

**LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE**

**APPLICATION AND REVIEW
SUMMARY**

APPLICATION NUMBER: C11-5-ADM

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

PROJECT TITLE: Administrative Funds

PROJECT FUNDS :

FUND: \$ 7,000 100.00%
MATCH: \$ 0 0.00%
TOTAL: \$ 7,000 100.00%

PROJECT DURATION: 12 months

START DATE: 07/01/2011

END DATE: 06/30/2012

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. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.
2. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.



**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: C11-5-ADM CVA Purpose Area:

1. TITLE OF PROJECT CVA Administrative Grant	2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-5-ADM
3. PROJECT DURATION Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 7/1/2011 Desired End Date: 6/30/2012	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: 70726-4804 Mailing Address: 1406 South Range Ave., Ste. 5 City: Denham Springs, LA Zip: 70726-4804 Phone: (225) 667-1503 FAX: (225) 667-1959 Email: plningc@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: 70726-4804 Phone: (225) 667-1503 FAX: (225) 667-1959 Email: plningc@bellsouth.net
Fed Employer Tax Id: 72 - 0743392 DUNS: 05590 - 6577 CCR CAGENCAGE: 62AV7 CCR Expiration Date: 5/17/2012	

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: 70726-4804 Phone: (225) 667-1503 FAX: (225) 667-1959 Email: plningc@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: 70726-4804 Phone: (225) 667-1503 FAX: (225) 667-1959 Email: plningc@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: 70726-4804 Phone: (225) 667-1503 FAX: (225) 667-1959 Email: plningc@bellsouth.net
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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):

<input type="checkbox"/> Sexual Assault
<input type="checkbox"/> Domestic Abuse
<input type="checkbox"/> Child Abuse
<input type="checkbox"/> Previously Underserved

State Type of Previously Underserved:

PROJECT BUDGET SUMMARY

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

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

Each category amount listed in the table below must equal category totals shown on Pages 3 through 11.

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

2011 SEP 27 PM 12:39
LA COMMISSION
LAW ENFORCEMENT

SECTION 100. PERSONNEL

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

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Executive Director	Wanda Johnson	FT	\$2,531.24	23.05%	12.00	\$7,001.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$7,001.40		

F = Fed Funds
C = Cash Match

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH	
								F	C
		PT					\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$0.00		

F = Fed Funds
C = Cash Match

VOLUNTEERS:

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

The Director will assume all duties associated with CVA programs. The Director will assist subgrantees with applying for funds, submitting applications, completing expenditure reports, progress reports, and subgrant adjustments.

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

Salary is determined by Board of Directors

C) Project duties of each position requested:

The Director will process all paperwork associated with CVA grants, will monitor programs, and work with subgrantees.

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
L	.062			\$0	5	.062			\$0
L	.062			\$0	6	.062			\$0
L	.062			\$0	7	.062			\$0
L	.062			\$0	8	.062			\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
L	.0145			\$0	5	.0145			\$0
L	.0145			\$0	6	.0145			\$0
L	.0145			\$0	7	.0145			\$0
L	.0145			\$0	8	.0145			\$0
HEALTH/LIFE INSURANCE <small>Provide monthly insurance rates</small>	RATE	MONTHS	TIME DEDUCTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE <small>Provide monthly insurance rates</small>	RATE	MONTHS	TIME DEDUCTED TO PROJECT	TOTAL
L				\$0	5				\$0
L				\$0	6				\$0
L				\$0	7				\$0
L				\$0	8				\$0
WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION	RATE		SALARY	TOTAL
L				\$0	5				\$0
L				\$0	6				\$0
L				\$0	7				\$0
L				\$0	8				\$0
UNEMPLOYMENT TAX <small>Based on the \$2000/Low</small>	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX <small>Based on the \$2,000/Low</small>	RATE	TYPE	SALARY	TOTAL
L		CHECK TYPE:		\$0	5		CHECK TYPE:		\$0
L		<input type="checkbox"/> FUTA		\$0	6		<input type="checkbox"/> FUTA		\$0
L		<input type="checkbox"/> SUTA		\$0	7		<input type="checkbox"/> SUTA		\$0
L				\$0	8				\$0
PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT	RATE		SALARY	TOTAL
L				\$0	5				\$0
L				\$0	6				\$0
L				\$0	7				\$0
L				\$0	8				\$0
OTHER	RATE		SALARY	TOTAL	OTHER	RATE		SALARY	TOTAL
L				\$0	5				\$0
L				\$0	6				\$0
L				\$0	7				\$0
L				\$0	8				\$0
FRINGE BENEFITS TOTAL (A):				\$0	FRINGE BENEFITS TOTAL (B):				\$0

LEARNOTE: 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 through 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, BRIEFLY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

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.

The above numbers are the baseline numbers.

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 7/1/2011 and continue through 6/30/2011.

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.

- | | |
|---|---|
| <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Court | <input type="checkbox"/> Sexual Assault Program |
| <input type="checkbox"/> Domestic Violence Program | <input type="checkbox"/> Sexual Assault State Coalition |
| <input type="checkbox"/> Domestic Violence State Coalition | <input type="checkbox"/> Tribal Coalition |
| <input type="checkbox"/> Dual Program (Sexual Assault and Domestic Violence) | <input type="checkbox"/> Tribal Government |
| <input type="checkbox"/> Dual State Coalition (Sexual Assault and Domestic Violence) | <input type="checkbox"/> Tribal Sexual Assault and/or Domestic Violence Program |
| <input type="checkbox"/> Government Agency (Department of Human Services, Bureau of Health) | <input type="checkbox"/> Unit of Local Government |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> University/School |
| <input type="checkbox"/> Probation, Parole, or Other Correctional Agency | <input checked="" type="checkbox"/> 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. EVALUATION AND DISSEMINATION OF REPORTING

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

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

Data will be collected from 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