

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C10-4-ADM

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

PROJECT TITLE: Administrative Funds

PROJECT FUNDS :

FUND: \$ 7,000 100.00%

PROJECT DURATION: 12 months

MATCH: \$ 0 0.00%

START DATE: 10/01/2010

TOTAL: \$ 7,000 100.00%

END DATE: 09/30/2011

Continuation of C95-4-ADM

PROJECT SUMMARY:

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 in to LCLE. We also want to ensure that all programs come to a successful conclusion.

RECOMMENDATION: FUND X DENY    

SPECIAL CONDITIONS :

1. AS A CONDITION OF RECEIVING FEDERAL PROGRAM ADMINISTRATIVE FUNDS, SUBGRANTEE CERTIFIES THAT ALL PROGRAMMATIC SUBGRANTS AWARDED BY LCLE THROUGH EACH LAW ENFORCEMENT PLANNING DISTRICT SHALL BE MONITORED IN ACCORDANCE WITH LCLE GUIDELINES.
2. ALL ADMINISTRATIVE FUNDS MUST BE USED EXCLUSIVELY FOR THE ADMINISTRATION OF THE FEDERAL PROGRAM IN WHICH IT IS AWARDED.
3. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 08/16/11 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: C10-4-ADM

CVA Purpose Area:

<b>1. TITLE OF PROJECT</b> ADMINISTRATIVE		<b>2. <input type="checkbox"/> NEW PROJECT</b> <input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C08-4-ADM/co9-4-ADM	
<b>3. PROJECT DURATION</b> Total Length: 12 Months (Not to exceed 12 Months) Desired Start Date: 10/1/2010 Desired End Date: 9/30/2011		<b>4. PROJECT FUNDS</b> Federal Funds: \$7,000 Cash Match: \$0 In-Kind Match: \$0 Total Project: \$7,000	
<b>5A. APPLICANT AGENCY INFORMATION</b> Agency Name: EVANGELINE LAW ENFORCEMENT Physical Address: 900 E. UNIVERSITY AVE., City: LAFAYETTE Zip: 70502- Mailing Address: P. O. BOX 3986 City: LAFAYETTE Zip: 70502- Phone: (337) 291-7153 FAX: (337) 291-7155 Email: ABergeron@lafayettegov.net		<b>5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY</b> 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	

<b>6. IMPLEMENTING AGENCY</b> 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	<b>7. PROJECT DIRECTOR</b> 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	<b>8. FINANCIAL OFFICER</b> Name: CHAD LEGER 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
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**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.

2011 JUL 11 PM 1:36  
LA COMMISSION  
LAW ENFORCEMENT

**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 checked="" type="checkbox"/>	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.

<b>CHECKLIST:</b>	<b>YES:</b>	<b>NO:</b>
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: 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
<b>TOTAL:</b>	\$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	C
DIRECTOR	AMANDA BOURQUE	FT	\$4,333.32	13.46%	12.00	\$6,999.17	<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"/>
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	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:							\$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 ADVERTISE 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 back-filled. 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)				
<b>SOCIAL SECURITY</b>					<b>SOCIAL SECURITY</b>				
1.	RATE		SALARY	TOTAL	5.	RATE		SALARY	TOTAL
	.062			\$0		.062			\$0
2.	.062			\$0	6.	.062			\$0
3.	.062			\$0	7.	.062			\$0
4.	.062			\$0	8.	.062			\$0
<b>MEDICARE</b>					<b>MEDICARE</b>				
1.	RATE		SALARY	TOTAL	5.	RATE		SALARY	TOTAL
	.0145			\$0		.0145			\$0
2.	.0145			\$0	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
<b>HEALTH/LIFE INSURANCE</b> <small>Provide monthly insurance rates</small>					<b>HEALTH/LIFE INSURANCE</b> <small>Provide monthly insurance rates</small>				
1.	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	5.	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
				\$0					\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
<b>WORKMAN'S COMPENSATION</b>					<b>WORKMAN'S COMPENSATION</b>				
1.	RATE		SALARY	TOTAL	5.	RATE		SALARY	TOTAL
				\$0					\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
<b>UNEMPLOYMENT TAX</b> <small>Based on first \$7,000 or Less</small>					<b>UNEMPLOYMENT TAX</b> <small>Based on first \$7,000 or Less</small>				
1.	RATE	TYPE	SALARY	TOTAL	5.	RATE	TYPE	SALARY	TOTAL
		CHECK TYPE:		\$0			CHECK TYPE:		\$0
2.				\$0	6.				\$0
3.		<input type="checkbox"/> FLTA		\$0	7.		<input type="checkbox"/> FLTA		\$0
4.		<input type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> SUTA		\$0
<b>PUBLIC/PRIVATE RETIREMENT</b>					<b>PUBLIC/PRIVATE RETIREMENT</b>				
1.	RATE		SALARY	TOTAL	5.	RATE		SALARY	TOTAL
				\$0					\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
<b>OTHER</b>					<b>OTHER</b>				
1.	RATE		SALARY	TOTAL	5.	RATE		SALARY	TOTAL
				\$0					\$0
2.				\$0	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
FRINGE BENEFITS TOTAL (A):					FRINGE BENEFITS TOTAL (B):				
\$0					\$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, 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 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 REGARDING 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.

**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): 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](http://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?

**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 2<sup>ND</sup> 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?

**Rutha Chatwood**

From: Rutha Chatwood  
Sent: Tuesday, August 16, 2011 10:44 AM  
To: Amanda Bergeron  
Subject: C10-4-ADM; "Administrative Funds"

Importance: High

August 16, 2011

Ms. Amanda Bourque, Director  
Evangeline Law Enforcement Council, Inc.  
PO Box 3986  
Lafayette, LA 70502-3986

RE: C10-4-ADM; "Administrative Funds"

Dear Ms. Bolin:

This office has received the above referenced application. The application will be presented at the Victim Services Advisory Board and the Commission meetings scheduled for September 14, and 15, 2011, respectively. Since this application request is to continue this project and is under \$20,000, you will be required to attend only the Victim Services Advisory Board meeting to represent this application. Information regarding the location of the September 2011 meetings will be provided at a later date.

Based on my review of the application, the following issues must be addressed and resolved. Additional issues may arise between the review process and the Advisory Board and 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) Section 100. Personnel: Please provide a salary range on your job description.
- 2) Page 14: A. Problem Definition: Please provide a brief answer to Question #2.
- 3) Page 19: H. Prior Results: Please answer questions in this section regarding C09-4-ADM.

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 to the LCLE. 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, August 26, 2011. Please contact me if you have any questions.

Sincerely,

*Rutha Chatwood*  
Victim Services Program Manager  
LA Commission on Law Enforcement

Mailing Address:  
P. O. Box 3133  
Baton Rouge, LA 70821-3133

Physical Address:  
602 North Fifth Street  
Baton Rouge, LA 70802

Phone: 1-225-342-1625  
Fax: 1-225-342-1846  
Email: [rutha.chatwood@cle.la.gov](mailto:rutha.chatwood@cle.la.gov)  
Hours: Tuesday - Friday, 7:00 a.m. - 6:00 p.m.