

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: J10-2-ADM

APPLICANT: North Delta Law Enforcement Planning District

PROJECT TITLE: Administrative Funds

PROJECT FUNDS :

FUND: \$ 1,173 50.00%

PROJECT DURATION: 11 months

MATCH: \$ 1,178 50.00%

START DATE: 10/01/2012

TOTAL: \$ 2,351 100.00%

END DATE: 08/31/2013

Continuation of J04-2-ADM

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  DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 11/05/12 IS REVIEWED AND APPROVED BY LCLE STAFF.



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: J10.2.ADM

Federal Purpose Area: 23

1. TITLE OF PROJECT

ADMINISTRATIVE FUNDS

2. CONTINUATION OF SUBGRANT

No  Yes If yes, list grant # J

3. PROJECT DURATION

Total Length 12 Months (Not to Exceed 12 Months)

Desired Starting Date 10/1/2012

Desired Completion Date 9/30/2013 8/31/2013

4. PROJECT FUNDS Federal Funding Year 2010

Federal Funds Requested \$1,173

Cash Match \$1,178

Total Project Funds \$2,351

5. APPLICANT AGENCY

Authorized Official: Sheriff Jerry Philley

Title: Chairman of the Board

Agency Name: North Delta Law Enforcement Planning District

Address 1: P.O. Box 3291

Address 2:

City: Monroe

Zip + 4 Code 71210 - 3291

Telephone #: (318) 428 - 2331 Fax #: (318) 428 - 8889

E-Mail: jerryphilley435@yahoo.com

Federal Employer Tax ID #: 72-0812691

6. IMPLEMENTING AGENCY

Authorized Official: Sheriff Jerry Philley

Title: Chairman of the Board

Agency Name: North Delta Law Enforcement Planning District

Address 1: P.O. Box 3291

Address 2:

City: Monroe

Zip + 4 Code 71210 - 3291

Telephone #: (318) 998 - 6041 Fax #: (318) 998 - 6035

E-Mail: matucker@opso.net

7. PROJECT DIRECTOR

Name: Marky Tucker

Agency Name: North Delta Law enforcement Planning District

Address: P.O. Box 3291

City Monroe

Zip + 4 Code: 71210 - 3291

Telephone #: (318) 998 - 6041 Fax #: (318) 998 - 6035

Email: matucker@opso.net

8. FINANCIAL OFFICER

Name: Marky Tucker

Agency Name: North Delta Law enforcement Planning District

Address: P.O. Box 3291

City: Monroe

Zip + 4 Code: 71210 - 3291

Telephone #: (318) 998 - 6041 Fax #: (318) 998 - 6035

Email matucker@opso.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.

Duns# 964225648  
CCR: 64859  
Expire Date 8/31/12

## 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.

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"/>
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    Marky Tucker

Phone Number: ( 318 ) 998 - 6041

Fax Number: ( 318 ) 998 - 6035

E-Mail Address: matucker@opso.net

Section Category	Federal Funds	Cash Match	Total Budget Item
Section 100. Personnel	\$554	\$554	\$1,108
Section 200. Fringe Benefits			\$0
Section 300. Travel			\$0
Section 400. Equipment	\$619	\$624	\$1,243
Section 500. Supplies	\$0	0	\$0
Section 600. Contractual	\$0	\$0	\$0
Section 800. Other Direct Costs	\$0	\$0	\$0
<b>TOTAL PROJECT COSTS</b>	<b>\$1,173</b>	<b>\$1,178</b>	<b>\$2,351</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: Marky Tucker Title:	PT	9.23 per hour	12	40 %	\$1,108	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Name: Title:				%		<input type="checkbox"/>	<input type="checkbox"/>
Name: Title:				%		<input type="checkbox"/>	<input type="checkbox"/>
Category Total					\$1,108		

CATEGORY SUMMARY	
FEDERAL FUNDS	\$554
CASH MATCH	\$554
CATEGORY TOTAL	\$1,108

**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;

Director position only

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

annual salary of \$19,200, which comes to \$9.23 per hour and work approximately 10 hours per month on JJDP projects

c. Project duties of each position requested.

See job description for Director position

## 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.

## SECTION 400. EQUIPMENT

List each item separately. The unit cost should include tax and shipping and handling when applicable. **Do not use brand names.** Sole source requires LCLE's approval. Submit a Sole Source justification if applicable.

**Example:**      Type      Quantity      Unit Price      Total Cost  
                   Chairs      2                    \$ 52.25      \$ 105

Type of Equipment	Quantity	Unit Cost	Total Cost	Paid With	
				F	C
Heavy Duty Office Chair	1	250	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laptop computer with accessories	1	993.00	993	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
<b>CATEGORY TOTAL</b>			<b>\$1,243</b>		

CATEGORY SUMMARY	
FEDERAL FUNDS	\$619
CASH MATCH	\$624
<b>CATEGORY TOTAL</b>	<b>\$1,243</b>

**EXPLAIN:**

A. Need for each equipment item requested in relation to project

Replace the used chair with a heavy duty model, should last the rest of my career.  
 Since i am a one-man office I want to put all my files on a portable computer to have access at all times for the agencies in my district.  
 That way i can take my office with me.

B. Procurement Method (See Certified Assurances)

I will get at least three prices on these items with all specifications and bring them to the board for a decision. once they have approved a chice i will purchase the equipment paid in full and then request reimbursement from the grant on 50% of the purchase price.

C. Relationship to project. **[NOTE: If computer equipment (hardware and/or software) is requested, complete the Standard Computer Checklist that is included with the application instructions.]**

## STANDARD COMPUTER CHECKLIST

Explain the need for computer equipment to include the following:

1. What is the purpose of the equipment in relation to the program (e.g., maintain statistics, computerize manual records, track activities)?

computerize manual records

2. How often must the task be done (i.e., entering data, producing reports)?

daily entering, weekly reports

3. How will the computer equipment/software enhance the program (i.e., time saved, better communication and accessibility)?

better access to records and organization

4. How will the computer/software be implemented (i.e., trained staff available, vendor to provide training)?

no training necessary, I have been using the microsoft office professional for quite some time.

**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.

My goal is to properly monitor and guide juvenile programs funded through OJJDP in District 2 of Louisiana.

**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.

This application is for a grant to administer funding through OJJDP to local programs.

Objective 1: process one application per year to be presented to the OJJDP Board members of LCLE.

Objective 2: monitor the grantee program 2 times within the grant period.

D. DEMOGRAPHICS

1. Type of Organization

Applicant Agency

- Faith-based organization
- Juvenile Justice
- Non-profit community-based organization
- Other community-based organization
- Other government agency
- Police/other law enforcement
- School/Other education
- Unit of Local Government

Implementing Agency

- Faith-based organization
- Juvenile Justice
- Non-profit community-based organization
- Other community-based organization
- Other government agency
- Police/other law enforcement
- School/Other education
- Unit of Local Government

2. Geographical Area:

- Rural     Suburban     Urban     Tribal     Statewide

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

920 Riverside Drive, Monroe, LA 71201

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

Urban

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

Upon allocation announcement for JJDP funding from LCLE, a meeting of the board of directors is set and an advertisement is placed in the local NewStarWorld newspaper, stating the time, location of the meeting, contact information for further information and the amount of the funding available. Sometimes agencies will contact my office to present their programs for possible funding. At that time i describe the process and paperwork to bwe filed.

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

Every project is required to report expenses and project progress to my office at least on a quarterly basis, these reports are then sent on the the appropriate individuals at LCLE. 30 days after project start, a monitor visit is made on-site by me to see if there are any issues with which i may assist and to provide guidance as needed to the program personnel. Within 30 days of project end date another on-site monitor visit is done to check on goals, finances and accomplishments.

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

When a program approaches the board for continued funding on a program, i provide them with a summary of project performance and reporting timeliness prior to the board interview with the applicant. they form their questions and concerns and convey them to the applicant before making a decision.

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

hard copies of awards and reports will be maintained on each subgrantees, noting the date received and forwarded on to LCLE.

## 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 chairman of the board, Sheriff Jerry Philley, Kathy Guidry, JJDP Program Director for LCLE

## 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.