LOUISIANA COMMISSION ON LAW ENFORCEMENT AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW SUMMARY

APPLICATION NUMBER: C09-2-ADM

APPLICANT: North Delta Law Enforcement Planning District

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 C95-2-ADM

PROJECT SUMMARY:

This request is on behalf of the North Delta LEPD for crime victim planning assistance to support the administration duties associated in accomplishing the objectives and tasks outlined by the Victim of Crimes Act of 1984.

RECOMMENDATION : FUND X **DENY** ___

SPECIAL CONDITIONS :

1. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.
2. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.
3. 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.
4. ALL ADMINISTRATIVE FUNDS MUST BE USED EXCLUSIVELY FOR THE ADMINISTRATION OF THE FEDERAL PROGRAM IN WHICH IT IS AWARDED.
5. 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.
6. NO RELEASE OF FUNDS BY LCLE UNTIL PRIOR PROJECT C08-2-ADM IS FINALIZED.

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: C09-2-ADM CVA Purpose Area: 1, 2, 3

1. TITLE OF PROJECT
Administration

2. ☐ NEW PROJECT
☒ CONTINUATION PROJECT OF: ~~C09~~ C08-2-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

4. PROJECT FUNDS
Federal Funds: $7,000
Cash Match
In-Kind Match:
Total Project: $7,000

5A. APPLICANT AGENCY INFORMATION
Agency Name: North Delta Law Enfrocement
Physical Address: PO Box 1106
City: Winnsboro Zip: 71295-1106
Mailing Address: PO Box 1106
City: Winnsboro Zip: 71295-1106
Phone: (318) 435-9041 FAX: (318) 435-7529
Email: kevincobb@bellsouth.net

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY
Authorized Official: Royce Toney
Title: Sheriff
Agency Name: North Delta Law Enforcement
Address: PO Box 1106
City: Winnsboro Zip: 71295-1106
Phone: (318) 435-9041 FAX: (318) 435-7529
Email: kevincobb@bellsouth.net

Fed Employer Tax Id: 72 - 0812691 DUNS: - CCR CAGE/NCAGE: CCR Expiration Date:

6. IMPLEMENTING AGENCY
Name: Royce Toney
Title: Sheriff
Agency: Noth Delta Law Enforcement
Address: PO Box 1106
City: Winnsboro Zip: 71295-1106
Phone: (318) 435-9041 FAX: (318) 435-7529
Email: kevincobb@bellsouth.net

7. PROJECT DIRECTOR
Name: Royce Toney
Title: Director
Agency: North Delta Law Enforcement
Address: PO Box 1106
City: Winnsboro Zip: 71295-1106
Phone: (318) 435-9041 FAX: (318) 435-7529
Email: kevincobb@bellsouth.net

8. FINANCIAL OFFICER
Name: Kevin Cobb
Title: Director
Agency: North Delta Law Enforcement
Address: PO Box 1106
City: Winnsboro Zip: 71295-1106
Phone: (318) 435-9041 FAX: (318) 435-7529
Email: kevincobb@bellsouth.net

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

This request is on behalf of the North Delta LEPD for crime victim planning assistance to support the administration duties associated in accomplishing the objectives and task outlined by the victim of crimes act of 1984.

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:	

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: Kevin Cobb Title: Director
Phone: (318) 435-9041 Fax: (318) 435-7529 E-Mail: Kevincobb@bellsouth.net

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	$5,884	$0	$0	$5,884
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	$1,116	$0	$0	$1,116
TOTAL:	$7,000	$0	$0	$7,000

Provide Source of *Cash* Match:

Provide Source of *In-Kind* Match:

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
		FT				$0.00	☐	☐
		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:						$0.00	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
Director	marky Tucker	PT	$12.30	20.00	46.00%	52.00	$5,884.32	☒	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
							$0.00	☐	☐
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							$5,884.32	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	$5,884
CASH MATCH	
IN-KIND MATCH	
PERSONNEL TOTAL	$5,884

SECTION). PERSONNEL (Continued) – BRIEFLY PLAIN

☒ 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:

The position is held by the Asst. Director of the North Delta Law Enforcement Planning District. The AD is responsible for the Administration of all sundind of crime victim assistance funds for the fiscal year 10 on behalf of the district. The director will help prepare and approve CVA applications, expenditure reports, and adjustments as well as hold regular coucil meetings in order to allocate CVA funds in the Norh Delta District. The AD will serve as a liason between the LCLE and the subgrantee that participates in CVA funding in North Delta. This is a contuing grant. Marky Tucker is the program director.

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

Salary for this position in a comparitive position will range from $850 to $1500 per month.

C) Project duties of each position requested:

must be a resident of the north delta district
must have at least five years in grant application
must have a four year degree
must be available to all member agencies in the district

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

SECTIC 00. FRINGE BENEFITS (Employer's Sh 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

Revised JULY 2010

SECTION 800. OTHER DIRECT COSTS

Itemize each type: e.g., audit, rent (show squa.. footage and cost per square foot), phone charges, utilities, printing, duplicating, registration fees for conferences/workshops, etc. Prorate telephone and utility bills. Show method of determining cost. Please refer to application instructions for direction.

TYPE OF OTHER DIRECT COST	METHOD OF DETERMINING COST	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH F	C	IK
phone charges		12.00	$93.00	$1,116.00	☒	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
				$0.00	☐	☐	☐
			SUBTOTAL OF OTHER DIRECT COSTS:	$1,116.00			

F = Federal Funds
C = Cash Match
IK = In-Kind Match

BRIEFLY EXPLAIN:

A) Need for each type listed; and

phone sevice is needed to maintain communication between the sub grant agencies and the district.

B) Its relationship to project.

communication

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	1116.00
CASH MATCH	
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	$1,116

Revised JULY 2010

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.

In October of 1984 congress passed the victim's of crime act which established a crime victim's fund to provide assistance to victims of crime. It was decided by a presidential task force that their need could only be met if the federal, state, and local governments worked together with private agencies. The governer of louisiana designed the LCLE to administer these funds.

There is a need for administrative personnel at the local level to assure that all programs are in compliance with the federal and state guidelines. The North Delta Law Enforcement District oversees a district of 11 parishes, ouachita, Morehouse, West Carroll, East Carroll, Union, Jackson, Franklin, Caldwell, tensas, Madison, and Richland. There is a need to distribute information, plan resources without duplication, assist in applying for availible funds and to follow through to their completion of the funding process. To support these programs and other CVA related activities, the North Delta District needs to have personnel designated for that purpose. The funds secured through this grant would provide that needed support.

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.

Goal#1 To meet with at least 4 subgrantee organizatons for the purpose of applying for and receiving CVA and other related funding.
Objective #1 To have at least one district council meeting regarding these funds.
Objective#2 To meet at least twice to assist in preparation of forms and reports regarding these funds.

Goal# 2 To meet with and communicate with officials of the LCLE at least two times regarding these funds.
Objective #1 To meet with the CVA Advisory board at least one time regarding these funds.
Objective#2 To meet at least one meeting of the LCLE regarding these funds.

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.**

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. As funds become available, newspaper advertisement and other such means will be utilized to make known the availability of these funds.
2. At the appropriate time request for funding for such programs will be brought before the North Delta Council for proiritizing.
3. As the council apporves request, necessary preparation of plans and applications will be furnished to the subgrantees and assistance rendered in the preparation.
4. Grant applications will be received and reviewed and then sent to the CVA board review.
5. As the grants are approved, they will be delivered to the subgrantee for signatures and accepatance.

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):

☐ 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. P)R RESULTS (For Continuation Projects (/)

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.

It is anticipated that the North Delta Planning District will continue with local funds if and when federal support is discontinued.

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.

Office space will be furnished by the director at his/her home. Also facilities and support can come from member agencies as needed.

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.

It will be the responsibility of the CVA director to insure that each subgrantee is in compliance with the victim compensation as offered through the La crime victim program. Each subgrantee shall provide wictim compensation. this information will be listed within each 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.

the required data will be stated on all local subgrantee applications

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.

The CVA grant director will require each subgrantee to complete this section upon application of a grant.

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.

Applicant will comply with the La child protection act as appropriate.