

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C10-2-ADM

APPLICANT: North Delta Law Enforcement Planning District

PROJECT TITLE: Administrative Funds

PROJECT FUNDS :

FUND:	\$ <u>7,000</u>	100.00%
MATCH:	\$ <u>0</u>	0.00%
TOTAL:	\$ <u>7,000</u>	100.00%

PROJECT DURATION: 12 months

START DATE: 10/01/2011

END DATE: 09/30/2012

Continuation of C95-2-ADM

PROJECT SUMMARY:

This allows the North Delta Law Enforcement Planning District for planning and assistance on grants to support crime victim assistance in Northeast Louisiana in accordance with the Crime Victim Act of 1984.

RECOMMENDATION : FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 12/28/11 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: C09-2-ADM

CVA Purpose Area:

1. TITLE OF PROJECT <u>Administrative Funds</u>		2. <input type="checkbox"/> NEW PROJECT	
North Delta Crime Victims Assistance - Admin		<input checked="" type="checkbox"/> CONTINUATION PROJECT OF: C09-2-ADM	
3. PROJECT DURATION		4. PROJECT FUNDS	
Total Length: 12 Months (Not to exceed 12 Months)		Federal Funds: \$7,000	
Desired Start Date: 10/1/2011		Cash Match	
Desired End Date: 9/30/2012		In-Kind Match:	
		Total Project: \$7,000	
5A. APPLICANT AGENCY INFORMATION		5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY	
Agency Name: North Delta Law Enforcement Planning Dis		Authorized Official: Royce Toney	
Physical Address: 420 Wheelis Street		Title: Chairman of the Board	
City: West Monroe Zip: 71292-3940		Agency Name: Ouachita Parish Sheriff's Office	
Mailing Address: P.O. Box 3291		Address: P.O. Box 1803	
City: Monroe Zip: 71210-3291		City: Monroe Zip: 71210-1803	
Phone: (318) 340-6344 FAX: (318) 325-6990		Phone: (318) 324-2550 FAX: (318) 329-1257	
Email: matucker@opso.net		Email: royce.toney@opso.net	
Fed Employer Tax Id: 72 - 0812691 DUNS: 964225648 -		CCR CAGE/NCAGE: 648S9 CCR Expiration Date: 8/31/2012	

6. IMPLEMENTING AGENCY	7. PROJECT DIRECTOR	8. FINANCIAL OFFICER
Name: N. Delta Law Enforcement Dist.	Name: Royce Toney	Name: Marquenita Tucker
Title: District 2 LCLE	Title: Chairman of the Board	Title: Programs Director
Agency: N.Delta	Agency: Ouachita Parish Sheriff's Office	Agency: N.Delta
Address: P.O. Box 3291	Address: P.O. Box 1803	Address: P.O. Box 3291
City: Monroe Zip: 71210-3291	City: Monroe Zip: 71210-1803	City: Monroe Zip: 71210-3291
Phone: (318) 340-6344 FAX: (318) 325-6990	Phone: (318) 324-2550 FAX: (318) 329-1257	Phone: (318) 340-6344 FAX: (318) 325-6990
Email: matucker@opso.net	Email: royce.toney@opso.net	Email: matucker@opso.net

9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)
This is on behalf of North Delta Law Enforcement Planning District for planning assistance on grants to support crime victim assistance in Northeast Louisiana in accordance with the Crime Victims Act of 1984.

CVA - 1

LA COMMISSION
ON LAW ENFORCEMENT
AND THE ADMINISTRATION
OF CRIMINAL JUSTICE
2011 DEC - 9 PM 2:32

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):	
<input type="checkbox"/>	Sexual Assault
<input type="checkbox"/>	Domestic Abuse
<input type="checkbox"/>	Child Abuse
<input type="checkbox"/>	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?	<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: Marquenita Tucker	Title: Director, District 2 - LCLE	
Phone: (318) 340-6344	Fax: (318) 325-6990	E-Mail: matucker@opso.net

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$5,538	\$0	\$0	\$5,538
SECTION 200. FRINGE BENEFITS	\$423	\$0	N/A	\$423
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$275	\$0	\$0	\$275
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$764	\$0	\$0	\$764
TOTAL:	\$7,000	\$0	\$0	\$7,000

Provide Source of Cash Match: N/A

Provide Source of In-Kind Match: N/A

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Revised JULY 2010

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
		FT				\$0.00	<input checked="" type="checkbox"/>	<input checked="" 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:						\$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	C
Director	Marquenita Tucker	PT	\$9.23	12.00	100.00%	50.00	\$5,538.00	<input checked="" 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:						\$5,538.00			

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	\$5,538
CASH MATCH	\$0
IN-KIND MATCH	
PERSONNEL TOTAL	\$5,538

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:

This position is held by the Director of the North Delta Law Enforcement planning district. The Director is responsible for the administration of all crime victims assistance grants on behalf of North Delta - District 2 for Louisiana Commission on Law Enforcement for the State of Louisiana. The Director will assist in the preparation of CVA applications, expenditure reports and adjustments for this district, as well as hold at least two boards meeting in order to allocate funds under this program. The director will serve as liason between LCLE and the subgrantee that participates in funding through North Delta. This is a continuation grant.

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

Salary for this position is comparative with similar time and responsibilities of other local positions. Salary range being \$1600 - \$2100 per month

C) Project duties of each position requested:

1. Must be a resident of North Delta District
2. Must have at least 5 years working with Grants and funding
3. Must have continuing education
4. Must be available to assist 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

Kathy Guidry

From: Kathy Guidry
Sent: Wednesday, December 28, 2011 2:18 PM
To: 'Marquenita Tucker'
Subject: C10-2-ADM, North Delta LEPD, Inc., Administrative Funds

Ms. Marky Tucker
North Delta LEPD, Inc.
PO Box 3291
Monroe, LA 71210-3291

RE: C10-2-ADM; "Administrative Funds"

Dear Ms. Tucker:

This office has received the above application. This application will be presented at the Victim Services Advisory Board and the Commission meetings, which are scheduled for February 29 and March 1, 2012, respectively. The information regarding the location of the meetings is yet to be determined. Since this application request is to continue the above project and is under \$20,000, you are only required to attend the Victim Services Advisory Board meeting

Based on the preliminary review of the referenced application, the following issues must be addressed and resolved. Additional issues may arise between the agency review process and the Advisory Board/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. Pg. 1
 - a. #1 – The correct project title is "Administrative Funds"
 - b. #5B Authorized Official - The "Agency Name" should read "North Delta Law Enforcement Planning District".
 - c. #6 Implementing Agency – Royce Toney and his title should be listed under name and title.
 - d. Need a copy of the Central Contractor Registration verifying the expiration date. This office cannot obtain a printout from the CCR website.
2. Pg. 3, Section 100 Personnel – Need a complete job description that includes function of duties, required level of education, work experience required and salary range. Also, need your resume.
3. Pg. 9, Section 500 Supplies – Please expand on Section B.
4. Pg. 13, Section 800 Other Direct Cost – Need to show how "Method of Determining Cost" was determined. If \$63.67 is the actual monthly cost, it must be prorated for the administration of the CVA funds. Please expand on Section B.
5. Pgs 14 through 22 need to be completed and submitted.
6. Certified Assurances pages 23 through 27 and Certifications Regarding Lobbying, etc. page 28 were not included.
7. Subgrant Award Report needs to be completed.

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. 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 Monday, January 9, 2012.