

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: J12-4-ADM

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

PROJECT TITLE: Administrative Funds

PROJECT FUNDS :

FUND:	\$	<u>1,271</u>	50.00%	PROJECT DURATION:	<u>12</u> months
MATCH:	\$	<u>1,271</u>	50.00%	START DATE:	<u>09/01/2013</u>
TOTAL:	\$	<u>2,542</u>	100.00%	END DATE:	<u>08/31/2014</u>

Continuation of J87-8-RP4

PROJECT SUMMARY:

Funds to assist the local regional planning unit to administer, support, and accomplish the goals and objectives stated in the State's Three Year State Plan and its Updates and in accordance with the JJDP Act.

RECOMMENDATION : FUND X DENY    

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.
2. NO RELEASE OF FUNDS BY LCLE UNTIL PRIOR PROJECT J11-4-ADM IS FINALIZED.
3. AS A CONDITION OF RECEIVING TITLE II 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.
4. ALL TITLE II ADMINISTRATIVE FUNDS MUST BE USED EXCLUSIVELY FOR THE ADMINISTRATION OF THE FEDERAL PROGRAM IN WHICH IT IS AWARDED.



LOUISIANA COMMISSION ON  
LAW ENFORCEMENT  
AND  
ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION FOR  
SUBGRANT

JUVENILE JUSTICE  
AND  
DELINQUENCY  
PREVENTION

CFDA# 16.540

FOR LCLE USE ONLY:

Project ID: J12-4-ADM

Federal Purpose Area: 23

1. TITLE OF PROJECT

ADMINISTRATIVE FUNDS

2. CONTINUATION OF SUBGRANT

No  Yes If yes, list grant # J 11-4-ADM

3. PROJECT DURATION

Total Length 11 Months (Not to Exceed 12 Months)

Desired Starting Date 10/1/2013

Desired Completion Date 8/31/2013

4. PROJECT FUNDS Federal Funding Year

Federal Funds Requested \$1,271

Cash Match \$1,271

Total Project Funds \$2,542

5. APPLICANT AGENCY

Authorized Official: K. P. GIBSON

Title: PRESIDENT

Agency Name: EVANGELINE LAW ENFORCEMENT  
COUNCIL, INC.

Address 1: P. O. BOX 3986

Address 2:

City: LAFAYETTE Zip + 4 Code 70502 - 3986

Telephone #: (337) 291 - 7153 Fax #: (337) 291 - 7155

E-Mail: ABergeron@lafayettegov.net

Federal Employer Tax ID #: 72-0743141

6. IMPLEMENTING AGENCY

Authorized Official: K. P. GIBSON

Title: PRESIDENT

Agency Name: EVANGELINE LAW ENFORCEMENT  
COUNCIL, INC.

Address 1: P. O. BOX 3986

Address 2:

City: LAFAYETTE Zip + 4 Code 70502 - 3986

Telephone #: (337) 291 - 7153 Fax #: (337) 291 - 7155

E-Mail: ABergeron@lafayettegov.net

7. PROJECT DIRECTOR

Name: AMANDA BOURQUE

Agency Name: EVANGELINE LAW ENFORCEMENT  
COUNCIL, INC.

Address: P. O. BOX 3986

City LAFAYETTE Zip + 4 Code: 70502 - 3986

Telephone #: (337) 291 - 7153 Fax #: (337) 291 - 7155

Email: ABergeron@lafayettegov.net

8. FINANCIAL OFFICER

Name: CHAD LEGER

Agency Name: EVANGELINE LAW ENFORCEMENT COUNCIL,  
INC.

Address: P. O. BOX 3986

City: LAFAYETTE Zip + 4 Code: 70502 - 3986

Telephone #: (337) 291 - 7153 Fax #: (337) 291 - 7155

Email ABergeron@lafayettegov.net

9. CONGRESSIONAL DISTRICT SERVED:  1  2  3  4  5  6  7

10. ARE PRE-AWARD COSTS REQUESTED?  YES  NO

11. BRIEF PROJECT DESCRIPTION:

Funds to assist the local regional planning unit to administer, support, and accomplish the goals and objectives stated in the State's Three Year State Plan and its Updates and in accordance with the JJDP Act.

Approved  
08/13

## PROJECT BUDGET SUMMARY

Instructions: This page should be completed last. The Checklist is self-explanatory. Project Summary - Insert applicable budget category totals from the detailed Project Budget. Do not exceed space provided.

<b>Checklist:</b>		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"/>
Have Category Totals been rounded to nearest dollar?		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Each category amount listed below must equal Category Totals shown.

Name of person completing budget section **AMANDA BOURQUE**

Phone Number: ( 337 ) 291 - 7153

Fax Number: ( 337 ) 291 - 7155

E-Mail Address: [ABergeron@lafayettegov.net](mailto:ABergeron@lafayettegov.net)

Section Category	Federal Funds	Cash Match	Total Budget Item
Section 100. Personnel	\$1,271	\$1,271	\$2,542
Section 200. Fringe Benefits			\$0
Section 300. Travel			\$0
Section 400. Equipment			\$0
Section 500. Supplies			\$0
Section 600. Contractual			\$0
Section 800. Other Direct Costs			\$0
<b>TOTAL PROJECT COSTS</b>	<b>\$1,271</b>	<b>\$1,271</b>	<b>\$2,542</b>

**BUDGET NARRATIVE**

**SECTION 100. PERSONNEL**

Position Title & Employee Name	F-Full Time P- Part Time Employee	Total Monthly Salary or Hourly Rate	Number of Months	Percent of Federal Funds and/or Cash Match Applied to Position	Total Salary Paid By Grant	Paid With	
						F	C
Name: AMANDA BOURQUE Title: DISTRICT DIRECTOR	F	4333.32	11	5.333 %	\$2,542	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Name: Title:				%		<input type="checkbox"/>	<input type="checkbox"/>
Name: Title:				%		<input type="checkbox"/>	<input type="checkbox"/>
<b>Category Total</b>					<b>\$2,542</b>		

CATEGORY SUMMARY	
FEDERAL FUNDS	\$1,271
CASH MATCH	\$1,271
CATEGORY TOTAL	\$2,542

**Attachments Included:**

Yes No

A complete job description for each position requested

A resume for each individual in positions already filled, including their education and experience. Resumes for those not filled must be submitted as soon as the individual is hired.

List each position on the previous page and explain the following:

a. Need for each position shown;

EVANGELINE LAW ENFORCEMENT COUNCIL WOULD LIKE TO CONTINUE HAVING A PERSON TO PERFORM ADMINISTRATIVE DUTIES FOR THE JJDP PROGRAM

b. The basis for determining the salary of each position;

Annually min \$2000 max \$3000

c. Project duties of each position requested.

MEETING WITH AGENCIES AND INDIVIDUALS IN DISTRICT 4 WHO ARE INTERESTED IN PARTICIPATING IN THE JJDP PROGRAM.  
BE KNOWLEDGEABLE ABOUT CRITERIA THAT WOULD CONSTITUTE AND BE ACCEPTABLE UNDER JJDP GUIDELINES.  
ASSIST WITH ALL GRANT APPLICATIONS THAT REQUEST FUNDING FOR ACCEPTABLE PROGRAMS, ASSURING THEY ARE SUBMITTED CORRECTLY AND IN A TIMELY MANNER.  
SERVE AS A LIASON BETWEEN THE APPLICANT AGENCY AND L.C.L.E.  
FOLLOW THROUGH WITH ALL APPROVED PROGRAMS TO ENSURE THEY ARE IN COMPLIANCE AND THEY ARE BROUGHT TO A SATISFACTORY CONCLUSION.

**SECTION 200. FRINGE BENEFITS (Employer's Share)**

**For Project Personnel Only.** Fringe Benefits cannot exceed 30% of salaries listed in Section 100. One retirement plan allowed. Indicate basis of determining rate or cost for each type listed, i.e., Social Security 6.2% of salary; life insurance at \$10/month, etc. In the "Type" column, identify position(s) for whom fringe costs are requested.

Type	Rate	Total	Paid With	
			F	C
SOCIAL SECURITY: Calculations:	6.2%		<input type="checkbox"/>	<input type="checkbox"/>
MEDICARE: Calculations:	1.45%		<input type="checkbox"/>	<input type="checkbox"/>
HEALTH/LIFE INSURANCE: Calculations:			<input type="checkbox"/>	<input type="checkbox"/>
WORKMAN'S COMPENSATION: Calculations:			<input type="checkbox"/>	<input type="checkbox"/>
UNEMPLOYMENT: Calculations:			<input type="checkbox"/>	<input type="checkbox"/>
PUBLIC/PRIVATE RETIREMENT: Calculations:			<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Specify):			<input type="checkbox"/>	<input type="checkbox"/>
<b>CATEGORY TOTAL</b>		<b>\$0</b>		

CATEGORY SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
<b>CATEGORY TOTAL</b>	<b>\$0</b>

Check below, if applicable:

- All fringe benefits will be paid by the applicant agency.
- Additional fringe benefits will be paid by the applicant agency.

**A. GOALS**  
(All applicants must complete)

**GOAL:** The primary mission of all projects is to have a positive impact on the youth, 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.

BY RECEIVING FINANCIAL ASSISTANCE, THE EVANGELINE LAW ENFORCEMENT COUNCIL WILL EFFECTIVELY ENSURE PLANNING FOR THE JJDP PROGRAM FOR THE FISCAL YEAR 2011.

**B. OBJECTIVES, ACTIVITIES, AND  
PERFORMANCE/INDICATORS/PERFORMANCE MEASUREMENTS**  
(All applicants must complete)

**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.

List the specific activities and/or services to be provided that will accomplish the objectives. Performance indicators/performance measures must include OJJDP's appropriate mandatory (bold) and at least TWO non-mandatory output and outcome indicators as stated in the OJJDP Logic Model. See application instructions. **REMEMBER:** This information will be reflected in the quarterly progress reports and must coincide with project goals and objectives.

**OUTPUT PERFORMANCE MEASURES:**

FORMULA FUNDS AWARDED FOR PLANNING AND ADMINISTRATION  
NUMBER OF PLANNING ACTIVITIES CONDUCTED  
NUMBER OF SUBGRANTS AWARDED

**OUTCOME PERFORMANCE MEASURES:**

NUMBER AND PERCENT OF PROGRAMS FUNDED DIRECTLY IN LINE WITH THE 3 YEAR PLAN.  
AVERAGE TIME FROM RECEIPT OF SUBGRANT APPLICATION TO DATE OF AWARD.

**OBJECTIVE:**

TO REVIEW ALL APPLICATIONS, MAKE RECOMMENDATIONS TO THE ELEC BOARD, JJDP ADVISORY BOARD, AND TO LCLE.  
TO FOLLOW THROUGH ON ALL GRANTS, TO ENSURE THEY ARE IN COMPLIANCE AND HAVE A SATISFACTORY CONCLUSION.

## C. PRIOR RESULTS

1. Based on the objectives of the previous application, what were the measurable outcomes? (Number and separate outcomes so as to correspond with their relevant objectives. Include a summary of the program's activities and the number of youth served.)

**OUTPUT PERFORMANCE MEASURES:**

FORMULA FUNDS AWARDED FOR PLANNING AND ADMINISTRATION

NUMBER OF PLANNING ACTIVITIES CONDUCTED- 5

NUMBER OF SUBGRANTS AWARDED- 1

**OUTCOME PERFORMANCE MEASURES:**

NUMBER AND PERCENT OF PROGRAMS FUNDED DIRECTLY IN LINE WITH THE 3 YEAR PLAN.

AVERAGE TIME FROM RECEIPT OF SUBGRANT APPLICATION TO DATE OF AWARD.

**OBJECTIVE:**

TO REVIEW ALL APPLICATIONS, MAKE RECOMMENDATIONS TO THE ELEC BOARD, JJDP ADVISORY BOARD, AND TO LCLE.

TO FOLLOW THROUGH ON ALL GRANTS, TO ENSURE THEY ARE IN COMPLIANCE AND HAVE A SATISFACTORY CONCLUSION.

Objective was met and came to with a satisfactory conclusion.

2. Did the project work as expected? Explain.

Yes. All steps in the process were completed in a timely fashion. This program worked as it needed in the Evangeline Law Enforcement District.

3. Have the original goals and objectives been revised?  YES  NO

Explain what changes will be made in the continuation of this project and why?

## D. DEMOGRAPHICS

### 1. Type of Organization

- | <u>Applicant Agency</u>   | <u>Implementing Agency</u>  |
|---|---|
| <input type="checkbox"/> Faith-based organization                           | <input type="checkbox"/> Faith-based organization                           |
| <input type="checkbox"/> Juvenile Justice                                   | <input type="checkbox"/> Juvenile Justice                                   |
| <input checked="" type="checkbox"/> Non-profit community-based organization | <input checked="" type="checkbox"/> Non-profit community-based organization |
| <input type="checkbox"/> Other community-based organization                 | <input type="checkbox"/> Other community-based organization                 |
| <input type="checkbox"/> Other government agency                            | <input type="checkbox"/> Other government agency                            |
| <input type="checkbox"/> Police/other law enforcement                       | <input type="checkbox"/> Police/other law enforcement                       |
| <input type="checkbox"/> School/Other education                             | <input type="checkbox"/> School/Other education                             |
| <input type="checkbox"/> Unit of Local Government                           | <input type="checkbox"/> Unit of Local Government                           |

### 2. Geographical Area:

- Rural     Suburban     Urban     Tribal     Statewide

List the street address(es) where service are provided:

OUR OFFICE IS LOCATED AT 900 E. UNIVERSITY AVE., LAFAYETTE LA 70502

Describe the geographical location (where service will be provided):

SERVICES ARE PROVIDED OVER AN 8 PARISH DISTRICT. OUR PARISHES INCLUDE ACADIA WITH A POPULATION OF APPROX. 60,000, EVANGELINE WITH A POPULATION OF APPROX. 36,000, IBERIA WITH A POPULATION OF APPROX. 75,000, LAFAYETTE WITH A POPULATION OF APPROX. 192,000, ST. LANDRY WITH A POPULATION OF APPROX 89,000, ST. MARTIN WITH A POPULATION OF APPROX. 50,000, ST. MARY WITH A POPULATION OF APPROX, 54,000, AND VERMILION WITH A POPULATION OF APPROX. 54,000.

Is the road map and written description attached?     Yes     No

## E. METHODS

1. Describe specific procedures on how potential applicants are referred to the district

AGENCIES LEARN OF OUR OFFICE THROUGH OTHERS FUNDED BY US, OTHER DISTRICT OFFICES, NEWSPAPER ADVERTISEMENTS AND LCLE.

2. Describe how each funded project is monitored and evaluated on its progress.

EACH PROGRAM WILL BE MONITORED THROUGH THE TIMELY MANNER OF ALL REPORTS. THE EVALUATION OF EACH PROGRAM WILL BE THROUGH THE LACK AND PROGRESS REPORTED ON THEIR QUARTERLY PROGRESS REPORTS/

3. Describe how the District Planning Council participates in the evaluation of projects for continued funding?

THE DISTRICT OFFICE EVALUATES EACH PROGRAM THROUGH THE GOALS AND OBJECTIVES AND THEIR YEARLY STATS. IF AT LEAST 75% OF THEIR STATED GOALS AND OBJECTIVES ARE MET AND REPORTED ON THEIR QUARTERLY PROGRESS REPORTS, THEY ARE IN GOOD STANDING FOR CONTINUED FUNDING.

4. How and what type of records will be maintained on the subgrantees of JJDP funding?

ALL PAPERWORK IS KEPT AND MAINTAINED THROUGH ACCURATED FILING AND RECORD KEEPING. ALL OTHER PAPERWORK ON EACH GRANT IS ALSO KEPT IN THEIR OWN PERSONNEL FILES.

## F. DISSEMINATION OF REPORTING

Name the recipients who will receive the project's results and the schedule of reporting (i.e. monthly, quarterly, yearly). Recipients **MUST** include the Louisiana Commission on Law Enforcement. Recipients should also include, if applicable, board of directors, applicant agency (if different from implementing agency), courts with jurisdiction, etc.

THE PROJECT RESULTS WILL BE REPORTED TO LCLE, ELEC BOARD OF DIRECTORS, AND ANY AGENCY WHO REQUESTS A COPY.

## G. AUDIT REQUIREMENTS

All applicants 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.