to further their cognitive or social development. This means valuable developmental time is wasted or interrupted. Also, treatment programs in detention facilities are not designed to address problems such as substance abuse, mental health history of physical or sexual abuse, therefore, long-term educational and mental health needs are often ignored. Detaining youth which are non-violent offenders may also broaden the gap between the youth and positive influences such as family, school, peers and community. Students who spend no time in extracurricular activities, such as those offered in after-school programs, are 49% more likely to have used drugs and 37% more likely to become teen parents than those students who spend one to four hours per week in extracurricular activities. Beyond serving a significant role by simply offering youth a safe haven, after-school programs offer children and youth opportunities to learn new skills such as conflict resolution, prepare for a successful career, improve grades and develop relationships with caring adults. These skills can be critical in helping youth develop in positive ways and to avoid behavior problems and conflicts.*

As of June 30, 2010 (6 months of program), the previous program has served 35 youth with various life changing, positive, productive projects; mentoring; tutoring; and counseling.**

*www.safeyouth.org web site 8/31/2010
**LCLE Grant number J09-6-001

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

There is no other community agency or resource that is currently addressing this issue (alternatives to detention for identified high risk youth) within Beauregard Parish. The need for this program was identified by this agency and support by the local law enforcement, prosecution, courts and educational boards. This program directly addresses this need.

B. GOALS

GOALS: The primary mission of all projects is to have a positive impact on the community and youth, 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 how this project will impact the problem or how the program/practice is a model program/practice.

The project will provide alternatives to detention for at risk youth by offering programs which provide positive self-esteem, improved life skills, and encourages youth to make positive life choices.

C. OBJECTIVES

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

Objective 1: To establish a program for young persons in Beauregard Parish on life skills, counseling, tutoring, structured recreation, parental involvement, and mentoring services as needed. We anticipate approximately 50 participants in one calender year will receive various services being offered.

Objective 2: Of 50 participants being offered the various programs, 40 will successfully complete the programs by the end of the grant cycle.

D. ACTIVITIES

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 complete D-2 Training Projects.

Objective 1 Activities:
1. Receive referrals from various agencies for enrollment
2. Schedule programs needed
3. Secure counseling, mentoring services, mental health providers, speakers, tutors
4. Prepare client reports, complete mandated LCLE forms
5. Document all activities and maintain files on all participants (attendance, hours, sessions, evaluations)

Objective 2 Activities:
1. Assess program being offered to address needs
2. Evaluate participants existing program
3. Report evaluations and assessments to board of directors

See attached timetable page 16a

P.E.E.R. (Prevention, Education, Encouragement & Recreation)

last updated: September 2010 by: Annette G. Duplechin

Timeline For: P.E.E.R. 2011

1st Quarter 2011

1. Receive referrals
2. *Schedule programming*
3. *Secure services*
4. *Prepare forms*
5. *Document all activities*

2nd Quarter 2011

1. Continue accepting referrals and outreach
2. Prepare 1st Quarter report - revise program as needed

3rd Quarter

1. Continue outreach and accepting referrals. Assess youth in existing program for completion or continuation
2. Prepare 2nd quarter report
3 *Adjust program as needed*

4th Quarter

1. Continue services with target completion dates for participants
2. Prepare and administer surveys to parents and participants.
3. Prepare final reports and measure success of program

16a

E. METHODS

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

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

3-6 PM Monday thru Friday during school year; 9 AM-5 PM in summer months; Friday evenings 6 - 9 PM and Saturday 3 - 9 PM. Services provided daily, weekly, and monthly.

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

Referred by guidance counselors, public officials, educational facilities; self-referred and through other public service agencies such as OCS and Mental Health. Enrollment will be conducted at point of contact by coordinators; assessed for needs and assigned to identified program(s) needed.

3. For what period of time are youth in the program and how are youth released from the program?

Youth are included in the program for one calendar year. They are released after completion of various programs offered, some quarterly, some semi-annually, some annually.

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

The program offered is P.E.E.R. (Prevention, Education, Encouragement and Recreation) providing opportunities to participants in program components such as life skills, counseling, homework assistance/tutoring, structured recreation, parental involvement, community service, arts and crafts and mentoring. This format was developed to fit the changing and growing needs of the youth in the area. Life skills classes include job skills, financial education, personal hygiene, health & fitness, anger management, positive peer/parent relationship building, citizenship and community service. Structured recreation includes organized sports such as tennis, basketball, swimming, aerobics and bowling. Daily recreational activities can include board games, pool/foosball tournaments and scavenger hunts.

5. Indicate the source of the program or curriculum. Provide documentation for all projects.

☐ OJJDP ☐ Blueprints ☐ SAMHSA ☒ Other, state:

Name the program/curriculum: P.E.E.R.

F. PERFORMANCE MEASUREMENTS

Performance indicators/performance measures must include OJJDP's **appropriate mandatory (bold) and at least TWO non-mandatory output and outcome indicators as stated in the OJJDP Logic Model**. See application instructions. **REMEMBER**: This information will be reflected in the quarterly progress reports and must coincide with project goals and objectives. You can include other performance measurements pertaining to your project that is not included in the OJJDP Logic Model.

Performance Indicators:

Output Measures:

1. #11 Number of program youth served
2. #10 Number of parents served/involved
3. #12 Average lenth of stay in program

Outcome Measures:

1. #1c Number and percent of program youth exhibiting desired change in antisocial behavior
2. #4 Number and percent of youth exhibiting desired change in family relationships
3. #2 Number and percent of program youth completing program requirements
4. #3 Number and percent of program families satisfied with program

G. PRIOR RESULTS (For Continuation Projects Only)

1. Based on the objectives of the previous application, what were the measurable outcomes? List the previous subgrant's performance indicators with the actual results of each output and outcome measurement.

OutPut

1. #11 # of youth served: 35
2. #10 # of parents served/involved: 0
3. #12 Average length of stay in program: 6 months

(all results as of 6/30/10 - 6 months into the program)

Outcome

1. #1c # & % of program youth exhibiting desired change in antisocial behavior: 25 or 90%
2. #4 # & % of youth exhibiting desired change in family relationships: 20 or 85%
3. #2 # & % of program youth completing program requirements: 31 or 96%
4. #3 # & % of program satisfied with program: 30 or 95%

(all results as of 6/30/10 - 6 months into the program)

2. Did the project work as expected? Explain.

The program has been working as expected with the exception of parental involvement. Although when the youth are first referred, we make the initial contact to the parent for arrangements for the youth's participation, there is little to no interaction from the parent after this contact. We will continue to market the program and plan events/activities/classes that will engage the parents for a holistic approach to family relationship building. The referral sources have been very engaged and supportive of the program and that trend is expected to continue.

3. Have the original goals and objectives been revised? ☐ YES ☒ NO
If Yes, describe the revised goals and measurable objectives and include what changes will be made in the continuation of this project. Explain the reason for the revision(s).

H. DEMOGRAPHICS

1. Type of Organization:

Applicant Agency	Implementing Agency
☐ Faith-based organization	☐ Faith-based organization
☐ Juvenile Justice	☐ Juvenile Justice
☒ Non-profit community-based organization	☐ Non-profit community-based organization
☐ Other community-based organization	☐ Other community-based organization
☐ Other government agency	☐ Other government agency
☐ Police/other law enforcement	☐ Police/other law enforcement
☐ School/Other education	☐ School/Other education
☐ Unit of Local Government	☐ Unit of Local Government

2. Geographical Area:

☒ Rural ☐ Suburban ☐ Urban ☐ Tribal ☐ Statewide

List the physical address(es) where service are provided:

628 High School Drive, DeRidder, LA 70634

Describe the geographical area that the project serves:

Beauregard Parish is located in Southwest LA and has a population of approx. 32,000. It is bordered by Texas to the west, Vernon Parish with Fort Polk to the north, Allen Parish to the east and Calcasieu Parish to the south. It is governed by the Beauregard Sheriff's Office with one police department, DeRidder Police Department, and is judicially governed by the 36th Judicial District Attorney's Office and DeRdder City Court. The City of DeRidder holds various businesses and residences, while the parish is largely rural having a cattle, farming, timber and pulp plant industry.

If this is a Training Project, STOP HERE and complete D.2 - Training Projects.

3A. Provide an estimated number of how many juveniles will be served. The total amounts under Race and Gender must equal the estimated total juveniles to be served) **NOTE:** This data below must correlate with the objectives for **this** application.

☐ Youth population is not directly served by this project. This is a system improvement typed project.

Estimated Total Juveniles To Be Served	Age Range	Race: White	Black	Hispanic	Asian	Native American	Other	Gender: Male	Female
50	6 - 17	25	25					25	25

3B. Primary Status of Juveniles to be served (check all that apply):

Justice Related Criteria		Other
☒ At-Risk Population (no prior offense)	☐ Sex Offenders	☒ Mental Health
☒ First Time Offenders	☐ Status Offenders	☒ Substance Abuse
☐ Repeat Offenders	☐ Violent Offenders	☒ Truant/Dropout

J. EVALUATION AND DISSEMINATION OF REPORTING

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

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

Data collected from participants in program at the time of entry from records maintained on file of enrollment.

2. When will the data be collected?

At point of enrollment/could be daily, weekly, monthly, quarterly, annually.

3. Who will collect and analyze the data?

Project Director and Assistant Program Coordinator collect data. Executive Director with aid from Project Director will analyze data.

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

After evaluation the project will be assessed to determine if changes/adjustments are needed, conducted by Executive Director and Project Director. Should change/adjustments be needed, they will be incorporated within the program with joint efforts from Executive Director, Project Director and Asst. Coordinator.

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

LCLE (Louisiana Commission on Law Enforcement) will receive quarterly progress reports and expenditure reports as mandated by grant awards, as well as, Southwest District LEPC. 36th Judicial D.A. Office; BeauCARE Board of Directors will receive quarterly and annual reports. Beauregard Parish Children and Youth Planning Board will receive annual reports.

Assessment/ Evaluation Survey: P.E.E.R. Prevention, Education, Encouragement & Recreation

Name: (Optional) _____

Date: _____

1. Does your child enjoy attending the program? _____
2. Does the program meet with your expectations?_____
3. In not, what is the program missing that your child needs: _____

_____

4. If yes, what is the best part of the program for you and your child? _____

_____

5. Would you recommend the program to others?_____
6. Please provide your input on how to make the program better:_____

_____

_____

_____

23a

K. COLLABORATION AND/OR PARTICIPATING AGENCIES

Describe how the project activities will be coordinated with other juvenile justice system agencies and providers in the community. A letter of support from the local Children & Youth Planning Board or other stakeholder collaborative is strongly recommended.

The program coordinates with the local judicial system, school board and other supporting agencies through outreach and the Children & Youth Planning Board. Youth are referred through one or more of sources including the judicial system, school board, mental health and OCS.

Name the key leaders who are supportive of this project and describe their contributions to this project. **Attach original, current letters of support and/or written cooperative agreements identifying gaps in services, and indicating awareness and cooperation with this project.**

Beauregard Parish District Attorney - David Burton
36th Judicial Court Judges - Judge Martha O'Neal and Judge Kerry Anderson
DeRidder Police Chief - John Gott, Chief
Beauregard Parish School Superintendent - Tim Cooley
City of DeRidder - Mayor Ron Roberts

L. RESOURCES

Describe the facilities and additional resources available to the subgrantee for the project. Include the physical facilit(ies), where service is provided. If applicable, list other resources available to project, i.e., equipment, supplies, staff, and/or volunteers.

BeauCARE Inc. offers the program in a rented recreational facility, owned by the City of DeRidder. The building is equipped with a computer/homework lab, activity room, arts, and crafts room, teen training/rap room and a family life room. It is centrally located in the community within a three block radius of four of the primary schools, Pinewood Elem., KR Hanchey Elem., DeRidder Jr. High and DeRidder High School. BeauCARE's physical address is 628 High School Drive, DeRidder, LA.

The BeauCARE Inc. buildings are located in the center of town next to West Park, the West Park Municipal Ball Park, Pool and Fitness Trail. During the summer months, BeauCARE manages the West Park Pool so this allows additional structured recreational opportunities for participants. During the fall/winter months, BeauCARE manages the West Park Ball fields so has the opportunity to provide sports activities to benefit participants. Within the BeauCARE building, a recreation room contains a snack area, pool table, stereo, foosball, flatscreen tv with cable, dvd player, stereo, multiple board games, three small flat screen tv's with Nintendo/Playstation games systems, sports equipment and aerobic equipment for physical fitness training.

The BeauCARE agency utilitizes multiple volunteers year round for program support from various sources including local businesses, Fort Polk, schools and parents. Staff support for this program will also include existing agency staff.

M. CONTINUATION OF PROGRAM

☒YES ☐NO Do you plan to continue this project at the conclusion of federal support?
Since continued JJDP 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.**

Sustainability for the program would be possible through continued United Way support, fundraising, volunteers, establishment of an endowment fund, collaboration with other agencies and other grant applications to foundation and government agencies.

N. AUDIT REQUIREMENTS

All applicants **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:	5/1/2010
2.	Dates covered by last audit:	12/31/2009
3.	Date of next audit:	5/1/2011
4.	Dates to be covered by next audit:	12/31/2010
5.	Date next audit will be forwarded to LCLE:	6/1/2011

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

Kathy Guidry

From: Kathy Guidry
Sent: Monday, October 11, 2010 5:20 PM
To: 'Bonnie Vaughn'
Cc: 'Annette Duplechin'
Subject: J10-6-001, BeauCARE, Inc., Delinquency Prevention

Ms. Annette G. Duplechin
BeauCARE, Inc.
c/o Southwest LEPD, Inc.
PO Box 1543
Lake Charles, LA 70602-1543

Re: J10-6-001, Delinquency Prevention

Dear Ms. Duplechin:

This office has received the above application. This application will be presented at the JJDP Advisory Board and the Commission meetings, which are scheduled for November 17 and 18, 2010, respectively. The meetings will be held at the Holiday Inn South, 9940 Airline Highway in Baton Rouge. Since this application request is to continue the above project and is more than $20,000, you will be required to attend both meetings, which will be held at 10:00 a.m. each day.

Based on the preliminary review of the referenced application, the following issues must be addressed and resolved by close of business (5:00 p.m.) on October 25, 2010. Please be advised that additional issues may arise between the agency review process and the Advisory Board/Commission meetings. If so, you will be given every opportunity and assistance to address and/or resolve any additional issues to avoid delaying the application to be presented.

1. Pg. 4, Section 100 Personnel –
   a. The Executive Director job description does not contain any information on the salary.
   b. It appears that the requested monthly salary ($2,458/160 hours = $15.36) for the Program Director exceeds the salary range ($10-$15) stated in the job description.
   c. Sondra Fitzgerald was paid $7.75 per hour in the previous subgrant. This application is requesting her hourly rate at $10.00 per hour. This is a 33.33% increase from the previous subgrant. Is this the normal agency policy to increase employees annually at high rates?

2. Pg. 12, Section 600 Contractual – Continued funding is determined on the availability of funds and the agency's sustainability plans. Sustainability means maintaining the same or greater level of service stated in Year 1's plan. This includes the project's time period, number of juveniles and/or parents served and the services provided to the juveniles and/or parents. In Year 1 the counselor was contracted to provide 40 hours of group and individual counseling. This application decreases the number of hours to 20.30 hours. Please advise if the level of contractual services will remain as Year 1 and how the remaining 20 hours will be funded.

3. Pg. 13, Section 800 Other Direct Costs – It appears that the audit cost is $6,500, which is a 167% increase from the previous subgrant's request of $3,000. Please justify the increase costs for the audit. All requested costs were increased from the previous subgrant. Were these costs the actual amounts paid in the previous year? Will the brochures previously requested be not needed for the upcoming project period?

4. Pg. 14, A Problem Definition – Although you gave the results from the previous subgrant, what are the stats for Beauregard's area on drug use, teen pregnancy, suspensions, etc.

5. Pg. 18, E Methods –
   a. #2 - Please identify the public officials that refer youth to this program.
   b. #3 – Please include how a youth is removed from the program.

6. Pg. 24, K. Collaboration and/or Participating Agencies – Letters of support from the judges, chief of police, school superintendent and mayor were not enclosed.

Please **MAIL** ONLY the changes as directed on the appropriate application pages and return only those pages for which changes or additional information was requested to the District Office. All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. This information is due to LCLE **by October 25, 2010.** Please contact me at (225) 925-4980 or kathy.guidry@lcle.la.gov if you have any questions pertaining to this letter.

Katherine C. Guidry
Criminal Justice Policy Planner
LA Commission on Law Enforcement
1885 Wooddale Blvd., Room 1230
Baton Rouge, LA 70806-1555
P: (225) 925-4980
C: (225) 241-5978
F: (225) 925-6649
Email: kathy.guidry@lcle.la.gov

SAVE THE DATE!! APRIL 27-29, 2011

31ST GOVERNOR'S CONFERENCE ON
JUVENILE JUSTICE & DELINQUENCY PREVENTION
NEW ORLEANS, LA