

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C11-2-005

APPLICANT: The Wellspring Alliance For Families, Inc.

PROJECT TITLE: Victim Assistance Program

PROJECT FUNDS :

FUND: \$ 238,896 80.00%

PROJECT DURATION: 12 months

MATCH: \$ 59,724 20.00%

START DATE: 02/01/2012

TOTAL: \$ 298,620 100.00%

END DATE: 01/31/2013

Continuation of C07-2-007

PROJECT SUMMARY:

The Wellspring Victim Assistance project is a continuation project in which funding is requested to maintain long standing comprehensive coordinated services for primary and secondary victims of domestic/dating violence, sexual assault/rape, child physical/sexual abuse and adult survivors of child victimization.

RECOMMENDATION: FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 01/03/12 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: *C10-2-005*

CVA Purpose Area: *2,3,4*

1. TITLE OF PROJECT Victim Services Program <i>Assistance</i>		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-2-004	
3. PROJECT DURATION Total Length: 12 Months (<i>Not to exceed 12 Months</i>) Desired Start Date: <i>7/1/2012</i> <i>2/1/12</i> Desired End Date: <i>2/28/2013</i> <i>1/31/13</i>		4. PROJECT FUNDS Federal Funds: \$238,896 Cash Match In-Kind Match: \$59,724 Total Project: \$298,620	
5A. APPLICANT AGENCY INFORMATION Agency Name: The Wellspring Alliance for Families Inc Physical Address: 1515 Jackson Street City: Monroe Zip: 71202-2963 Mailing Address: 1515 Jackson Street City: Monroe Zip: 71202-2963 Phone: (318) 651-9314 FAX: (318) 651-9320 Email: jbell@wellspringalliance.org		5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Judy Bell Title: President/CEO Agency Name: The Wellspring Alliance for Families, Inc. Address: 1515 Jackson Street City: Monroe Zip: 71202-2963 Phone: (318) 651-9314 FAX: (318) 651-9320 Email: jbell@wellspringalliance.org	
Fed Employer Tax Id: 72 - 0442226 DUNS: 13873 - 8153		CCR CAGE/NCAGE: 48SY7 CCR Expiration Date: 5/30/2012	

6. IMPLEMENTING AGENCY Name: Judy Bell Title: President/CEO Agency: Wellspring Alliance for Fam. Inc Address: 1515 Jackson Street City: Monroe Zip: 71202-2963 Phone: (318) 651-9314 FAX: (318) 651-9320 Email: jbell@wellspringalliance.org		7. PROJECT DIRECTOR Name: Judy Bell Title: President/CEO Agency: Wellspring Alliance for Fam, Inc Address: 1515 Jackson Street City: Monroe Zip: 71202-2963 Phone: (318) 651-9314 FAX: (318) 651-9320 Email: jbell@wellspringalliance.org		8. FINANCIAL OFFICER Name: Christy Gwin Title: Dir. of Admin & Financial Services Agency: Wellspring Alliance for Fam., Inc Address: 1515 Jackson Street City: Monroe Zip: 71202-2963 Phone: (318) 651-9314 FAX: (318) 651-9320 Email: cgwin@wellspringalliance.org	
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9. **BRIEF PROJECT DESCRIPTION:** (*Please do not exceed space provided below.*)

During the past grant period, The Wellspring spent a total of \$238,896 to provide comprehensive supportive services to victims of domestic violence, rape, sexual assault and incest. Funds were used to pay partial salaries, fringe benefits for direct service staff, and lease space for program space. In addressing the immediate/crisis and long term needs of primary/secondary victims of the crimes of domestic violence, dating violence, stalking, sexual assault, incest, rape and child abuse, Wellspring statistics for 2010 indicate the following:

- 1,496 victims (855 adults and 641 Children – unduplicated count) were provided comprehensive supportive services. Of these victims 446 (29.8%) were served on site in the rural parishes as well as others coming into Ouachita Parish. The number also includes 125 adults and 138 children who were provided emergency shelter and 306 adults and 81 children who sought services at the Family Justice Center.
- A total of 3937 (duplicated count) crisis calls were received from victims of domestic violence, rape, incest, sexual assault, child abuse and adult survivors. Of those calls 393 were from adult survivors of childhood issues, a previously underserved population.
- Ongoing supportive services included a total of 1,415 individual counseling sessions, 849 group sessions for adults and children and a total of 9,669 personal sessions/case management for sheltered women and children.

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Revised JULY 2010

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):

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

State Type of Previously Underserved: Adult Survivors of Childhood Issues

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: Christy Gwin Title: Dir. of Admin. & Financial Services
Phone: (318) 651-9314 Fax: (318) 651-9320 E-Mail: cgwin@wellspringalliance.org

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$209,064	\$0	\$18,250	\$227,314
SECTION 200. FRINGE BENEFITS	\$15,738	\$0	N/A	\$15,738
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$0	\$0	\$41,474	\$41,474
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$14,094	\$0	\$0	\$14,094
TOTAL:	\$238,896	\$0	\$59,724	\$298,620

Provide Source of Cash Match:

Provide Source of In-Kind Match: Volunteer hours are interns from the local university, community groups and individuals. Donated goods and supplies are from churches, businesses, civic and community groups and individuals.

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Revised JULY 2010

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
Dir. of Prof. Services	Caroline Cascio	FT	\$5,370.00	10.00%	10.00	\$5,370.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dir. of Prof. Services	Caroline Cascio	FT	\$5,477.00	10.00%	2.00	\$1,095.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dir. of BBBS	Jane Brandon	FT	\$5,230.00	10.00%	10.00	\$5,230.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dir. of BBBS	Jane Brandon	FT	\$5,330.00	10.00%	2.00	\$1,066.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Therapist	Donna George	FT	\$3,911.00	25.00%	6.00	\$5,866.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Therapist	Donna George	FT	\$3,989.00	25.00%	6.00	\$5,983.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Therapist	Melanie Clark	FT	\$3,514.00	40.00%	4.00	\$5,622.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Therapist	Melanie Clark	FT	\$3,584.75	40.00%	8.00	\$11,471.20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$41,705.00	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	C
Shelter Advocate	Melba Hall	PT	\$9.37	25.00	50.00%	36.00	\$4,216.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Melba Hall	PT	\$9.56	25.00	50.00%	16.00	\$1,912.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Florece Staten	PT	\$9.18	30.00	80.00%	28.00	\$6,168.96	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Florece Staten	PT	\$9.36	30.00	80.00%	24.00	\$5,391.36	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Valtenia Smith	PT	\$9.18	10.00	50.00%	8.00	\$367.20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Valtenia Smith	PT	\$9.36	10.00	50.00%	44.00	\$2,059.20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Ashley Alford	PT	\$9.18	15.00	50.00%	40.00	\$2,754.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate	Ashley Alford	PT	\$9.36	15.00	50.00%	12.00	\$842.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$23,711.62	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
Volunteers for Supportive Services and Activities	1,700.00	\$10.00	\$17,000.00
Board of Directors	50.00	\$25.00	\$1,250.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$18,250.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$209,064
CASH MATCH	
IN-KIND MATCH	\$18,250
PERSONNEL TOTAL	\$227,314

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
Therapist	Lisa Longenbaugh	FT	\$4,348.00	60.00%	1.00	\$2,608.80	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Therapist	Lisa Longenbaugh	FT	\$4,435.00	60.00%	11.00	\$29,271.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Counseling Services Manager	Deterise Addison	FT	\$2,636.00	30.00%	12.00	\$9,489.60	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Client Advocate	Cathy Burgess	FT	\$2,083.00	30.00%	7.00	\$4,374.30	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Client Advocate	Cathy Burgess	FT	\$2,124.00	30.00%	5.00	\$3,186.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Client Advocate	Kellyn Stewart	FT	\$1,917.00	40.00%	3.00	\$2,300.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Client Advocate	Kellyn Stewart	FT	\$1,955.00	40.00%	9.00	\$7,038.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$58,268.10	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	C
Therapist	Phyllis Taylor	PT	\$27.70	16.00	50.00%	40.00	\$8,864.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Therapist	Phyllis Taylor	PT	\$28.25	16.00	50.00%	12.00	\$2,712.00	<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"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$11,576.00	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	
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	\$0

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
Program Manager)	Deri Gayle	FT	\$3,000.00	10.00%	7.00	\$2,100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program Manager.) ✓	Deri Gayle ✓	FT	\$3,058.00	10.00%	5.00	\$1,529.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Operatons Mgr.)	Pearline Badger	FT	\$2,386.00	50.00%	7.00	\$8,351.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Operatons Mgr.) ✓	Pearline Badger ✓	FT	\$2,434.00	50.00%	5.00	\$6,085.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate)	Faye Smith	FT	\$2,259.00	50.00%	9.00	\$10,165.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate) ✓	Faye Smith ✓	FT	\$2,300.00	50.00%	3.00	\$3,450.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate)	Sharonda Grimes	FT	\$1,610.00	50.00%	10.00	\$8,050.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter Advocate) ✓	Sharonda Grimes ✓	FT	\$1,642.00	50.00%	2.00	\$1,642.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$41,372.50	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	C
		PT			0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	0.00%	0.00	\$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	
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	\$0

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
Director of DV)	Valeric Bowman	FT	\$4,393.00	10.00%	10.00	\$4,393.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director of DV) ✓	Valeric Bowman ✓	FT	\$4,461.00	10.00%	2.00	\$892.20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Records Outcome Monitor)	Kristi Whetstone	FT	\$2,080.00	30.00%	2.00	\$1,248.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Records Outcome Monitor) ✓	Kristi Whetstone ✓	FT	\$2,120.00	30.00%	10.00	\$6,360.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Finance Assistant ✓	Brandi Joyner ✓	FT	\$2,474.25	15.00%	12.00	\$4,453.65	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dir. of Adm. & Finance) ✓	Christy Gwin ✓	FT	\$5,028.00	10.00%	10.00	\$5,028.00	<input type="checkbox"/>	<input type="checkbox"/>
Dir. of Adm. & Finance)	Christy Gwin ✓	FT	\$5,129.00	10.00%	2.00	\$1,025.80	<input type="checkbox"/>	<input type="checkbox"/>
		FT	\$0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$23,400.65	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	C
		PT			0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	80.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	80.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	0.00%	0.00	\$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	
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	\$0

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
Finance Assistant	Cassy Cooper	FT	\$1,734.00	20.00%	3.00	\$1,040.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Finance Assistant	Cassy Cooper	FT	\$1,769.75	20.00%	9.00	\$3,185.55	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ashley Carter	Shelter Advocate	FT	\$1,595.00	25.00%	9.00	\$3,588.75	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ashley Carter	Shelter Advocate	FT	\$1,620.00	25.00%	3.00	\$1,215.00	<input checked="" 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"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$9,029.70		

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	C
		PT			0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	80.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	80.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	0.00%	0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT		0.00	0.00%	0.00	\$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	
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	\$0

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:

Partial salary requested for Dir. of Prof. Serv. who provides oversight of the delivery of programs & services to victims in the non-residential program. Partial salary for Dir. of DV who provides supervision of paid & volunteer staff serving victims in the Residential Program. Partial salary requested for the Dir. of Big Brothers Big Sisters providing supervision to staff and volunteers in the BBBS Program. In direct service, partial salaries are requested 3 full-time & 1 part-time therapist, partial salary for a Counseling Services Manager, & 2 Client Advocates. The Shelter Operations Manager provides for immediate victim needs in the day to day operations of the shelter. Partial salary requested for 3 full-time & 4 part-time Shelter Advocates who work on-site during the evening & weekend hours in the shelter. Partial salary requested for 1 full-time Program Manager in the BBBS program. Funds are requested for pro-rata administrative time necessary to record & process program data & case records necessary to complete VOCA programmatic and statistical reports. Administrative time is also necessary to maintain crime victim records, track progress of victim's goals, compile statistics and required time and attendance records.

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

Salaries are below those of similar positions in the area. According to the Alliance & Families' guidelines, salary ranges are at eighty percent of the southern average. A 2% Cost Price Index adjustment is proposed for January 2013. Increases are granted on anniversary dates of employees.

C) Project duties of each position requested:

Director of Prof. Services oversees & coordinates all non-residential services, assures goals and objectives are established and accomplished, collects, reports, and analyzes project and service provider productivity data. Duties of therapists include crisis intervention, individual therapy, support & therapy groups, community referrals, and court-related services. The Counseling Services Manager & Client Advocate provide crisis intervention & assists victims through our 24-hour crisis lines. The Dir. of DV duties include supervisory responsibilities & training of paid staff & volunteers who provide direct service to residential victims. Shelter Advocates monitor client activities & perform intakes for victims in the shelter. Shelter Operations Mgr. provides for victim needs residing in the shelter. In-Kind Match: Volunteer duties include groups and individual activities. Program Mgr. & Dir. of BBBS duties include recruiting, screening & training volunteers, case managers, & program participants & matching volunteers with program participants. Dir. of BBBS also has supervisory responsibilities of paid staff and volunteers who provide direct service to victims. Interns from the master's University of Louisiana at Monroe Marriage & Family Program are used for therapy. Undergraduate social work interns duties are case management, supportive services & group activities. Board of Directors & Executive Committee meetings are held on a monthly basis. Their primary duty is to determine organizational mission & service priorities including directing the majority of resources to services for victims of crime.

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.]

Application is for a continuation grant and all personnel are original.

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. Caroline Cascio	.062		\$6,465	\$400	5. Jane Brandon	.062		\$6,296	\$390
2. Donna George	.062		\$11,850	\$734	6. Melanie Clark	.062		\$17,093	\$1,059
3. Melba Hall	.062		\$6,128	\$379	7. Florece Staten	.062		\$11,560	\$716
4. Valtenia Smith	.062		\$2,426	\$150	8. Ashley Alford	.062		\$3,596	\$222
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Caroline Cascio	.0145		\$6,465	\$93	5. Jane Brandon	.0145		\$6,296	\$91
2. Donna George	.0145		\$11,850	\$171	6. Melanie Clark	.0145		\$17,093	\$247
3. Melba Hall	.0145		\$6,128	\$88	7. Florece Staten	.0145		\$11,560	\$167
4. Valtenia Smith	.0145		\$2,426	\$35	8. Ashley Alford	.0145		\$3,596	\$52
HEALTHLIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTHLIFE INSURANCE	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. Caroline Cascio	0.008		\$6,465	\$51	5. Jane Brandon	0.008		\$6,296	\$50
2. Donna George	0.008		\$11,850	\$94	6. Melanie Clark	0.0081		\$17,093	\$138
3. Melba Hall	0.008		\$6,128	\$49	7. Florece Staten	0.008		\$11,560	\$92
4. Valtenia Smith	0.008		\$2,426	\$19	8. Ashley Alford	0.008		\$3,596	\$28
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL
1.		CHECK TYPE		\$0	5.		CHECK TYPE		\$0
2.				\$0	6.				\$0
3.		<input type="checkbox"/> FLTA		\$0	7.		<input type="checkbox"/> FLTA		\$0
4.		<input type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> 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):				\$2,263	FRINGE BENEFITS TOTAL (B):				\$3,252

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

Fringe Benefits Total (A+B): \$5,515

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$15,738
CASH MATCH	
TOTAL FRINGE BENEFITS	\$15,738

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. Lisa Longenbaugh	.062		\$31,879	\$1,976	5. Deterise Addison	.062		\$9,489	\$588
2. Cathy Burgess	.062		\$7,560	\$468	6. Kellyn Stewart	.062		\$9,338	\$578
3. Phyllis Taylor	.062		\$11,576	\$717	7.	.062			\$0
4.	.062		\$0	\$0	8. t	.062		\$0	\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Lisa Longenbaugh	.0145		\$31,879	\$462	5. Deterise Addison	.0145		\$9,489	\$137
2. Cathy Burgess	.0145		\$7,560	\$109	6. Kellyn Stewart	.0145		\$9,338	\$135
3. Phyllis Taylor	.0145		\$11,576	\$167	7.	.0145			\$0
4.	.0145		\$0	\$0	8.	.0145		\$0	\$0
HEALTHLIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTHLIFE INSURANCE	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. Lisa Longenbaugh	0.008		\$31,879	\$255	5. Deterise Addison	0.008		\$9,489	\$75
2. Cathy Burgess	0.008		\$7,560	\$60	6. Kellyn Stewart	0.008		\$8,227	\$65
3. Phyllis Taylor	0.008		\$11,576	\$92	7.	0.005			\$0
4.	0.005		\$0	\$0	8. t	0.005		\$0	\$0
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL
1.		CHECK TYPE		\$0	5.		CHECK TYPE		\$0
2.				\$0	6.				\$0
3.		<input type="checkbox"/> FLTA		\$0	7.		<input type="checkbox"/> FLTA		\$0
4.		<input type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> 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):				\$4,306	FRINGE BENEFITS TOTAL (B):				\$1,578

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

Fringe Benefits Total (A+B): \$5,884

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

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. Deri Gayle	.062		\$3,629	\$224	5. Pearline Badger	.062		\$14,436	\$895
2. Faye Smith	.062		\$13,615	\$844	6. Sharonda Grimest	.062		\$9,692	\$600
3.	.062		\$0	\$0	7.	.062		\$0	\$0
4.	.062		\$0	\$0	8. l	.062		\$0	\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Deri Gayle	.0145		\$3,629	\$52	5. Pearline Badger	.0145		\$14,436	\$209
2. Faye Smith	.0145		\$13,615	\$197	6. Sharonda Grimest	.0145		\$9,692	\$140
3.	.0145		\$0	\$0	7.	.0145		\$0	\$0
4.	.0145		\$0	\$0	8.	.0145		\$0	\$0
HEALTH/LIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE	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. Pearline Badger	0.008		\$3,629	\$29	5. Pearline Badgers	0.008		\$14,436	\$115
2. Faye Smith	0.008		\$13,615	\$108	6. Sharonda Grimest	0.008		\$9,692	\$77
3.	0.005		\$0	\$0	7.	0.005		\$0	\$0
4.	0.005		\$0	\$0	8. l	0.005		\$0	\$0
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL
1.		CHECK TYPE:		\$0	5.		CHECK TYPE:		\$0
2.				\$0	6.				\$0
3.		<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0
4.		<input type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> 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):				\$1,454	FRINGE BENEFITS TOTAL (B):				\$2,036

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

Fringe Benefits Total (A+B): \$3,490

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

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Revised JULY 2010

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. Valerie Bowman	.062		\$5,285	\$327	5. Kristi Whetstone	.062		\$0	\$0
2. Brandi Joyner	.062		\$0	\$0	6. Christy Gwin	.062		\$0	\$0
3.	.062		\$0	\$0	7.	.062		\$0	\$0
4.	.062		\$0	\$0	8. t	.062		\$0	\$0
MEDICARE	RATE		SALARY	TOTAL	MEDICARE	RATE		SALARY	TOTAL
1. Valerie Bowman	.0145		\$5,285	\$76	5. Kristi Whetstone	.0145		\$0	\$0
2. Brandi Joyner	.0145		\$0	\$0	6. Christy Gwin	.0145		\$0	\$0
3.	.0145		\$0	\$0	7.	.0145		\$0	\$0
4.	.0145		\$0	\$0	8.	.0145		\$0	\$0
HEALTH/LIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE	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. Valerie Bowman	0.008		\$5,285	\$42	5. Kristi Whetstone			\$0	\$0
2. Brandi Joyner	0.000		\$0	\$0	6. Christy Gwin			\$0	\$0
3.				\$0	7.			\$0	\$0
4.				\$0	8. t			\$0	\$0
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL
1.		CHECK TYPE:		\$0	5.		CHECK TYPE:		\$0
2.				\$0	6.				\$0
3.		<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0
4.		<input type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> 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):				\$445	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): \$445

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

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Revised JULY 2010

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 following statistics document that domestic violence, rape/sexual assault, incest and child abuse are critical problems in the 12-parish service area of Northeast Louisiana with a population of 355,861. (US Census, 2010) Poverty is one of the greatest risk factors for violence in the area with 23.4% living in poverty vs. 17.6% in LA and 14.3% in the US (US Census 2010, based on 2009 data). Other data which reveal the extent of the problem in the area are as follows:

1. Domestic and Dating Violence (DV): In 2010, area law enforcement reported 2,306 domestic and dating violence calls in NELA. That's 7.8 per 1,000 persons age 12 and over (US Census, 2010) compared to 2.31 reports of DV per capita in the US (US BJS, 2007) Impacts of DV are death, physical injury, emotional difficulties, lost income, homelessness, and more. (CDC, 2010)
2. Rape/Sexual Assault: The number of NELA law enforcement calls for sexual assault in 2010 was 98, a rate of 27.5 per 100,000 female inhabitants. That is higher than the state rate at 27.2 and national rate at 27.0. (US BJS, 2010) Impacts of SA are STDs and long-term health and emotional problems. (CDC, 2010) NELA's is the third highest per capita rate of SA in the state, exceeded only by New Orleans and Lake Charles. (US BJS, 2010)
3. Child Abuse: Annie E. Casey Kids Count 2011 reports La. 49th in child wellbeing, based on level of risk factors for child abuse including poverty, teen parents, single-parent homes, and parental unemployment. (Risk factors from US DHH) Northeast Louisiana is typically far below state rates on such measures. (2010 Census) For example, in NELA's 12 parishes, 36.9% of children lived in poverty compared to 27% LA and 22% US. (US Census, 2010) Per capita rates per 1,000 children of valid child abuse allegations in NELA parishes exceed statewide averages. (Prevent Child Abuse La., 2008 [most current available]) Impacts of child abuse are death, physical injuries, and permanent damage to physical, mental, and educational development extending into adulthood and often resulting in later criminality, a result shown in La.'s rank as third worse in the US for violent juvenile crime (US OJJDP, 2008) and by far number one in US in number of adults incarcerated (kff.org, 2009). Also, LA has the second highest murder rates in the US (after District of Columbia). (FBI, 2010)
4. Adult survivors of incest: In first rape experiences, perpetrators were reported to be family members 23.7% of the time for female victims and 17.7% for males. (Violence and Victims, 2007) Research involving adult survivors of childhood sexual abuse (CSA) indicates that approximately 77% of victims did not report the abuse while in childhood. (Whisnant, 2009) Thus, childhood incest is most likely to be reported when victims are adults. An estimated 100,000 to one million cases of incest occur annually, but only about 10 percent of them are ever reported (Johnson 1983). In 2010, 19.8% of rape victims receiving counseling by The Wellspring were incest survivors.
5. In 2010, Wellspring and Family Justice Center served 1,496 persons who were victims of domestic and dating violence, stalking, rape/sexual assault, incest, and child abuse and took 3,937 crisis calls involving these issues. Victims are largely young and poor -- the demographics of persons served in 2010 were 52.6% Caucasian and 46.5% African American; 81.5% with household income under \$24,000; 53.7% under age 25 and 80.7% under age 35.

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

The gap in services for victims of domestic violence and related crimes was first identified in 1980 by our community. At that time The Wellspring launched services that have grown both programmatically and geographically over the past 30 years. Gaps in services are identified by using Wellspring victim feedback as well as local, state and national data. In addition, our ongoing outreach efforts and trainings keep us in touch with the people in the communities served, and they constantly reveal needs and gaps in service. The primary gap in services for victims in Northeast Louisiana is the need for continued ON-SITE coordinated services for the growing number of victims throughout the nine parish. The need created by this gap is for expanded comprehensive, coordinated services for victims using best practices in the field of domestic violence and related crimes. Without the continuation of this project, the victims of domestic and dating violence, rape/sexual assault, stalking and child abuse would be at even greater risk and our statistical picture would be even more grim particularly for underserved populations such as adult survivors of childhood issues and those facing barriers such as disabilities and geographic location/ isolation.

Current Wellspring free and confidential services that address the needs and gaps of victims as outlined in this continuation project include the following: safe emergency shelter with comprehensive supportive services, case management/personal advocacy, safety measures/plan, transitional housing, 24/7 crisis hotline, child and adult counseling/therapy, child/adult group treatment and support, emergency financial assistance, legal advocacy, information and referral to community services, transportation, etc. In nine of the 12 parishes, The Wellspring is the only service provider which addresses one of the areas largest gaps in terms of any kind of community services. Specific growing needs are for additional outreach and legal services, and The Wellspring continue to search for additional resources to expand these services and has experienced some success through federal DOJ and HUD grants.

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.

GOALS :

- (1.) To address the immediate emotional and physical needs of primary and secondary victims of domestic violence, dating violence, stalking, rape/sexual assault and child abuse.
- (2.) To assist primary / secondary victims of crime to stabilize their lives after the initial victimization

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.

Objectives / Goal #1: To address the immediate emotional and physical needs of primary and secondary victims of domestic violence, dating violence, stalking, rape/sexual assault and child abuse.

1. Maintain comprehensive, coordinated services including crisis intervention, safety planning, safe shelter, access to community resources for a minimum of 2100 victims of domestic/dating violence, sexual assault/rape, adult survivors, and child physical/sexual abuse including maintaining safe emergency shelter for 250 abused adults and children. Of those victims completing departure surveys 85% will strongly agree / agree that their safety has been increased and that they have a higher knowledge of community resources and how to access them.
2. Maintain 24/7/365 telephone crisis intervention with a minimum of 2500 crisis calls

Objectives for Goal #2: To assist primary / secondary victims of crime to stabilize their lives after the initial victimization

1. Maintain individual counseling/therapy (face-to-face) for 750 adults and children and 6000 personal / case management sessions with adult and child victims located in a 9 parish area of NELA. Of those completing surveys, 85% will strongly agree/agree that the services they received were helpful and that they would refer a friend or family member.
2. Maintain 300 support/therapy groups for adults and children. Of those victims participating and completing surveys, 85% will indicate satisfaction with services and helpfulness in dealing with their trauma.

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.

TIMETABLE: The grant activities / methods will be carried out over the grant period beginning 2/01/2012 through 1/31/2013. There will be no interruption in current services

METHODS /ACTIVITIES for each objective are as follows:

GOAL # 1, Objective 1

- (1) Trained shelter staff will provide 24 hour service including basic needs such as safety planning, access to community resources, food, medicine, medical care, legal advocacy, transportation, child care, clothing, etc.
- (2) Shelter Case managers will assist shelter residents with developing individual goals for adults and children
- (3) Victims not requiring or seeking safe shelter will be provided with counseling, case management, etc. to development safety plans and access to community resources, legal advocacy, medical attention, personal advocacy, criminal justice support/advocacy.

Objective 2

- (1) Trained staff will operate six 24 hour/365 day a week crisis lines to provide telephone crisis intervention/counseling to victims.
- (2) Telephone Crisis Advocates will coordinate providing trained volunteers to serve as hospital escorts/advocates to victims of sexual assault during forensic exam as a part of our community response (SART - Sexual Assault Response Team) to rape/sexual assault.
- (3) Referrals will be made as appropriate to other community service providers including law enforcement, hospitals, schools, public assistance, Family Justice Center, safe shelter, etc.

GOAL #2

Objective #1

- (1) Wellspring counselors/therapists will provide individual counseling /therapy for child and adult victims.
- (2) One on one mentoring through Big Brothers Big Sisters Mentoring Program will be offered for children/youth who have been exposed to and/or who are victims of violence.

Objective #2

- (1) Wellspring staff will provide a weekly support group for victims of domestic violence, sexual assault and survivors of childhood incest.
- (2) Staff will provide educational and support groups/activities for children in both residential and non-residential programs.
- (3) Training will be provided for volunteers/mentors in the Big Brothers Big Sisters Program to learn the common elements of child sexual abuse, how to help children protect themselves, and how to report child victimization.
- (4) Summer enrichment/day camp(s) and activities will be offered for children who are victims of violence to assist them in developing life skills that promote safety.

TIMETABLE: The grant activities / methods will be carried out over the grant period beginning 2/01/2012 through 1/31/2013. There will be no interruption in current services

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 checked="" 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 type="checkbox"/> Other (Specify): |

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: Valerie Bowman PHONE: (318) 651-9314 EMAIL: valb@wellspringllc.com

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.)

Results of the objectives as reported in the quarterly progress reports to date (March 2011 - September 2011) are as follows:

1. Of the projected 1800 victims to be served over the course of the grant period, 2,218 primary victims have been served.
2. Of the projected 500 adult/child counseling/therapy sessions (face-to-face), 359 have been conducted to date.
3. Of the projected 6000 crisis/victim calls, 1,436 have been recorded to date.
4. Of the projected 300 Adult/Child support and/or therapy groups, 181 have been conducted.
5. Of the projected 5000 case management sessions, over 6700 have been completed during the reporting period.

Additional information in the Quarterly Progress reports showed that a total of 4,357 services have been provided to date as found on the Services Chart, a total of 31 volunteers contributed to the program activities. In addition, our domestic violence/sexual assault staff received a total of 116 hours of training.

With one exception, all objectives are on target to be substantially accomplished or exceeded by the end of the grant period. The number of crisis calls for the time period reported is lower than projected as a result in changes in the crisis line software and the way "crisis" is being defined.

2. Did the project work as expected? Explain.

Project success is best determined by client feedback. The most recent Client Satisfaction/progress surveys indicated a high level of satisfaction with services and their helpfulness. Of the shelter victims completing surveys, 86.4% strongly agreed that services and information were helpful, 90.3% indicated they were treated with dignity and respect, 93.5% found the facilities to be accessible, comfortable and clean, and 92.9% indicated they would refer a friend or family member. 84.1% either strongly agreed that their safety had increased and 87.6% indicated they had increased their knowledge of community resources.

Two of the primary outcomes that are tracked for the children's groups relate to their safety and to their learning/feeling that the abuse is not their fault. In the most recent survey of the children completing surveys, 95% indicated that they felt safe and 76.2% indicated that they did not feel the abuse in their family was their fault.

In the adult group, the two main outcomes tracked relate to safety and access to community resources. Of those adults completing surveys, 89.8% indicated that they now had a plan for safety and 83.7% indicated that they had increased their knowledge of personal and community resources. Another measure of impact, a significant percentage -- 23.0% -- of crisis callers requested an appointment for counseling with a therapist to further address the issue for which they called.

We use best practices in all our programs, so our programmatic activities carried out by experienced and trained staff insure greater program success. Other keys to success include opportunities for professional training, opportunities for frequent staff debriefing and ongoing supervision. In addition, enhanced outreach efforts using not only individual presentations, but also creative printed as well as TV and radio media have enabled us to reach more clients.

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?

There are no changes in the continuation of the project other than increased numbers of services in some cases..

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?

Direct service staff including counselors/therapists, case managers, client advocates and telephone crisis advocates are responsible for collecting and recording client data in client files. Data on client satisfaction and progress on goals is collected directly from clients using anonymous surveys..

2. When will the data be collected?

Data from client files is entered into the agency's master data base according to a planned schedule. Depending on the program, client satisfaction data is collected during and at the end of the service period.

3. Who will collect and analyze the data?

The Records Outcome Monitors collect the data and run reports. The data is analyzed by the staff leadership team and appropriate actions are taken, and reports are prepared and disseminated. Client satisfaction data is analyzed by the Program Directors.

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

Name: Christy Gwin

Phone: (318) 651-9315

Email: cgwin@wellspringalliance.org

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

Any updating or revising of a project's strategy is based on regular and ongoing evaluation of the project. The President and CEO and Program Directors are empowered with and charged by the Board of Directors to take the necessary steps to carry out the daily operations and activities of the programs using best practices and with accountability and transparency. The Wellspring's Leadership Team, which is made up of the directors of each of the agency's programs as well as the Director and Adm and Finance and the Director of Communications/Outreach and Development, meets on a minimum of a monthly basis to review program evaluations, processes, service flow, etc. and makes adjustments as needed. In turn the respective program directors meet with direct service staff to implement any changes, provide additional training or resources as required. If immediate action is required, the respective program directors work with the President and CEO to implement procedures in a timely fashion. If policy changes are needed, the Board of Directors acts on a monthly basis.

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.

The LCLE will receive quarterly progress reports and monthly expenditure reports. The Wellspring's Board of Directors receives quarterly reports on project results including the number of clients, services, and client satisfaction/progress reports as a part of their balanced agency scorecard. All Wellspring stakeholders (approximately 500 people) receive an annual report, and such information is also available on the agency website. In addition, other funders who receive various monthly, quarterly and annual reports include the LA Department of Children and Family Services (formerly DSS), the LA Foundation Against Sexual Assault and the Department of Justice / Office on Violence Against Women.

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.

Wellspring programs serving the victims of domestic/dating violence, rape/sexual assault and physical/sexual child abuse will continue to be funded through local, state and federal sources. Local sources include Wellspring membership and Special Events, the United Way of Northeast Louisiana, local corporations such as CenturyLink, Capital One and Chase, local and national foundations such as the Scott Foundation and Sisters of Charity, churches, civic groups, and City of Monroe (CDBG, ESG and HOME funds). State resources in addition to LCLE (VOCA and VAWA) include Department of Children and Family Services, LA Foundation Against Sexual Assault, and LA Bar Foundation/IOLTA. Federal resources include Department of Justice/Office on Violence Against Women and the Dept of Housing and Urban Development. In addition, new sources of state and federal funding are continuously researched and proposals are submitted on a regular basis.

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.

Full time offices are found in Ouachita Parish, Morehouse Parish, and Franklin Parish as well as in-kind space in Caldwell, Richland and West Carroll parishes. Facilities include a 22 bed safe shelter at an undisclosed location and 45 leased single family units providing transitional housing throughout NELA. Other non-residential services are provided at the Counseling and Family Development Center and Big Brothers Big Sisters Office in Monroe. The Wellspring is the lead partner for the Family Justice Center which is located in a 15,000 sq foot facility and houses Wellspring and community partners who provide a one-stop site offering confidential, comprehensive and coordinated services for victims. Additional resources include computers and internet access for every employee and volunteer as well as appropriate copying, scanning and faxing equipment. Our most valuable resource is our highly experienced and trained staff of over 80 persons.

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 | June 30, 2011 |
| 2. Dates covered by last audit: | January 1, 2010 - Dec 31, 2010 |
| 3. Date of next audit: | June 30, 2012 |
| 4. Dates to be covered by next audit: | January 1, 2011 - Dec. 31, 2011 |
| 5. Date next audit will be forwarded to LCLE: | June 30, 2012 |

- 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?

Volunteers include interns from area universities from the social work, counseling and criminal justice fields. It is projected that interns and other community volunteers will provide up to 1700 volunteer hours. In addition, it is projected that 50 board of directors' hours will be used as match. After intensive training, intern volunteers provide direct service to victims as well as some administrative, maintenance and/or sorting of donation type duties. Board members provide general oversight and policy and fund development.

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.

All victims of crime who may qualify are made aware of the Crime Victims Reparation Program when the counseling guidelines/agreements are presented to clients during the initial in-take session. In addition, a brochure on the program is also available in each client's file and upon request. Brochures are displayed in the waiting areas and at the safe shelter. Project staff make direct referrals to the compensation program through the Sheriff's Claim Investigator, and assist with applications, forms, and procedures.

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.

The Wellspring views these crimes to be community problems and recognizes that it a coordinated response is necessary to effectively address the crimes. We have a 30 year working relationship with the criminal justice system and other responders in the community as evidenced by the attached letters of support and the current Memorandums of Understanding (MOUs) with criminal justice system/private service providers in Ouachita Parish and also with criminal justice system/private service providers in the Rural Parishes of Northeast La. These MOUs will be updated and new partners added in early 2012. Through the FJC partnership and the Rural partnership, we have been able to provide extensive training for all partners by nationally know experts.

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.

The Wellspring has a close working relationship with law enforcement agencies in Northeast Louisiana as evidenced by our letters of support. Many of the agency's clients are referred for services by law enforcement or the district attorney's office. Clients are encouraged to report the abuse to the appropriate law enforcement agency at the time of initial contact. At the Family Justice Center, law enforcement is on site and can take reports with the advocate present if desired. The Wellspring collaborates with law enforcement agencies to provide training to the police academy and to officers throughout the region. An understanding of services offered by service agencies makes appropriate referrals more likely. Upon request, The Wellspring and the Family Justice Center make brochures and business cards available to area patrol officers which outline services to victims.

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.

The Wellspring Alliance for Families complies with the Louisiana Child Protection Act (LRS: 15:587). A criminal records check is conducted by the Louisiana State Police on all prospective employees and volunteers. The results of the criminal record check is kept in the personnel/volunteer file.

Kathy Guidry

From: Kathy Guidry
Sent: Tuesday, January 03, 2012 4:05 PM
To: 'Marquenita Tucker'
Subject: C11-2-005, The Wellspring Alliance for Families, Inc., Victim Assistance Program

Ms. Judy Bell
The Wellspring Alliance for Families, Inc.
c/o North Delta LEPD, Inc.
PO Box 3291
Monroe, LA 71210-3291

RE: C11-2-005 "Victim Assistance Program"

Dear Ms. Bell:

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 February 29 and March 1, 2012, respectively. The information regarding the location of the meetings is yet to be determined. Since this application request is to continue this project and is over \$20,000, you will be required to attend both meetings.

Based on the preliminary review of the referenced application, the following issues must be addressed and resolved. 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. 1
 - a. #1, Title of Project – Should read "Victim Assistance Program".
 - b. #3, Project Duration – Desired start date is 3/01/2012, but the end date of the previous subgrant, C10-2-004, ends on 1/31/2012. There must not be a break in the project period.
2. Pg. 3, Section 100 Personnel
 - a. Switch "Ashley Carter" and her title to the correct columns.
 - b. In reviewing the application, the previous application and VOCA guidelines, please make the following corrections
 - i. Please separate staff as follows and list separately on page 3.
 1. Direct Service Providers – List **only** those individuals that provide direct services.
 2. Supervision of Direct Service Providers – These individuals are for supervision of direct service providers when it is determined that such supervision is necessary and essential to providing direct services to crime victims. (VOCA Guidelines) Note application instructions page 8 #7: Up to 10% of supervision of direct services providers. List **only** those individuals that fall under this category.
 3. Operating Costs – VOCA funds may support administrative time to complete VOCA-required time and attendance sheets and programmatic documentation, reports, and statistics; administrative time to maintain crime victims' records. (VOCA Guidelines). Note application instructions page 8 #7.7: Up to 10% of VOCA funds may support administrative time... You can only charge up to a maximum amount of \$23,890 for all personnel that fall in this category. List **only** those individuals that fall under this category.
 - ii. VOCA Guidelines states salaries, fees, and reimbursable expenses associated with administrators, board members, executive directors, consultants, coordinators, and other individuals unless these expenses are incurred while providing direct services to crime victims are non-allowable costs and activities.

1. The Board of Directors' in-kind match is unallowable. Also, in-kind match on volunteers is allowed up to \$10.00 per hour.
- c. Although these items were allowed in the past, we must adhere to these guidelines.
3. Pg. 9, Section 500 Supplies – The appropriate box needs to be checked.
4. Pg. 13, Section 800 Other Direct Costs – Please insert the calculation for each cost item under the 'method of determining cost'. The quantity for rental space should be based on 12 months.
5. Pg. 14, A. Problem Definition – The previous project ends January 31, 2012. Do you have statistics for 2011 that supports the stated problem?
6. Pg. 19, H. Prior Results #3 – Please check the appropriate box. It states that the goals and objectives were not revised from the previous subgrant, C10-2-004, but the numbers were increased. Please state why.
7. Pg. 21, L. Audit Requirements – Please remember to submit a copy of your most current audit to LCLE.
8. Pg. 22, N. Required Components – Current MOUs are needed.
9. Subgrant Award Report #4 – Please insert the correct project period.

Please email or 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. Please do not fax replies, as they are not always legible.

All pages resubmitted must be complete in all aspects, including signatures, initials, dates, and responses. This information is due to LCLE by **Monday, January 16, 2012**. Please contact the District Office 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