LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C09-4-ADM

APPLICANT: Evangeline District L.E.P.C.

PROJECT TITLE: Administrative Funds

PROJECT FUNDS :

FUND:	$ 7,000	100.00%	
MATCH:	$ 0	0.00%	
TOTAL:	$ 7,000	100.00%	

PROJECT DURATION: 11 months

START DATE: 10/01/2010

END DATE: 08/31/2011

Continuation of C95-4-ADM

PROJECT SUMMARY:

To provide support at the local level to help ensure that all Crime Victims Assistance Programs are applied for correctly, applications are turned in timely and that all correspondence is correct when turned into LCLE. Also, to ensure that all programs come to a successful conclusion.

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

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.
2. ALL PAID PERSONNEL MUST WORK HOURS WHICH DO NOT CONFLICT OR OVERLAP WITH OTHER PAID HOURS OR OTHER JOBS. IF PAYMENT FOR ANY PERSONNEL IS ON AN OVERTIME, HOURLY BASIS, THE RATE OF PAY MAY NOT EXCEED 1 AND 1/2 TIMES THE EMPLOYEE'S REGULAR HOURLY RATE OF PAY.
3. NO RELEASE OF FUNDS BY LCLE UNTIL PRIOR PROJECT C08-4-ADM IS FINALIZED.
4. 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.
5. ALL ADMINISTRATIVE FUNDS MUST BE USED EXCLUSIVELY FOR THE ADMINISTRATION OF THE FEDERAL PROGRAM IN WHICH IT IS AWARDED.

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: C09-4-ADM CVA Purpose Area:

1. TITLE OF PROJECT
ADMINISTRATIVE

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: C08-4-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~~ 8/31/11

4. PROJECT FUNDS

Federal Funds:	$7,000
Cash Match	$0
In-Kind Match:	$0
Total Project:	$7,000

5A. APPLICANT AGENCY INFORMATION
Agency Name: EVANGELINE LAW ENFORCEMENT
Physical Address: 900 E. UNIVERSITY AVE.,
City: LAFAYETTE Zip: 70502-3986
Mailing Address: P. O. BOX 3986
City: LAFAYETTE Zip: 70502-
Phone: (337) 291-7153 FAX: (337) 291-7155
Email: ABergeron@lafayettegov.net

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: K. P. GIBSON
Title: PRESIDENT
Agency Name: EVANGELINE LAW ENFORCEMENT COUNCIL,
Address: P.O. BOX 3986
City: LAFAYETTE Zip: 70502-
Phone: (337) 291-7153 FAX: (337) 291-7155
Email: ABergeron@lafayettegov.net

Fed Employer Tax Id: 72 - 0743141 DUNS: 959974403 - CCR CAGE/NCAGE: 61BD2 CCR Expiration Date: 6/16/2011

6. IMPLEMENTING AGENCY
Name: AMANDA BOURQUE
Title: DIRECTOR
Agency: ELEC, INC.
Address: P.O. BOX 3986
City: LAFAYETTE Zip: 70502-3986
Phone: (337) 291-7153 FAX: (337) 291-7155
Email: ABergeron@lafayettegov.net

7. PROJECT DIRECTOR
Name: AMANDA BOURQUE
Title: DIRECTOR
Agency: ELEC,INC.
Address: P.O. BOX 3986
City: LAFAYETTE Zip: 70502-3986
Phone: (337) 291-7153 FAX: (337) 291-7155
Email: ABergeron@lafayettegov.net

8. FINANCIAL OFFICER
Name: GLEN DARTEZ
Title: TREASURER
Agency: ELEC,INC.
Address: P.O. BOX 3986
City: LAFAYETTE Zip: 70502-3986
Phone: (337) 291-7153 FAX: (337) 291-7155
Email: ABergeron@lafayettegov.net

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

THIS PROGRAM WILL PROVIDE SUPPORT AT THE LOCAL LEVEL, TO HELP ENSURE THAT ALL CRIME VICTIMS ASSISTANCE PROGRAMS ARE APPLIED FOR CORRECTLY, APPLICATIONS ARE TURNED IN TIMELY AND THAT ALL CORRESPONDENCE IS CORRECT WHEN TURNED INTO LCLE. WE ALSO WANT TO ENSURE THAT ALL PROGRAMS COME TO A SUCCESSFUL CONCLUSION.

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: RURAL, MINORITIES. ECT.

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: AMANDA BOURQUE Title: DIRECTOR
Phone: (337) 291-7153 Fax: (337) 291-7155 E-Mail: ABergeron@lafayettegov.net

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$7,000	$0	$0	$7,000
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:	$7,000	$0	$0	$7,000

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
DIRECTOR	AMANDA BOURQUE	FT	$4,333.32	13.46%	12.00	$6,999.17	☒	☐
		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:						$6,999.17	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	$7,000
CASH MATCH	$0
IN-KIND MATCH	$0
PERSONNEL TOTAL	$7,000

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:

ELEC, INC. ASSISTS LCLE IN THE GRANT PROCESS. THIS AGENCY MEETS WITH POSSIBLE AGENCIES FROM THIS DISTRICT WHO WILL RECEIVE FUNDS, ASSISTS WITH GRANT APPLICATION PROCESS, ASSURING THEY ARE SUBMITTED AS CORRECTLY AS POSSIBLE AND INCLUDE ALL REQUIRED INFORMATION. SERVE AS A LIASON BETWEEN LCLE AND THE APPLICANT AGENCY.

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

SALARIES ARE BASED ON COMPARABLE POSITIONS IN THE AREA.

C) Project duties of each position requested:

RECEIVE ALLOCATIONS.
CALL A MEETING AND ADVERTIZE IN THE PAPER.
MEET WITH APPLICANTS AND GIVE NEW ALLOCATIONS AND ANY NEW INFORMATION.
REVIEW APPLICATIONS AND FOLLOW THROUGH ONCE LCLE RECEIVES.
ATTEND ALL SCHEDULED MEETINGS IN REFERENCE TO CVA.
FOLLOW THROUGH TO THE END OF EACH PROJECT.
MONITOR TO ENSURE ALL PROCEDURES ARE COMPLETED CORRECTLY.

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

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.

THERE IS A NEED FOR ADMINISTRATION PERSONNEL AT THE LOCAL LEVEL TO ASSURE THAT ALL PROGRAMS THAT APPLY FOR CVA FUNDS ARE IN COMPLIANCE WITH THE FEDERAL AND STATE GUIDELINES. ELEC OVERSEES 8 PARISHES.... ACADIA, EVANGELINE, IBERIA, LAFAYETTE, ST. LANDRY, ST. MARTIN, ST. MARY AND VERMILION. IN THESE PARISHES WE HAVE A TOTAL OF 12 PROGRAMS FOR FISCAL YEAR 2009 AND WE ARE PLANNING TO HAVE 12 IN FISCAL YEAR 2010. THERE IS A NEED A PERSON TO DISTRIBUTE INFORMATION, PLAN RESOURCES WITHOUT DUPLICATION, ASSIST IN APPLYING FOR THE AVAILABLE FUNDS, AND TO MAKE SURE ALL PROGRAMS ARE COMPLETED.

TO SUPPORT ALL OF THE ACTIVITIES REQUIRED TO ASSIST THESE AGENCIES, ELEC NEEDS TO KEEP ITS PERSONNEL DESIGNATED FOR THIS PURPOSE. THESE FUNDS SECURE THIS EXISTING PERSONNEL.

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

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 THE FINANCIAL ASSISTANCE NECESSARY TO ENSURE THE EFFECTIVE PLANNING FOR CVA PROGRAMS IN THE EVANGELINE 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.**

1. TO PROVIDE AND SHARE INFORMATION WITH ALL AGENCIES WHO ARE INTERESTED IN OUR PROGRAM.
2. TO MAKE RECOMMENDATIONS TO THE ELEC BOARD, THE CVA ADVISORY BOARD AND LCLE.
3. TO REVIEW ALL 12 APPLICATIONS
4. TO FOLLOW THROUGH ON ALL APPROVED PROGRAMS, TO ENSURE THEY ARE IN COMPLIANCE AND SEE THEM BROUGHT TO A SATISFACTORY CONCLUSION.

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. ALL INFORMATION REGUARDING GRANTS WILL BE PASSED ALONG TO PROGRAM DIRECTORS WITHIN EVANGELINE DISTRICT OR ANYONE ELSE WHO WILL BENEFITS FROM THIS INFORMATION.

2. ALL GRANTS WILL BE THOROUGHLY REVIEWED, CORRECTED AS NEEDED, AND COMPARED TO THE CVA GUIDELINES BEFORE BEING SENT TO LCLE.

3. EXPENDITURE REPORTS WILL BE MONITORED FOR ACCURACY AND TIMELINES, WHILE COMPARING QUARTERLY REPORTS TO GRANT APPLICATIONS, TO GUARANTEE THAT THEY APPROVED INTENT OF THE GRANT WAS MET.

THIS PROGRAM WILL RUN FROM 10-1-2010 TO 9-30-2011.

D-2. TRAINING PROJECTS

Complete this page in lieu of Section D – Activities/Methods. This page is to be completed only if this application is for the training of individuals involved in the criminal justice system. DO NOT use this for in-house training.

1. Training Curriculum (topics to be included):

2. Type of personnel to be trained:

3. Number of personnel to be trained:

4. Geographical locations of trainees (who will be invited):

5. Dates and hours of training:

6. Location of training:

7. Explanation supporting the effectiveness of the training program including how the program will meet the identified need.

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): ADMINISTRATIVE

☐ 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?

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.

ELEC

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.

ELEC IS LOCATED AT LAFAYETTE POLICE DEPARTMENT, 900 E. UNIVERSITY AVE, LAFAYETTE LA 70502. WE ARE IN ROOM 253A ON THE 2ND FLOOR. THIS OFFICE IS APPROXIMATELY 20 X 20

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.

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.

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.

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.

THIS OFFICE WILL COMPLY WITH THE LOUISIANA CHILD PROTECTION ACT (LRS:15:587:1). THE LOUISIANA CHILD ACT REFERS TO SCREENING PROSPECTIVE EMPLOYEES, NOT REPORTING INSTANCES OF CHILD ABUSE.