

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C11-3-ADM

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

PROJECT TITLE: Administrative Funds

PROJECT FUNDS :

FUND:	\$	<u>14,000</u>	100.00%
MATCH:	\$	<u>0</u>	0.00%
TOTAL:	\$	<u>14,000</u>	100.00%

PROJECT DURATION: 12 months

START DATE: 10/01/2011

END DATE: 09/30/2012

Continuation of C95-3-ADM

PROJECT SUMMARY:

This request is on behalf of the Northwest LEPD (District 1) and Red River Delta LEPD, Inc. (District 3) for Crime Victim Planning Assistance to support the administrative duties associated in accomplishing the objectives and tasks necessitated by the Victims of Crime Act of 1984.

RECOMMENDATION : FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 12/28/11 IS REVIEWED AND APPROVED BY LCLE STAFF.



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

CRIME VICTIM ASSISTANCE
FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY:

Project ID: C11-3-ADM

CVA Purpose Area: /

1. TITLE OF PROJECT Administrative Funds		2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C10-3-ADM	
3. PROJECT DURATION Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 10/1/11 Desired End Date: 9/30/12		4. PROJECT FUNDS Federal Funds: \$14,000 Cash Match: \$0 In-Kind Match: \$0 Total Project: \$14,000	
5A. APPLICANT AGENCY INFORMATION Agency Name: Red River Delta LEPC, Inc. Physical Address: 615 Main St. City: Pineville Zip: 71360-6935 Mailing Address: 615 Main St. City: Pineville Zip: 71360-6935 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 St. City: Pineville Zip: 71360-6935 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: 4/14/12

6. IMPLEMENTING AGENCY Name: James Mixon Title: President Agency: Red River Delta LEPC, Inc. Address: 615 Main St. City: Pineville Zip: 71360-6935 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 St. City: Pineville Zip: 71360-6935 Phone: (318) 487-5432 FAX: (318) 487-5434 Email: rrdnw@aol.com	8. FINANCIAL OFFICER Name: Charles "Chuck" Wagner Title: Treasurer Agency: Red River Delta, LEPC, Inc. Address: 615 Main St. City: Pineville Zip: 71360-6935 Phone: (318) 487-5432 FAX: (318) 487-5434 Email: rrdnw@aol.com
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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 administrative duties associated in accomplishing the objectives and task necessitated by the Victims of Crime Act of 1984.

2011 DEC -5 PM 2:23
LA COMMISSION
LAW ENFORCEMENT

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Revised JULY 2010

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):	
<input type="checkbox"/>	Sexual Assault
<input type="checkbox"/>	Domestic Abuse
<input type="checkbox"/>	Child Abuse
<input type="checkbox"/>	Previously Underserved
State Type of Previously Underserved:	

PROJECT BUDGET SUMMARY

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

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

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

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

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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
Grant Manager	Sybil Richards	FT	\$3,666.66	31.818	12	\$14,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		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:						\$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	C
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							14000	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	0
IN-KIND MATCH	0
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 Victims Assistance program within the structure of Red River Delta. Ms. Richards will work with crime victim agencies and the LCLE staff in developing and implementing policies and programs for addressing victim services and issues of the Victims 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 \$1,000-\$2,500/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 1, 2011 - September 30, 2012) @ \$1,166.66/mo = \$14,000

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 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 these 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 accomplished by the program have been developed in the grant.

Hearings and meetings 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 settling up these various meetings, assist in relaying information received from Baton Rouge and other sources in regards to this funding. The district office 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 outlined 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, 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.

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 area where assistance is required for the preparation, implementation of programs addressing victims of crime.

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

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 responsible 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 problem 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.

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

Yes No Is this a faith-based organization?

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

F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

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

NAME: _____ PHONE: () - _____ EMAIL: _____

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

NAME: _____ PHONE: () - _____ EMAIL: _____

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

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

G. CRIME VICTIMS REPARATIONS (CVR)

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

NAME: _____ PHONE: () - _____ EMAIL: _____

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

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

H. PRIOR RESULTS (For Continuation Projects Only)

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

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

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

M. VOLUNTEERS

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

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

N/a

Kathy Guidry

From: Kathy Guidry
Sent: Wednesday, December 28, 2011 12:24 PM
To: 'Ken Walker'; 'Sybilann'; 'Jeremy Edwards'
Subject: C11-3-ADM, Red River Delta LEPC, Inc., Administrative Funds

Mr. Ken Walker
Red River Delta LEPC, Inc.
6145 Main Street
Pineville, LA 71360-6935

RE: C11-3-ADM; "Administrative Funds"

Dear Mr. Walker:

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. 2, Section 100 Personnel – The job description needs to include the salary range.
2. Pg. 17, D. Activities / Methods – Please expand on the activities conducted on administering the CVA funds within the two districts.
3. Pg. 20, H Prior Results – Need to complete this section.
4. Pg. 21, I Evaluation and Dissemination of Reporting – Please complete.
5. Pg. 22, K Resources – Complete this section.

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. 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 Friday, January 6, 2012. Please contact me 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: