

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C11-6-ADM

APPLICANT: Southwest District LEPC, Inc.

PROJECT TITLE: Administrative Funds

PROJECT FUNDS :

FUND: \$ 7,000 100.00%

PROJECT DURATION: 12 months

MATCH: \$ 0 0.00%

START DATE: 03/01/2013

TOTAL: \$ 7,000 100.00%

END DATE: 02/28/2014

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 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: **C11-6-ADM**

CVA Purpose Area: **1, 2, 3**

1. TITLE OF PROJECT

Administrative Funds

2.  NEW PROJECT

CONTINUATION PROJECT OF: **C10-6-ADM**

3. PROJECT DURATION

Total Length: **12** Months (*Not to exceed 12 Months*)

Desired Start Date: 3/1/2013

Desired End Date: 2/28/2014

4. PROJECT FUNDS

Federal Funds: \$7,000

Cash Match: \$76

In-Kind Match:

Total Project: \$7,076

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

DUNS: 007535607 -

CCR CAGE/NCAGE: 5ZKH6

CCR Expiration Date: 2/15/2013

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

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 necessiated by the Victim of Crime Act of 1984.

LA COMMISSION  
LAW ENFORCEMENT  
2012 NOV 26 PM 3:10



**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
CVA Manager	Bonnie Vaughan	FT	\$4,128.00	10.66%	12.00	\$5,280.53	<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:						\$5,280.53	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"/>
							\$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	\$5,280
CASH MATCH	
IN-KIND MATCH	
<b>PERSONNEL TOTAL</b>	<b>\$5,280</b>

**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.]

Position is being filled by existing personnel assigned to this program in previous grant period. Previous employee resigned effective date 12/31/12 in prior grant program. These duties are not tasked to office personnel who has been performing these duties prior to assignment to this program. These duties and tasks are in additional to her normal job tasks and office duties. Vacated position has not been backfilled. Position has been/is being advertised for a new hire, however, agency has been unable to fill position to date.

**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. Bonnie Vaughan	.0145		\$5,280	\$76	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. Bonnie Vaughan	147.00	12.00	10.66%	\$188	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.		<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. Bonnie Vaughan	0.250		\$5,280	\$1,320	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):				\$1,584	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): \$1,584**

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$1,508
CASH MATCH	\$76
<b>TOTAL FRINGE BENEFITS</b>	<b>\$1,584</b>



**SECTION 500. SUPPLIES (Continued)**

**SECTION B:** Use this section only for Publications, workbooks, curriculum guides, videotapes, etc. Under type choose: **P** – Publications; **W** – Workbooks; **CG** – Curriculum Guides; **V** – Videotapes; **O** – Other. Itemize each item separately. Include tax and shipping costs in Unit Price, when applicable.

TYPE	TITLE OF PUBLICATIONS/FILMS	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF SECTION B SUPPLIES:				\$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

**BRIEFLY EXPLAIN:**

A) The use of each request and its relationship to the project. Also explain the choice of materials, e.g. based on previous experiences or research showing its effectiveness, etc.:

SECTION 500. SUPPLIES SUMMARY	
FEDERAL FUNDS	\$212
CASH MATCH	
IN-KIND MATCH	
<b>SUPPLIES TOTAL</b>	<b>\$212</b>

## 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.

Louisiana Crime Statistics Parish by Parish reported Calcasieu 1999-2008 had 588 rapes, Allen 2001-2007 had 3 rapes (missing data for 1999, 2000, 2002, 2006, 2008), Beauregard 1999-2008 had 37 rapes (missing data for 2004), Cameron 2004-2008 had 6 rapes (missing data for 1999, 2000, 2001, 2002, 2003), Jefferson Davis 1999-2008 had 76 rapes. (Records Pedia, LA Crime Statistics). In 2010 Oasis received 129 rape calls from seven area law enforcement agencies. (C11-6-006)

Child abuse cases reported in Calcasieu Parish for 2010 were 2210, in which 782 were validated. In 2009, 467 sexually abuse children cases were reported. (C11-6-001) In 2010 Family & Youth Counseling Agency reported 467 sexually abused children received service, in 2009 447 received services. (C11-6-010) In 2000, 838 child victims were served with 501 for neglect, 193 for physical abuse, 55 for sexually abused, 87 for emotionally abused. (C11-6-001) In 2003, 1248 child victims received various services. (C11-6-001)

In 2012 (1/1/2012 through 9/30/2012) Domestic Violence calls for service: 1428 received by Oasis, A Safe Haven for Survivors. Reference LCLE grant C11-6-007. For the same time period, 14<sup>th</sup> Judicial District Court provided services to 219 victims of Domestic Violence. Reference LCLE grants C11-6-002 and C10-6-002.

In 2012 (1/1/2012 through 9/30/2012) Rape Crisis calls for service: 271 received by Oasis, a Safe Haven for Survivors. Reference LCLE grant C11-6-006.

In 2012 (1/1/2012 through 9/30/2012) Child Abuse Counseling services provided to 60 children through Calcasieu Parish Police Jury, Office of Juvenile Justice; 28 for physical abuse; 45 for sexual abuse. Reference LCLE grant C10-6-004 and C09-6-004.

In 2012 (1/1/2012 through 9/30/2012) Child Advocacy services provided to 147 children through Calcasieu Parish Police Jury, Office of Juvenile Justice; 51 for physical abuse; 69 for sexual abuse; 36 for domestic violence. Reference LCLE grant C10-6-005 and C09-6-005.

In 2012 (1/1/2012 through 9/30/2012) Family & Youth Counseling Agency received 357 youth for Child Advocacy services; 90 for child physical abuse; 267 for child sexual abuse; 69 for domestic violence victim services. Reference LCLE grant C11-6-010. Further, Family & Youth's CASA program served 55 children for child physical abuse; 8 for child sexual abuse and 273 for exploitation from 1/1/2012 through 9/30/2012. Reference LCLE grant C11-6-008. Family & Youth's Child Abuse Counseling program served 4 youth for child physical abuse and 64 youth for child sexual abuse for the same time period. Reference LCLE grant C11-6-009.

This agency needs the ability to provide funding sources to local service providers in the 5 parish area. This program supports a means to provide these opportunities to these services providers.

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 there needs. This gap is 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 top providing the services outlined above. This council serves 5 parish area 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, 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.

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 receive requests for programs in the 5 parish area from 9 service provider agencies and then to disburse CVA funds to all 9 agencies request through use of district allocations.
2. To assist 9 applicant agencies with grant application and follow through to have 9 applications awarded for program activities. Continuing assistance with needed expenditures, progress reports and adjustments as needed.
3. To schedule 9 monitoring appointments with active subgrantees and complete 9 monitoring reports reflecting management of program activities, budgeting matters and program reporting requirements.

#### 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-a-rounded 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 life (at 6 month interval) of each program funded.

All services provided by this office will be completed from the grant beginning date of 3/1/2013 and will continue throughout the life of grant ending on 2/28/2014. 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.



## H. QOR 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 were held. Three (3) LCLE meetings were attended. Notice of funds available FY 2012 CVA funds was received from LCLE on 5/30/12; news ad and notification of funds available was conducted on 5/24/2012; approval of prepared allocation was completed on 6/23/2012 and allocation was submitted to LCLE on 6/23/2012.
2. Nine (9) 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 5/24/2012 commission meeting. Two (2) applications were completed and submitted for review and/or approval at the 9/13/2012 LCLE meeting. Six (6) applications were completed and submitted for review and/or approval at the 11/5/2012 LCLE meeting. Two (2) applications are pending completion, awaiting time scheduling for 2013 LCLE meetings.
3. Previously awarded grant programs (7) 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 sev9 active programs on various grant related reports.
- 4 and 5. Provided local subgrantee (10) and applicants (9) 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.
6. Completed 6 monitoring reports for eight programs prior to their respective end dates and submitted completed report to LCLE for review.

2. 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.

3. Have the original goals and objectives been revised?  Yes  No

If Yes, explain what changes will be made in the continuation of this project and why?

## I. EVALUATION AND DISSEMINATION OF REPORTING

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

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

Data is collected from local subgrantee through means of drop off and mail in documents and computer emails. 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 and analyzed by Southwest District board 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 and CVA Manager, 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.

LACLE staff receives quarterly progress reports on a quarterly reporting period, also LACLE staff receives monthly expenditure and quarterly expenditure reports as outlined and mandated by LACLE requirements and within the awarded time period. All documents are received by Southwest District LEPC staff prior to submission of reports to LACLE. All documents are received, reviewed and submitted monthly, quarterly and annually by district CVA Manager, 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, some paper and some office supplies needed to complete task and duties as outlined for the CVA 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 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 ensured 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 ensure 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 member 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.