LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATIC OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C10-3-ADM

APPLICANT: Red River Delta L E P C, Inc.

PROJECT TITLE: Administrative Funds

PROJECT FUNDS :

FUND:	$	14,000	100.00%	PROJECT DURATION: 12 months
MATCH:	$	0	0.00%	START DATE: 10/01/2010
TOTAL:	$	14,000	100.00%	END DATE: 09/30/2011

Continuation of C95-3-ADM

PROJECT SUMMARY:

This request is on behalf of the Red River Delta and Northwest Districts for Crime Victim Planning Assistance to support the administrative duties associated in accomplishing the objectives and tasks necessitated by the Victim of Crime Act of 1984.

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

SPECIAL CONDITIONS :

1. AS A CONDITION OF RECEIVING FEDERAL PROGRAM ADMINISTRATIVE FUNDS, SUBGRANTEE CERTIFIES THAT ALL PROGRAMMATIC SUBGRANTS AWARDED BY LCLE THROUGH EACH LAW ENFORCEMENT PLANNING DISTRICT SHALL BE MONITORED IN ACCORDANCE WITH LCLE GUIDELINES.
2. ALL ADMINISTRATIVE FUNDS MUST BE USED EXCLUSIVELY FOR THE ADMINISTRATION OF THE FEDERAL PROGRAM IN WHICH IT IS AWARDED.
3. 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: C10-3-ADM CVA Purpose Area: N/A

1. TITLE OF PROJECT
Administrative Funds

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: C09-3-ADM

3. PROJECT DURATION
Total Length: 12 Months (*Not to exceed 12 Months*)
Desired Start Date: 10/1/2010
Desired End Date: 9/30/2011

4. PROJECT FUNDS

Federal Funds:	$14,000
Cash Match	
In-Kind Match:	
Total Project:	**$14,000**

5A. APPLICANT AGENCY INFORMATION
Agency Name: RED RIVER DELTA LEPC, INC.
Physical Address: 615 MAIN STREET
City: PINEVILLE Zip: 71360-
Mailing Address: 615 MAIN STREET
City: PINEVILLE Zip: 71360-
Phone: (318) 487-5432 FAX: (318) 487-5434
Email: rrdnw@aol.com

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: JAMES MIXON
Title: PRESIDENT
Agency Name: RED RIVER DELTA LEPC, INC.
Address: 615 MAIN STREET
City: PINEVILLE Zip: 71360-
Phone: (318) 487-5432 FAX: (318) 487-5434
Email: rrdnw@aol.com

Fed Employer Tax Id: 72 - 0793682 DUNS: 868182288 – CCR CAGE/NCAGE: 5ZTN3 CCR Expiration Date: 5/10/2011

6. IMPLEMENTING AGENCY
Name: JAMES MIXON
Title: PRESIDENT
Agency: RED RIVER DELTA LEPC, INC.
Address: 615 MAIN STREET
City: PINEVILLE Zip: 71360-
Phone: (318) 487-5432 FAX: (318) 487-5434
Email: rrdnw@aol.com

7. PROJECT DIRECTOR
Name: KEN WALKER
Title: DIRECTOR
Agency: RED RIVER DELTA LEPC, INC.
Address: 615 MAIN STREET
City: PINEVILLE Zip: 71360-
Phone: (318) 487-5432 FAX: (318) 487-5434
Email: rrdnw@aol.com

8. FINANCIAL OFFICER
Name: BOBBY HICKMAN
Title: TREASURER
Agency: RED RIVER DELTA LEPC, INC.
Address: 615 MAIN STREET
City: PINEVILLE Zip: 71360-
Phone: (318) 487-5432 FAX: (318) 487-5434
Email: rrdnw@aol.com

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

This request is on behalf of the Red River Delta and Northwest Districts for Crime Victim Planning Assistance to support the administrative duties associated in accomplishing the objectives and task necessitated by the Victim of Crime Act of 1984.

VOCA PURPOSE AREAS

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

PROJECT BUDGET SUMMARY

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

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

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

Person Completing Budget Section: Sybil A. Richards Title: Assistant Program Director
Phone: (318) 487-5432 Fax: (318) 487-5434 E-Mail: rrdnw@aol.com

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$14,000	$0	$0	**$14,000**
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:	**$14,000**	**$0**	**$0**	**$14,000**

Provide Source of *Cash* Match: n/a

Provide Source of *In-Kind* Match: n/a

SECTION 100. PERSONNEL

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

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
Grant Manager	Sybil A. Richards	FT	$4,166.00		12.00	$0.00	☒	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
		FT				$0.00	☐	☐
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						$0.00	F = Fed Funds C = Cash Match	

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH F	PAID WITH C
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							$0.00	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	$14,000
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	$14,000

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:

OFFICIALS OF RED RIVER DELTA LEPC, INC. INDICATE THEY ANTICIPATE THE CONTINUED EMPLOYMENT OF SYBIL A. RICHARDS AS THE GRANT MANAGER OF THE CRIME VICTIM ASSISTANCE PROGRAM WITHIN THE STRUCTURE OF RED RIVER DELTA. MS. RICHARDS WILL WORK WITH THE CRIME VICTIM AGENCIES AND THE LCLE STAFF IN DEVELOPING AND IMPLEMENTING POLICIES AND PROGRAMS FOR ADDRESSING VICTIM SERVICES AND ISSUES OF THE VICTIM OF CRIME ACT.

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

THE SALARY FOR THIS POSITION IS BASED ON COMPARATIVE POSITIONS THROUGHOUT THE CENTRAL LOUISIANA AREA AND THE STATE OF LOUISIANA. THE SALARY RANGE IS $1000-$2500/MO FOR THE PART-TIME POSITION.

C) Project duties of each position requested:

A JOB DESCRIPTION AND LIST OF DUTIES IS ATTACHED.

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.]

THIS PERSONNEL IS EXISTING AS FOLLOWS:
SYBIL A. RICHARDS, CVA GRANT MANAGER
12 MONTHS (OCTOBER, 2010 - SEPTEMBERL,2011) @ $1,166.66/MO = $14,000.00

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

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

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

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

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

Fringe Benefits Total (A+B): $0

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

PROGRAM NARRATIVE

A. PROBLEM DEFINITION

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

PROBLEM:

The Victim of Crime Act of 1984 was passed by Congress to meet the needs of crime victims by providing funds to be utilized for providing victim assistance. The staff of the REd River Delta and Northwest Districts were charged with the responsibility of the gathering of data at the local level to determine the needs of the victims of crime in the eighteen (18) parishes in Central and Northwest Louisiana. The data gathered on the local level must be compiled and forwarded to the state office. Meetings must be held to identify the local problems of crime victims, strategies must be developed to combat rhese problems, available resources must be determined, and programs must be developed to carry out these plans. Grants will be prepared to combat the victim problems in the respective jurisdictions with the programs refined and worked through to final approval.

Upon approval, grants will be monitored and serviced. Final reports must be prepared to indicate that successes acomplished by the program have been developed in the grant.

Hearings and meeting must be conducted to develop the local plan, to prioritize the request and to finally approve the grant requests. The district staff must assist the local boards in setting up these various meetings, assist in relaying information received from Baton Rouge and other sources in regards to this funding. The district staff must maintain minutes of the various meetings and after plans have been developed and grant proposals written, must see these applications through to final approval.

Upon approval of the crime victim grants, the district staff must service these grants, see that required quarterly reports are completed in a timely manner, requests for funds are prepared, and also that the subgrantees comply with all grant requirements and meet all goals and objectives as outline in the grant proposal.

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

n/a

B. GOALS

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

The primary goal of this project is to assist approximately 30 subgrantees with the establishment and implementation of crime assistance programs in the Red River Delta and Northwest Districts.

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 in the preparation of an estimated 35 grant programs throughout the two planning districts by traveling to any and all areas where assistance is requested for the preparation, implementation of programs addressing victims of crimes.

Objective 2: Provide assistance to some 30-40 subgrantees in complying with the Victim of Crime Act through the implementation of programs to address victims of crimes.

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.

Methods:

The crime victim grant manager will be responsbile for gathering data to determine the needs of victims of crime in the Red River Delta and Northwest Districts.

Grants will be prepared to combat the victim problems in these respective jurisdictions.

E. DEMOGRAPHICS

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

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

2. Type of Organizations:

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

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

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

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

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

F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

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

NAME: PHONE: ( ) - EMAIL:

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

NAME: PHONE: ( ) - EMAIL:

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

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

G. CRIME VICTIMS REPARATIONS (CVR)

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

NAME: PHONE: ( ) - EMAIL:

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

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

H. PRIOR RESULTS (For Continuation Projects Only)

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

2. Did the project work as expected? Explain.

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?

n/a

2. When will the data be collected?

3. Who will collect and analyze the data?

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

Name: Phone: ( ) - Email:

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

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.

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.

n/a

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.

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	09/30/2009
2.	Dates covered by last audit:	10/01/2008 - 09/30/2009
3.	Date of next audit:	09/30/2010
4.	Dates to be covered by next audit:	10/01/2009 - 09/30-2010
5.	Date next audit will be forwarded to LCLE:	upon completion

☒ 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/a

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 law enforcement agencies throught the eighteen parish planning districts assist victims in applying for victim compensation through the Louisiana Crime Victims Reparations Program. When the district office is contacted, we refer them to their respective law enforcement agency or police department.

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