

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: J09-6-002

APPLICANT: BeauCARE, Inc

PROJECT TITLE: Delinquency Prevention Program

PROJECT FUNDS :

FUND: \$ 33,161 100.00%
MATCH: \$ 0 0.00%
TOTAL: \$ 33,161 100.00%

PROJECT DURATION: 9 months

START DATE: 01/01/2012

END DATE: 09/30/2012

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 ability to cope with life decisions and become productive young adults.

RECOMMENDATION: FUND X DENY

SPECIAL CONDITIONS :

1. SUBGRANTEE ACKNOWLEDGES THAT ALL FUNDS OBLIGATED BY THE END DATE OF THIS PROJECT MUST BE LIQUIDATED WITHIN **30** DAYS AFTER THE PROJECT ENDING DATE. THIS SPECIAL CONDITION SUPERCEDES THE OBLIGATION/LIQUIDATION PERIOD OF **90** DAYS SET FORTH IN THE CERTIFIED ASSURANCES, NUMBER #**39** THAT WERE SIGNED UPON APPLICATION OF THIS PROJECT.
2. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 10/07/11 IS REVIEWED AND APPROVED BY LCLE STAFF.



**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: J09-6-002 Federal Standard Purpose Area: 9

1. TITLE OF PROJECT Delinquency Prevention		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF J10 - 6 - 001	
3. PROJECT DURATION Total Length: 9 Months (Not to exceed 12 Months) Desired Start Date: 1/1/2012 Desired End Date: 9/30/2012		4. PROJECT FUNDS Federal Funds Requested: \$33,161	
5A. APPLICANT AGENCY Agency Name: BeauCARE, Inc. Physical Address: 628 High School Drive City: DeRidder Zip: 70634-5080 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/NCA: 4LGQ8 CCR Expiration Date: 5/5/2012

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: Amy Minor 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: aminor@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
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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 3:05 - 5:30 PM; summer months 9:00 AM - 5:00 PM; Friday evenings from 5:30 - 8:30 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.

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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:

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

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

Person Completing Budget Section: Annette G. Duplechin Title: Executive Director
 Phone: (337) 462-2273 Fax: (337) 462-2268 E-Mail: aduplechin@beaucare.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORY	SECTION TOTAL
Section 100. Personnel	\$27,896
Section 200. Fringe Benefits	\$2,580
Section 300. Travel	\$0
Section 400. Equipment	\$0
Section 500. Supplies	\$215
Section 600. Contractual	\$0
Section 800. Other Direct Costs	\$2,470
TOTAL	\$33,161

FUNDING HISTORY

	Subgrant Number	Amount	Duration (Months)
Year 1	J09-6-001	\$34,294	12
Year 2	J10-6-001	\$33,782	12
Year 3	J - -		
Total		\$68,076	24

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 POSITIONS

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	10.00%	9.00	\$2,970.00
Program Director	Amy Minor	FT	\$2,408.00	60.00%	9.00	\$13,003.20
Asst. Program Coordinator	Thomas Garris	FT	\$2,208.00	60.00%	9.00	\$11,923.20
		FT				\$0.00
		FT				\$0.00
		FT				\$0.00
		FT				\$0.00
		FT				\$0.00
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$27,896.40

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
		PT					\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$0.00

SECTION 100. PERSONNEL TOTAL \$27,896

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 shows 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 liaison 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 and Program Director was originally hired for the position in the prior year program. Executive Director was originally personnel since inception.

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		\$2,970	\$184	5.	.062			\$0	
2. Amy Minor	.062		\$13,003	\$806	6.	.062			\$0	
3. Thomas Garris	.062		\$11,923	\$739	7.	.062			\$0	
4.	.062		\$0	\$0	8.	.062			\$0	
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL	
1. Annette G. Duplechin	.0145		\$2,970	\$43	5.	.0145			\$0	
2. Amy Minor	.0145		\$13,003	\$188	6.	.0145			\$0	
3. Thomas Garris	.0145		\$11,923	\$172	7.	.0145			\$0	
4.	.0145		\$0	\$0	8.	.0145			\$0	
HEALTHLIFEINSURANCE	RATE	MONTHS	THE DEVOTED TO PROJECT	TOTAL	HEALTHLIFEINSURANCE	RATE	MONTHS	THE 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		\$2,970	\$2	5.				\$0	
2. Amy Minor	0.001		\$13,003	\$13	6.				\$0	
3. Thomas Garris	0.001		\$11,923	\$11	7.				\$0	
4.				\$0	8.				\$0	
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	
1. Annette G. Duplechin	0.023	CHECK TYPE	\$2,970	\$68	5.		CHECK TYPE		\$0	
2. Amy Minor	0.023		\$7,700	\$177	6.				\$0	
3. Thomas Garris	0.023	<input type="checkbox"/> FLTA	\$7,700	\$177	7.		<input type="checkbox"/> FLTA		\$0	
4.		<input checked="" type="checkbox"/> SJTA	\$0	\$0	8.		<input type="checkbox"/> SJTA		\$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):				\$2,580	FRINGE BENEFITS TOTAL (B):				\$0	

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

Fringe Benefits Total (A+B): \$2,580

SECTION 200. FRINGE BENEFITS TOTAL \$2,580

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 40 participants in one calendar year will receive various services being offered.

Objective 2: Of 40 participants being offered the various programs, 30 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 L.C.L.E forms
5. Document all activities and maintain files on all participants (attendance, hours, sessions, evaluations)
6. Provide family activities that engage parents and participants (i.e. game nights, trips, educational programs, etc.)

Objective 2 Activities:

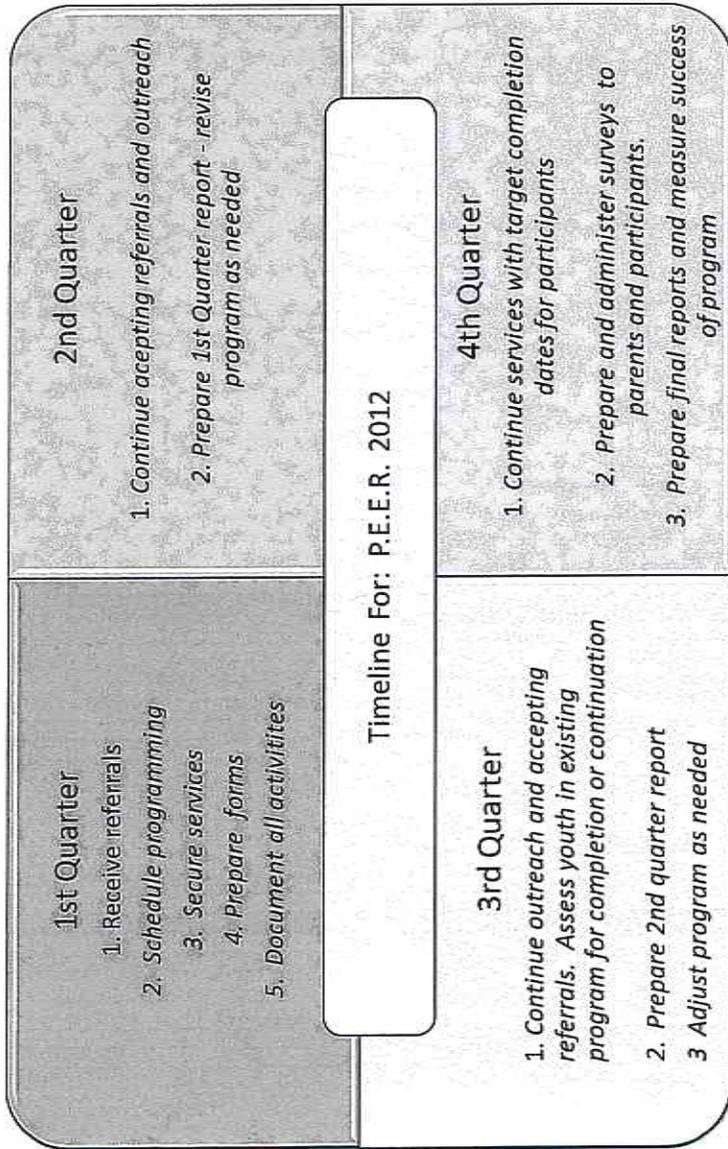
1. Assess program being offered to address needs
2. Evaluate participants existing program
3. Report evaluations and assessments to board of directors

See attached timetable page 16a

All objectives and activities will be conducted from the start date of the program, 1/1/2012, and will continue throughout the life of the program through the end date of 9/30/2012.

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

last updated: August 2011 by: Annette G. Duplechin



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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?

The service will be provided 3-6 PM Monday thru Friday during the school year excluding school holidays; summer months from 9 AM to 5 PM; Friday evenings 6-9 PM and Saturday afternoon/evenings from 3-9 PM. Services provided daily, weekly, monthly.

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

Youth are 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 by coordinators, assessed for appropriate needs and assigned to identified needed program(s). Public officials include Beauregard Parish Sheriff Ricky Moses, DeRidder Police Department Chief John Gott, 36th Judicial District Attorney David Burton, 36th Judicial Court Judges Judge Martha O'Neal and Kerry Anderson, and educational facilities Tim Cooley.

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 from the program after completion of various programs offered, some quarterly, some semi-annually, some annually. Youth are released from the program: 1. The program is structured so that enrollment is for a specific time frame a) Academic School Year, b) Summer Camp, c) Court mandated length of time and/or a combination of all. 2. Successful completion of the program is determined by attendance/participation in designated time frame. Attendance/participation is recorded on monthly progress reports provided to referral source and kept on record in participant file. 3. Unsuccessful completion of program is determined by a) Removal out of home by Child Services and placed in group/foster home out of area, b) Suspension or expulsion due to repeated violations of agency behavior contract, c) Recidivism.

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 participate 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. Also used is the ALL Stars curriculum designed to reduce adolescents' engagement in risky behaviors such as substance abuse, violence & sexual activity. 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.

OJDP Blueprints SAMHSA Other, state: Tanglewood Research, Inc.

Name the program/curriculum: BeauCARE's P.E.E.R. program uses the ALL STAR curriculum from Tanglewood Research.

F. PERFORMANCE MEASUREMENTS

Performance indicators/performance measures must include OJDP's appropriate mandatory (bold) and at least TWO non-mandatory output and outcome indicators as stated in the OJDP 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 OJDP Logic Model.

Performance Indicators:

Output Measures:

1. #9 Number of program youth served
2. #10 Number of parents served/involved

Outcome Measures:

1. #13 Number and percent of program youth who offend during the reporting period - short term
2. #14 Number and percent of youth who offend during the reporting period - long term
3. #15 Number and percent of program youth who re-offend -short term
4. #16 Number and percent of program youth who re-offend - long term
5. #18 Number and percent of program youth completing program requirements - short term
6. #17d Number and percent of program youth who exhibited improvement in family relationship - short term
7. #17d Number and percent of program youth who exhibited improvement in family relationship - long term
8. #19 Number and percent of program families satisfied with program - short term
9. #20 Number and percent of program youth satisfied with program - short term

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 Number of youth served: 58
2. #10 Number of parents served/involved: 22
3. #Average length of stay in program: 3 months

(All results as of 6/30/2011 - 6 months into the program)

Outcome:

1. #1C Number and percent of program youth exhibiting desired change in antisocial behavior: 58 or 100%
2. #4 Number and percent of youth exhibiting desired change in family relationships: 58 or 100%
3. #2 Number and percent of program youth completing program requirements: 18 or 47%
4. #3 Number and percent of program families satisfied with program: 18 or 100%

(All results as of 6/30/2011 - 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 minimal contact with the parent/family after that point. Several events have been hosted that parents were invited to attend, such as movie night, but the response is not as participatory as the program intends. The past two quarters of the project have seen a slight increase in participation contributed to increased marketing and the participant base. 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:

- | | |
|--|---|
| <p><u>Applicant Agency</u></p> <input type="checkbox"/> Faith-based organization
<input type="checkbox"/> Juvenile Justice
<input checked="" type="checkbox"/> Non-profit community-based organization
<input type="checkbox"/> Other community-based organization
<input type="checkbox"/> Other government agency
<input type="checkbox"/> Police/other law enforcement
<input type="checkbox"/> School/Other education
<input type="checkbox"/> Unit of Local Government | <p><u>Implementing Agency</u></p> <input type="checkbox"/> Faith-based organization
<input type="checkbox"/> Juvenile Justice
<input checked="" type="checkbox"/> Non-profit community-based organization
<input type="checkbox"/> Other community-based organization
<input type="checkbox"/> Other government agency
<input type="checkbox"/> Police/other law enforcement
<input type="checkbox"/> School/Other education
<input type="checkbox"/> 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 DeRidder 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					Gender		
		White	Black	Hispanic	Asian	Native American	Other	Male	Female
40	6 - 17	20	20					20	20

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

- | | | |
|---|---|--|
| <p><u>Justice Related Criteria</u></p> <input checked="" type="checkbox"/> At-Risk Population (no prior offense)
<input checked="" type="checkbox"/> First Time Offenders
<input type="checkbox"/> Repeat Offenders | <p><u>Other</u></p> <input type="checkbox"/> Sex Offenders
<input type="checkbox"/> Status Offenders
<input type="checkbox"/> Violent Offenders | <input checked="" type="checkbox"/> Mental Health
<input checked="" type="checkbox"/> Substance Abuse
<input checked="" type="checkbox"/> 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/potentially daily, weekly, monthly, quarterly, annually.

3. Who will collect and analyze the data?

Program Director and Assistant Program Coordinator collect data. Program Director with aid from Executive 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 Program Director and Executive Director. Should change/adjustments be needed, they will be incorporated within the program with joint efforts from Executive Director, Program 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 and expenditure reports as mandated by the 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.



P.E.E.R. Monthly Progress Report for _____ PARTICIPANT'S NAME _____

Month of _____ Form completed by _____
 Check appropriate boxes based on referral reasons then complete corresponding questions.

<input type="checkbox"/>	Homework help	1. Homework completion in homework room?	NONE	A LITTLE	SOME	ALMOST ALL	ALL
		2. Turning in homework to teacher?	0	1	2	3	4
		3. Grades improved?	0	1	2	3	4
	Total for this section _____						
<input type="checkbox"/>	Mental health/social interactions	1. Positive social interactions?	NONE	A LITTLE	SOME	ALMOST ALL	ALL
		2. Comfort level at BeauCARE? <small>(BASED ON PARTICIPANT'S RESPONSE)</small>	0	1	2	3	4
		3. Participation percentage?	NONE	1-50%	51-80%	81-90%	91-100%
	Total for this section _____						
<input type="checkbox"/>	Legal or criminal referrals	1. Further criminal/legal problems?	YES	MINOR	NONE		
		2. Positive interactions with staff?	0	1	2	3	
		3. Positive social interactions?	NONE	A LITTLE	ALMOST ALWAYS	ALWAYS	
		4. Participation percentage? OR Community service participation percentage?	NONE	1-50%	51-80%	81-90%	91-100%
	Total for this section _____						
To calculate:	Participation percentage: $\frac{\text{NUMBER OF STAMPS EARNED}}{\text{NUMBER OF STAMPS POSSIBLE}} = \text{PARTICIPATION PERCENTAGE}$ <small>*STAMPS POSSIBLE=NUMBER OF DAYS ATTENDED MULTIPLIED BY 3</small> <small>**ATTENDANCE IS MONITORED BY COURT, THEN STAMPS POSSIBLE = NUMBER OF DAYS PARTICIPANT SHOULD HAVE ATTENDED MULTIPLIED BY 3</small>						
	Community service participation: $\frac{\text{NUMBER OF HOURS CREDITED}}{\text{NUMBER OF HOURS ATTENDED}} = \text{PARTICIPATION PERCENTAGE}$						

Board of Directors

Percy McCraney, President
 Faith Thomas, Vice President • Leon Lagneaux, Interim Secretary/Treasurer
 Brendan Gau • Jacqueline Rushford • Kerin Morris

Team Members

Annette Duplechin, Executive Director
 Bruce Butts, Director of Finance
 René Coody, Head Start Director



"Assisting children, families, and communities in connecting to programs and resources that will improve their quality of life."



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.

There are no other providers for this type of service in the parish. 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 DCFS.

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 & Judge Kerry Anderson
 DeRidder Police Chief - John Gott
 Beauregard Parish School Superintendent - Tim Cooley
 City of DeRidder - Mayor Ron Roberts
 Beauregard Parish Sheriff - Ricky Moses

L. RESOURCES

Describe the facilities and additional resources available to the subgrantee for the project. Include the physical facility(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 & 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 in the city - Pinewood Elementary, KR Hanchey Elementary, 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 program participants. During the fall/winter months, BeauCARE manages the West Park ballfields so as the opportunity to provide sports activities to benefit the program participants. Within the BeauCARE building, a recreation room contains a snack area, pool table, stereo, foosball, flat screen tv with cable, dvd player, stereo, multiple board games, three small flat screen tv's with Nintendo/Playstation game systems, sports equipment and aerobic equipment for physical fitness training.

The BeauCARE agency utilizes 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 JEDP 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: | 6/1/2010 |
| 2. Dates covered by last audit: | 12/31/2010 |
| 3. Date of next audit: | 6/1/2011 |
| 4. Dates to be covered by next audit: | 12/31/2011 |
| 5. Date next audit will be forwarded to LCLE: | 7/1/2011 |

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 31, 2011 9:51 AM
To: 'Bonnie Vaughn'
Subject: J09-6-002, BeauCARE, Inc., Delinquency Prevention

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

Re: J09-6-002, Delinquency Prevention

Dear Ms. Duplechin:

Please adjust the following application page and return to this office by November 7, 2011.

1. Pg. 19, F. Performance Measurements – The following measurements were omitted. These measurements have been tracked in the past.
 - a. Output
 - i. #12 Average length of stay in program
 - b. Outcome
 - i. #17c The number and percent of youth who exhibited a decrease in antisocial behavior during the reporting period. (short term)
 - ii. #17c The number and percent of youth who exhibited a decrease in antisocial behavior 6 month to 1 year after exiting the program. (long term)

Please MAIL the correct application with the above information as directed to the District Office. All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. Please contact me at (225) 342-1829 or kathy.guidry@lcle.la.gov if you have any questions pertaining to this letter.

Sincerely,

Katherine C. Guidry
Federal Programs Section Manager
LA Commission on Law Enforcement
602 N. 5th St., 1st Floor
Mailing Address:
PO Box 3133
Baton Rouge, LA 70821-3133
P: (225) 342-1829
C: (225) 241-5978
F: (225) 342-1846
Email: kathy.guidry@lcle.la.gov