

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

**APPLICATION AND REVIEW
SUMMARY**

APPLICATION NUMBER: C09-6-ADM

APPLICANT: Southwest District LEPC, Inc.

PROJECT TITLE: Administrative Funds

PROJECT FUNDS :

FUND:	\$	<u>7,000</u>	68.00%
MATCH:	\$	<u>3,334</u>	32.00%
TOTAL:	\$	<u>10,334</u>	100.00%

PROJECT DURATION: 12 months

START DATE: 03/01/2011

END DATE: 02/28/2012

Continuation of C95-6-ADM

PROJECT SUMMARY:

This request is on behalf of the Southwest District LEPC for Crime Victim Planning Assistance to support the administration duties associated in accomplishing the objectives and tasks necessiated by the Victim of Crime Act of 1984.

RECOMMENDATION: FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCTE 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: C09-6-ADM CVA Purpose Area: 1,2,3

1. TITLE OF PROJECT Administrative Funds	2. <input type="checkbox"/> NEW PROJECT <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C08-6-ADM
3. PROJECT DURATION Total Length: <u>12</u> Months (Not to exceed 12 Months) Desired Start Date: <u>3/1/2011</u> Desired End Date: <u>2/28/2012</u>	4. PROJECT FUNDS Federal Funds: \$7,000 Cash Match: \$3,334 In-Kind Match: Total Project: \$10,334
5A. APPLICANT AGENCY INFORMATION Agency Name: Southwest District LEPC Physical Address: 1323 Oak Park Blvd, City: Lake Charles Zip 70601-8845 Mailing Address: P.O. Box 1543 City: Lake Charles Zip: 70602-1543 Phone: (337) 439-6750 FAX (337) 439-6564 Email: swdlepc@aol.com	5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY Authorized Official: Gary G. Guillory Title: President Agency Name: Southwest District LEPC Address: P.O. Box 1543 City: Lake Charles Zip 70602-1543 Phone: (337) 439-6750 FAX (337) 439-6564 Email: swdlepc@aol.com

Fed Employer Tax Id: 72 - 0742965 DLNS: 007535607 CCR CAGE/NCAGE: 5ZKH6 CCR Expiration Date: 5/3/2011

6. IMPLEMENTING AGENCY Name: Gary G. Guillory Title: President Agency: Southwest District LEPC Address: P.O. Box 1543 City: Lake Charles Zip: 70602-1543 Phone: (337) 439-6750 FAX (337) 439-6564 Email: swdlepc@aol.com	7. PROJECT DIRECTOR Name: Bonnie Vaughan Title: Director Agency: Southwest District LEPC Address: P.O. Box 1543 City: Lake Charles Zip: 70602-1543 Phone: (337) 439-6750 FAX (337) 439-6564 Email: swdlepc@aol.com	8. FINANCIAL OFFICER Name: Ricky L. Moses Title: Vice President/Treasurer Agency: Southwest District LEPC Address: P.O. Box 1543 City: Lake Charles Zip: 70602-1543 Phone: (337) 439-6750 FAX (337) 439-6564 Email: swdlepc@aol.com
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9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)
This request is on behalf of the Southwest District LEPC for Crime Victim Planning Assistance to support the administration duties associated in accomplishing the objectives and tasks necessitated by the Victim of Crime Act of 1984.

CVA - 1

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 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: Bonnie Vaughan Title: Director
Phone: (337) 439-6750 Fax: (337) 439-6564 E-Mail: swdlepc@aol.com

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$7,000	\$2,600	\$0	\$9,600
SECTION 200. FRINGE BENEFITS	\$0	\$734	N/A	\$734
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$0	\$0	\$0	\$0
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$0	\$0	\$0	\$0
TOTAL:	\$7,000	\$3,334	\$0	\$10,334

Provide Source of Cash Match: General operating budget of Southwest District LEPC.

Provide Source of In-Kind Match:

CVA - 2

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 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:
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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.

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 Phone: (337) 439-6750 Fax: (337) 439-6564 E-Mail: swdiepc@aol.com

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SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$0	\$0	\$0	\$0
TOTAL:	\$7,000	\$3,334	\$0	\$10,334

Provide Source of Cash Match: General operating budget of Southwest District LEPC.

Provide Source of In-Kind Match:

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:

Position needed to work with the Crime Victims Assistance agencies and LCLE staff in developing and implementing policies and procedures for addressing victim services and issues of the Victim of Crime Act.

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

Salary for position is based on comparative positions throughout this region.

C) Project duties of each position requested

Duties include conducting all matters on behalf of its members and LCLE relating to Crime Victims Assistance funding; receive and relay all vital information from LCLE to subgrantees and interested parties on CVA funding; assist local agencies with allocation requests, planning methods of grant operations, grant preparation, grant applications, reports, and form preparation relating to CVA funding; attend local meetings; recording vital information needed and reporting this information to this agency's director and full board members and LCLE staff; comply with all local and state rules/regulations governing this directive and methods of federal, state, and local level funding regarding CVA funding and grants.

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

Existing personnel, backfilled in prior grant period (11/1/10)

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					SOCIAL SECURITY				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
1 Coprie Marlett	.062		\$9,600	\$595	5	.062		\$0	
2	.062			\$0	6	.062		\$0	
3	.062			\$0	7	.062		\$0	
4	.062			\$0	8	.062		\$0	
MEDICARE					MEDICARE				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
1 Connie Marlett	0145		\$9,600	\$139	5	0145		\$0	
2	0145			\$0	6	0145		\$0	
3	0145			\$0	7	0145		\$0	
4	0145			\$0	8	0145		\$0	
HEALTH LIFE INSURANCE					HEALTH LIFE INSURANCE				
RATE	MONTHS	THREEDIGIT TO PROJECT		TOTAL	RATE	MONTHS	THREEDIGIT TO PROJECT	TOTAL	
1				\$0	5			\$0	
2				\$0	6			\$0	
3				\$0	7			\$0	
4				\$0	8			\$0	
WORKMAN'S COMPENSATION					WORKMAN'S COMPENSATION				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
1				\$0	5			\$0	
2				\$0	6			\$0	
3				\$0	7			\$0	
4				\$0	8			\$0	
UNEMPLOYMENT TAX					UNEMPLOYMENT TAX				
RATE	TYPE		SALARY	TOTAL	RATE	TYPE	SALARY	TOTAL	
1	CHECK			\$0	5	CHECK		\$0	
2	TYPE			\$0	6	TYPE		\$0	
3	<input type="checkbox"/> FLTA			\$0	7	<input type="checkbox"/> FLTA		\$0	
4	<input type="checkbox"/> SLTA			\$0	8	<input type="checkbox"/> SLTA		\$0	
PUBLIC/PRIVATE RETIREMENT					PUBLIC/PRIVATE RETIREMENT				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
1				\$0	5			\$0	
2				\$0	6			\$0	
3				\$0	7			\$0	
4				\$0	8			\$0	
OTHER					OTHER				
RATE			SALARY	TOTAL	RATE		SALARY	TOTAL	
1				\$0	5			\$0	
2				\$0	6			\$0	
3				\$0	7			\$0	
4				\$0	8			\$0	
FRINGE BENEFITS TOTAL (A):				\$734	FRINGE BENEFITS TOTAL (B):				\$0

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

Fringe Benefits Total (A-B): \$734

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	
CASH MATCH	\$734
TOTAL FRINGE BENEFITS	\$734

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 Victims 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. This agency is charged with the responsibility of gathering data at the local level to determine the needs of the victims of crime in this region. Southwest consists of five parishes which are Allen, Beauregard, Cameron, Calcasieu, and Jefferson Davis. This agency administers funds within this district. Meetings must be held to identify local problems of crime victims, strategies must be developed to combat these problems, available resources must be determined, and programs developed to carry out these plans. Grants will be prepared to combat these identified victim problems in the respective jurisdictions with the programs refined and worked through final approval. Upon approval, grants will be monitored and served. Final reports must be prepared to indicate that successes accomplished by the programs have been developed in the grant.

Meetings must be conducted to develop the local plan, to prioritize the request, and to finally approve the grant requests. This agency's staff must assist its local board in setting up various meetings, assist in relaying information received from LCLE staff and other sources in regards to this funding. Additionally, this agency is responsible for maintaining 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 victims grants, the director 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.

This area does not have any other planning council or organization available to research grant funding for these needs. This gap is easily identified because of the non-existence of any other organization within this region that offers our service to public agencies and non profit organizations on availability of grant funding. This council serves 5 parish areas with assistance to grant program funds to include victims of crime. Our services has created a means of local and area public agencies and non-profit agencies the ability to access grant funds and initiate programs which are needed to address their respective problems.

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.

To provide this agency with a grants manager to administer Crime Victims Assistance funding as allocated by LCLE. To provide administrative assistance to approximately ten subgrantees with establishment and implementation of Crime Victims Assistance Programs in Southwest District.

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:

1. To disburse CVA funds to area subgrantees within the five parish area through the use of allocations.
2. To assist in grant applications on all district allocations for successful awarding grant applications by LCLE.
3. To administer and insure all quarterly reports and expenditure reports are accurately completed and forwarded to LCLE.
4. To monitor each program and report on its progress.

All goals and objectives will be achieved within the required time period.

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.

1. Receive notification of CVA funds available to District 6 from LCLE; contact area agencies of funds available, accept request for program funds from various agencies, compile selected agencies (approved by local council board members via means of presentation at local meeting) to receive program funds through the use of allocation proposal, submit allocation proposal to LCLE for review, attend CVA meeting and LCLE meeting for approval of submitted allocation.
2. Contact agencies being allocated funding on approval of allocated funding. Provide guidance and assistance in completing program grant application. Submit completed grant application to LCLE for review. Respond to LCLE with any and all questions/revisions needed concerning submitted grant application. Follow up with contact to applicant agencies on notification of CVA Board Meeting and LCLE full Board Meeting for review and/or approval of submitted grant application. Follow up with awarding of approved application and instructions for future reporting (i.e. progress reports, expenditure reports, equipment assurance sheets, etc.)
3. After program award as been accepted by applicant agency, follow up with assistance in completing expenditure, progress reports, grant adjustments, equipment assurance sheets, etc. Receive completed reports and related grant documents, review them for accuracy and submit documents to LCLE for review and/or approval. Once approved by LCLE, receive turn-around related reports and forward them on to subgrantee for future reporting. This is continued throughout the life of the program until the program has reached its end.
4. During the life of each subgrantees program, monitor its activities, contacting subgrantee (if needed) concerning program funding, program activities, etc. and follow up with completion of LCLE monitoring report prior to end date of each program. Specific time tables cannot be defined, however, monthly and quarterly periods are used to completed expenditure and progress report activities. Monitoring reports will be completed within the respective live of each program funded.

All services provided by this office will be completed from the grant beginning date of 3/1/2011 and will continue throughout the life of grant ending on 2/28/2012. Monthly and quarterly expenditure reports and progress reports will be submitted as mandated by LCLE grant guidelines and within the required time periods. Monitoring reports will be conducted, completed and submitted to LCLE prior to end date of each respective grant. Allocations and applications will be completed and submitted to LCLE per schedules and cut off dates as set by LCLE staff.

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 Council |

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: Greg Ney PHONE: (337) 437-3400 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: Barbara Bartlet PHONE: (337) 491-3718 EMAIL:

Yes No 2. Does the agency know who the Crime Victims Reparations (CVR) Claim 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.)

1. Meetings were held within Southwest District to identify local agencies' specific needs and members selected applicants to be listed on allocation for program funds. Three (3) district meetings held within the grant time period (one meeting was held via telephone and fax transmissions due to a conflict of meeting scheduling with LCLE and CVA meetings. Four (4) LCLE meetings were attended. Notice of funds available FY 2010 CVA funds was received from LCLE on 6/11/10; news ad and notification of funds available was conducted on 6/15/10; approval of prepared allocation was completed on 6/23/10 and allocation was submitted to LCLE on 6/23/10.

2. Ten (10) local agencies received funding through the approved allocation, thus application completion began. One application was completed, reviewed and submitted to LCLE for review for the 9/16/2010 commission meeting. Also we are currently assisting six (6) applicants with completion and submission of grant application for the upcoming 11/18/2010 CVA and commission for review and approval of those applications. Three (3) applications will begin work in early 2011 and late 2011 for presentation at future meetings.

3. Previously awarded grant programs (8) were/and are being aided with completion of quarterly and monthly reporting on expenditure, progress reports and adjustments as needed for various active programs. The district is currently assisting eight active programs on various grant related reports.

4 and 5. Provided local subgrantee (10) and applicants (7) and board members (23) of notification of funds available, revised application forms, instructions on revised policies on 12 month programs, revised policy on equipment assurance forms, advised them on new commission schedule and cut off dates of commission meetings for application review and/or approval.

1. Did the project work as expected? Explain.

Yes the program has worked as expected. Services provided by district staff are conducted to inform, guide, and aid subgrantees with various schedules, tasks and document completion related to securing program funds which directly affect the applicants needs. Local subgrantees are pleased with district assistance rendered to them. This assistance is provided by means of this application, enabling our office to hire staff to provide these services.

1. 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?

Combined objectives to be more measurable. Revised objectives to list the most critical objectives conducted to meet stated goal.

I. EVALUATION AND DISSEMINATION OF REPORTING

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

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

Data is collected from local subgrantee through means of drop off and mail in documents. Source of documents are awarded subgrantees.

2 When will the data be collected?

Data is collected monthly, quarterly and annually.

3 Who will collect and analyze the data?

Data is collected by district CVA Manager, Connie Marlat and analyzed by District Director, Bonnie Vaughan and SW District members.

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

Name Bonnie Vaughan Phone (337) 439-6750 Email swdlepc@aol.com

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

Director, Bonnie Vaughan, will update project strategy (if needed) via means revising duties and task performed by staff member.

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.

L.C.L.E staff receives quarterly progress reports on a quarterly reporting period, also L.C.L.E staff receives monthly expenditure and quarterly expenditure reports as outlined and mandated by L.C.L.E requirements and within the awarded time period. All documents are received by Southwest District LEPC staff prior to submission of reports to L.C.L.E. All documents are received, reviewed and submitted monthly, quarterly and annually by district CVA Manager, Connie Marlat and reviewed and processed by District Director, Bonnie Vaughan. Allocation request and applications are reviewed and approved by members of Southwest District LEPC.

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.

Should funds diminish and/or deplete for support of this program, local support will be sought to continue these services and/or incorporate a means to fund through budget increases, if possible.

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.

Southwest District offers office space, computer, printer, storage unit for files, telephone, copier, paper and office supplies needed to complete task and duties as outlined for the CVA staff manager. District office is located at 1323 Oak Park Blvd., Lake Charles, LA and offers CVA office space of approximately 8 X 10. District provides electrical needs, restroom facilities and desk/office furniture needed to complete task and duties.

L. AUDIT REQUIREMENTS

All applications must check one:

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

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

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

M. VOLUNTEERS

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

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

N. REQUIRED COMPONENTS

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

CVA staff manager provides assistance and guidance of contact persons for each applicant agency on LA Crime Victims Reparation Programs housed within each parish. This is further insured by identification of such person within each submitted grant application.

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.

District coordinates and contacts all members of law enforcement, courts, public and private non/profit agencies which provide services to crime victims within the 5 parish area to insure agencies cooperate with each other and other related victim service providers.

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.

Staff members do not directly contact victims, however, each program describes and defines a means of encouraging victims to report to law enforcement within their respective programs.

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 applicant will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate.