LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C10-5-ADM

APPLICANT: Capital District L.E.P.C., Inc.

PROJECT TITLE: Administrative Funds

PROJECT FUNDS :

FUND:	$ 7,000	100.00%	PROJECT DURATION:	12 months
MATCH:	$ 0	0.00%	START DATE:	07/01/2010
TOTAL:	$ 7,000	100.00%	END DATE:	06/30/2011

Continuation of C95-5-ADM

PROJECT SUMMARY:

These funds will be used to help cover expenses in administering the Crime Victim Funds.

RECOMMENDATION : **FUND** X **DENY** ___

SPECIAL CONDITIONS :

1. AS A CONDITION OF RECEIVING FEDERAL PROGRAM ADMINISTRATIVE FUNDS, SUBGRANTEE CERTIFIES THAT ALL PROGRAMMATIC SUBGRANTS AWARDED BY LCLE THROUGH EACH LAW ENFORCEMENT PLANNING DISTRICT SHALL BE MONITORED IN ACCORDANCE WITH LCLE GUIDELINES.
2. ALL ADMINISTRATIVE FUNDS MUST BE USED EXCLUSIVELY FOR THE ADMINISTRATION OF THE FEDERAL PROGRAM IN WHICH IT IS AWARDED.
3. SUBGRANTEE AGREES TO MAINTAIN ITS NONPROFIT STATUS IN "GOOD STANDING" WITH THE LOUISIANA SECRETARY OF STATE'S COMMERCIAL DIVISION FOR THE DURATION OF THE SUBGRANT PERIOD.
4. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 08/17/10 IS REVIEWED AND APPROVED BY LCLE STAFF.
5. ALL PAID PERSONNEL MUST WORK HOURS WHICH DO NOT CONFLICT OR OVERLAP WITH OTHER PAID HOURS OR OTHER JOBS. IF PAYMENT FOR ANY PERSONNEL IS ON AN OVERTIME, HOURLY BASIS, THE RATE OF PAY MAY NOT EXCEED 1 AND 1/2 TIMES THE EMPLOYEE'S REGULAR HOURLY RATE OF PAY.
6. NO RELEASE OF FUNDS BY LCLE UNTIL PRIOR PROJECT C09-5-ADM IS FINALIZED.
7. RESUME AND JOB DESCRIPTION FOR GRANT POSITION, ASSISTANT, MUST BE SUBMITTED TO LCLE.

LOUISIANA COMMISSION ON LAW ENFORCEMENT AND THE ADMINISTRATION OF CRIMINAL JUSTICE

CRIME VICTIM ASSISTANCE FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY: Project ID: C10-5-ADM CVA Purpose Area: N/A

1. TITLE OF PROJECT
CVA Administrive Grant

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: C09-5-ADM

3. PROJECT DURATION
Total Length: 10 Months *(Not to exceed 12 Months)*
Desired Start Date: 7/1/2010
Desired End Date: 4/30/2011

4. PROJECT FUNDS

Federal Funds:	$7,000
Cash Match	
In-Kind Match:	
Total Project:	$7,000

5A. APPLICANT AGENCY INFORMATION
Agency Name: Capital District Law Enforcement PC, Inc
Physical Address: 1406 South Range Ave., Ste. 5
City: Denham Springs, LA Zip: 70726-4801
Mailing Address: 1406 South Range Ave., Ste. 5
City: Denham Springs, LA Zip: 70726-4801
Phone: (225) 667-1503 FAX: (225) 667-1959
Email: plnningc@bellsouth.net

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: Chief Roddy Devall
Title: Board President
Agency Name: Capital District Law Enforcement PC, Inc
Address: 1406 South Range Ave., Ste. 5
City: Denham Springs, LA Zip: 70726-4801
Phone: (225) 667-1503 FAX: (225) 667-1959
Email: plnningc@bellsouth.net

Fed Employer Tax Id: 72 - 0743392 DUNS: 05590 - 6577 CCR CAGE/NCAGE: 62AV7 CCR Expiration Date: 7/15/2011

6. IMPLEMENTING AGENCY
Name: Chief Roddy Devall
Title: Board President
Agency: Capital District Law Enforcement
Address: 1406 South Range Ave., Ste. 5
City: Denham Springs, LA Zip: 70726-4801
Phone: (225) 667-1503 FAX: (225) 667-1959
Email: plnningc@bellsouth.net

7. PROJECT DIRECTOR
Name: Wanda Johnson
Title: Executive Director
Agency: Capital District Law Enforcement
Address: 1406 South Range Ave., Ste. 5
City: Denham Springs, LA Zip: 70726-4801
Phone: (225) 667-1503 FAX: (225) 667-1959
Email: plnningc@bellsouth.net

8. FINANCIAL OFFICER
Name: Jack Liuzza
Title: Sect./Treasurer
Agency: Capital District Law Enforcement
Address: 1406 South Range Ave., Ste. 5
City: Denham Springs, LA Zip: 70726-4801
Phone: (225) 667-1503 FAX: (225) 667-1959
Email: plnningc@bellsouth.net

9. BRIEF PROJECT DESCRIPTION: ***(Please do not exceed space provided below.)***
These funds will be used to help cover expenses in administering the Crime Victim funds.

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):	
☐	Sexual Assault
☐	Domestic Abuse
☐	Child Abuse
☐	Previously Underserved
State Type of Previously Underserved:	

PROJECT BUDGET SUMMARY

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

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 Pages 3 through 11.

Person Completing Budget Section: Wanda Johnson Title: Executive Director
Phone: (225) 667-1503 Fax: (225) 667-1959 E-Mail: plnningc@bellsouth.net

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$7,000	$0	$0	$7,000
SECTION 200. FRINGE BENEFITS	$0	$0	N/A	$0
SECTION 300. TRAVEL	$0	$0	$0	$0
SECTION 400. EQUIPMENT	$0	$0	$0	$0
SECTION 500. SUPPLIES	$0	$0	$0	$0
SECTION 600. CONTRACTUAL	$0	$0	N/A	$0
SECTION 700. RENOVATION COSTS	$0	$0	$0	$0
SECTION 800. OTHER DIRECT COSTS	$0	$0	$0	$0
TOTAL:	$7,000	$0	$0	$7,000

Provide Source of *Cash* Match:

Provide Source of *In-Kind* Match:

SECTION 100. PERSONNEL

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

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		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:						$0.00	F = Fed Funds C = Cash Match	

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
Assistant	Duggie Shelton	PT	$10.75	14.80	100.00%	44.00	$7,000.40	☒	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							$7,000.00	F = Fed Funds C = Cash Match	

VOLUNTEERS:

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

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	$7,000
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	$7,000

SECTION 100. PERSONNEL (Continued) – BRIEFLY EXPLAIN

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

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

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

Assist the director with subgrantees. Assistant is needed to help with required paperwork, such as filing, copying, mailing expenditure and progress reports, monitoring subgrantees, reviewing all paperwork submitted by subgrantees.

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

Salary is determined by Board of Directors

C) Project duties of each position requested:

To assist with paperwork from Crime Victim programs such as filing, mailing expenditures and quarterly progress reports, grant adjustments and assisting in working agencies that have problems with grant applications or that have not submitted required paperwork.

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

Existing

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

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

Check: ☒ **All Fringe Benefits Will Be Paid by Applicant Agency** ☐ **Additional Fringe Benefits Will Be Paid by Applicant Agency**

EMPLOYEES' NAMES:					EMPLOYEES' NAMES: (Continued)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1.	.062			$0	5.	.062			$0
2.	.062			$0	6.	.062			$0
3.	.062			$0	7.	.062			$0
4.	.062			$0	8.	.062			$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1.	.0145			$0	5.	.0145			$0
2.	.0145			$0	6.	.0145			$0
3.	.0145			$0	7.	.0145			$0
4.	.0145			$0	8.	.0145			$0
HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE Provide monthly insurance rates	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1.				$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.				$0	5.				$0
2.				$0	6.				$0
3.				$0	7.				$0
4.				$0	8.				$0
UNEMPLOYMENT TAX Based on first $7,000 or Less	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first $7,000 or Less	RATE	TYPE	SALARY	TOTAL
1.		CHECK TYPE:		$0	5.		CHECK TYPE:		$0
2.				$0	6.				$0
3.		☐ FUTA		$0	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):	$0				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): $0

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
TOTAL FRINGE BENEFITS	$0

PROGRAM NARRATIVE

A. PROBLEM DEFINITION

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

The Capital District Law Enforcement is comprised of 11 parishes. The parishes have a combined population of approximately 852,747. The area is mostly rural countryside with two large cities (Baton Rouge & Hammond). There are 4 major interstates (I-12,I-10,I-110, & I-55) running thkrough Capital District. Ascension and Livingston parishes are the fastest growing parishes in the State.

The Capital District Law Enforcement has had an increase in the workload due to the availability of Crime Victim funds for grants to law enforcement, district attorney's, and non-profit organizations. Capital District Law Enforcement allocates an average of 18 Crime Victim grants per fiscal year. The request for these funds are increasing each year. When these funds become available , Capital District notifies all law enforcement and non-profit organizations of the availability of these funds. The availability of additional funds to be used by these agencies creates an influx of additional paperwork, phone calls, and more time spent assisting these agencies to apply for these funds and to complete the necessary paperwork involved in running programs with these Crime Victim funds. The Crime Victim funds have increased the number of grants approved by this office. The additional programs being operated produced an increase in the paperwork that flows through the Capital District office. These funds will enable Capital District to have the necessary personnel to perform the work necessary to assist these agencies with their programs.

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

Crime Victim programs were experiencing an increase in victims reporting crimes. These agencies were in need of additional funds to continue the programs for these victims. Capital District received additional Crime Victim funding to help these agencies. Capital District has had an increase in the workload to administer these funds.

B. GOALS

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

Enable Capital District Law Enforcement to operate in a more efficient manner. The Crime Victim funds have increased the number of grants approved by this office. The additional programs being operated produces an increase in the paperwork that flows through the Capital District Law Enforcement office. These funds will enable Capital District to have the necessary personnel to perform the work necessary to assist these agencies with their programs.

C. OBJECTIVES

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

Objective #1: Assist at least 15 agencies with applying for Crime Victim funds

Objective #2: Assist at least 10 agencies in completing applications, progress reports, expenditure reports or grant adjustments for CVA funds.

Objective #3: Monitor 15 agencies that have ongoing CVA programs.

D. ACTIVITIES / METHODS

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

Capital District Law Enforcement employs a part-time assistant to help with the additional paperwork created by these programs. Capital District notifies all law enforcement, prosecution, and non-profit organizations in the 11 parishes that form Capital District when CVA funds become available. These agencies submit project requests to Capital District requesting funds to operate programs that are fundable through Crime Victim funds. Capital District submits the project request to the Board of Directors for their review. The Board of Directors recommends/denies funding for the programs that are fundable and approve the amount of funds to be made available for each program requested by the agencies. The staff of Capital District assist these agencies in preparing applications to be submitted for final approval. These applications are submitted to LCLE for approval. The Capital District staff assist all agencies with grants, expenditure reports, grant adjustments, and other paperwork that is necessary to complete. The staff is available to those agencies to give them assistance with any problems that they may encounter in the time that these grants are operational. The staff copies and distributes grant applications to these agencies. The Director will monitor each of the agencies that have active programs to ensure that the agencies are complying with all guidelines for Crime Victim funds.

Project will begin 7/1/2010 and continue through 4/30/2011.

D-2. TRAINING PROJECTS

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

1. Training Curriculum (topics to be included):

2. Type of personnel to be trained:

3. Number of personnel to be trained:

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

5. Dates and hours of training:

6. Location of training:

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

E. DEMOGRAPHICS

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

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

2. Type of Organizations:

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

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

- ☐ Community-Based Organization
- ☐ Court
- ☐ Domestic Violence Program
- ☐ Domestic Violence State Coalition
- ☐ Dual Program (Sexual Assault and Domestic Violence)
- ☐ Dual State Coalition (Sexual Assault and Domestic Violence)
- ☐ Government Agency (Department of Human Services, Bureau of Health)
- ☐ Law Enforcement
- ☐ Probation, Parole, or Other Correctional Agency
- ☐ Prosecution
- ☐ Sexual Assault Program
- ☐ Sexual Assault State Coalition
- ☐ Tribal Coalition
- ☐ Tribal Government
- ☐ Tribal Sexual Assault and/or Domestic Violence Program
- ☐ Unit of Local Government
- ☐ University/School
- ☒ Other (Specify): Planning District

☐ Yes ☒ No Is this a faith-based organization?

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

F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

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

NAME: PHONE: ( ) - EMAIL:

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

NAME: PHONE: ( ) - EMAIL:

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

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

G. CRIME VICTIMS REPARATIONS (CVR)

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

NAME: PHONE: ( ) - EMAIL:

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

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

H. PRIOR RESULTS (For Continuation Projects Only)

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

Capital District awarded 18 agencies funds from Crime Victim Assistance Funds.

2. Did the project work as expected? Explain.

Yes. Capital District awarded Crime Victim Funds to agencies which provided services to victims of crime.

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

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

I. EVA. .ATION AND DISSEMINATION OF REP. .ING

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

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

Data will be collected from the subgrantees and LCLE.

2. When will the data be collected?

During the subgrant period

3. Who will collect and analyze the data?

The Executive Director will collect & analyze data

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

Name: Wanda Johnson Phone: (225) 667-1503 Email: plnningc@bellsouth.net

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

The Executive Director will review all information and revise strategy as needed.

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

Expenditure reports will be submitted quarterly and a final progress report will be submitted to LCLE.

J. CONTINUATION

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

The Board of Directors will be ask to increase the yearly contributions.

K. RESOURCES

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

The office of Capital District is located at 1406 South Range Ave., Suite 5, Denham Springs, LA 70726. The office space is approximately 1000 sq. ft. The office has computers, copier/fax machine, telephones, filing cabinets, and an office car to help the staff administer these funds.

L. AUDIT REQUIREMENTS

All applications **must** check one:

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

1. Date of last audit
2. Dates covered by last audit:
3. Date of next audit:
4. Dates to be covered by next audit:
5. Date next audit will be forwarded to LCLE:

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

M. VOLUNTEERS

☐ Yes ☒ No Are you using volunteers as match?
If yes, describe the duties and functions performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). Volunteers' duties must directly relate to the focus of this project and information stated in Section 100 Personnel.

☐ Yes ☒ No Are volunteers screened in compliance with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate?

N. REQUIRED COMPONENTS

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

This is an administrative grant. The agency doesn't work directly with crime victims.

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

n/a

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

n/a

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

n/a

BOBBY JINDAL
GOVERNOR

JOEY WATSON
EXECUTIVE DIRECTOR

State of Louisiana

Office of the Governor

Louisiana Commission on Law Enforcement and Administration of Criminal Justice

August 17, 2010

Ms. Wanda Johnson
Executive Director
Capital District LEPC, Inc.
1406 South Range Ave., Ste. 5
Denham Springs, LA 70726-4801

RE: C10-5-ADM; Capital District LEPC, Inc.; "*Administrative Funds*"

Dear Ms. Johnson:

This office has received the above application. This application will be presented at the Victim Services Advisory Board and the Commission meetings, which are scheduled for September 15 and 16, 2010, respectively. The meetings will be held at the Shreveport Convention Center, 104 Market Street in Shreveport. Phone: (318) 698-0900. This application request is to continue the C09-5-ADM project and is under $20,000, however, you are required to attend the Victim Services Advisory Board and Commission meetings because you are the District Program Director.

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 September 7, 2010. If these issues are not resolved, the application will **not** be presented at the September meetings. 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) Page 1; Section 3: Project Duration is planned for ten (10) months. Project must be projected for a twelve (12) month period. Please correct your End Date to 06/30/2011 and revise your budget accordingly.
2) Pp. 3&4; 100. Personnel: A Job Description and a Resume is required for the Assistant's position. Job Description must include the salary range, functions and job duties, level of education and work experience required for hire. Resume must list the personnel's qualifications, such as education and work experience.
3) Page 16; D. Activities/Methods: Adjust the specified timeframe for achieving the various components of the project to end 06/30/2011. The timeframe must cover the entire grant period.

Please submit your response to LCLE by close of business (5:00 p.m.) on Tuesday, September 7, 2010. All deficiencies named in this letter must be resolved and approved by LCLE staff in order to be presented to the Victim Services Advisory Board and Commission at the September meetings.

Sincerely,

Rutha Chatwood

Rutha Chatwood
Victim Services Program Manager

1885 Wooddale Blvd., Room 1230 • Baton Rouge, Louisiana 70806-1555 • (225) 925-4418 • Fax (225) 925-1998
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