

APPLICATION NUMBER: C11-2-ADM

APPLICANT: North Delta Law Enforcement Planning District

PROJECT TITLE: Administrative Funds

PROJECT FUNDS :

FUND: \$ 7,000 100.00%

MATCH: \$ 0 0.00%

TOTAL: \$ 7,000 100.00%

PROJECT DURATION: 12 months

START DATE: 10/01/2012

END DATE: 09/30/2013

Continuation of C95-2-ADM

PROJECT SUMMARY:

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.

RECOMMENDATION : FUND X DENY __

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) BY LCLE UNTIL APPLICANT RESPONSE TO LCLE LETTER OF 10/10/2012 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: C11-2-ADM

CVA Purpose Area: 1, 2, 3

1. TITLE OF PROJECT

Administrative Funds

2. NEW PROJECT

CONTINUATION PROJECT OF: C10-2-ADM

3. PROJECT DURATION

Total Length: 12 Months (*Not to exceed 12 Months*)

Desired Start Date: 10/1/2012

Desired End Date: 9/30/2013

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 Enforcement Planning Dis

Physical Address: 420 Wheelis Street

City: West Monroe

Zip: 71292-3940

Mailing Address: P.O. Box 3291

City: Monroe

Zip: 71210-3291

Phone: (318) 340-6344

FAX: (318) 325-6990

Email: matucker@opso.net

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Sheriff Jerry Philley

Title: Chairman of the Board

Agency Name: North Delta Law Enforcement Planning Dist.

Address: P.O. Box 3291

City: Monroe

Zip: 71210-3291

Phone: (318) 340-6344

FAX: (318) 325-6990

Email: matucker@opso.net

Fed Employer Tax Id: 72 - 0812691

DUNS: 964225648 -

CCR CAGE/NCAGE: 648S9

CCR Expiration Date: 10/22/2013

6. IMPLEMENTING AGENCY

Name: Sheriff Jerry Philley

Title: Chairman of the Board

Agency: N.Delta Law Enforcement Planning

Address: P.O. Box 3291

City: Monroe

Zip: 71210-3291

Phone: (318) 340-6344

FAX: (318) 325-6990

Email: matucker@opso.net

7. PROJECT DIRECTOR

Name: Sheriff Jerry Philley

Title: Chairman of the Board

Agency: North Delta Law Enforcement Plann

Address: P.O. Box 3291

City: Monroe

Zip: 71210-3291

Phone: (318) 340-6344

FAX: (318) 325-6990

Email: matucker@opso.net

8. FINANCIAL OFFICER

Name: Marquenita Tucker

Title: Programs Director

Agency: N.Delta Law Enforcement Planning

Address: P.O. Box 3291

City: Monroe

Zip: 71210-3291

Phone: (318) 340-6344

FAX: (318) 325-6990

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.

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"/>
		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	30.00	40.00%	29.00	\$3,212.04	<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:							\$3,212.04	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	\$3,212
CASH MATCH	\$0
IN-KIND MATCH	
PERSONNEL TOTAL	\$3,212

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 resposibilities 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

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)				
SOCIAL SECURITY	RATE		SALARY	TOTAL	SOCIAL SECURITY	RATE		SALARY	TOTAL
1. Marquenita Tucker	.062		\$3,212	\$199	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. Marquenita Tucker	.0145		\$3,212	\$46	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.		<input type="checkbox"/> FUTA		\$0	7.		<input type="checkbox"/> FUTA		\$0
4.		<input type="checkbox"/> SUTA		\$0	8.		<input type="checkbox"/> 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):				\$245	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): \$245

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$245
CASH MATCH	
TOTAL FRINGE BENEFITS	\$245

SECTION 300. TRAVEL

Itemize travel expenses of project personnel. Mileage is unallowable in agency owned vehicles. Charges are not to exceed established agency travel rates, but in no case can this exceed current Louisiana Travel Guideline rates. *Only 50% of out-of-state travel reimbursement and requires prior approval from LCLE.*

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH		
				F	C	IK
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE) NAME/POSITION TITLE/PURPOSE OF TRAVEL	TRAVEL DESTINATION	TRAVEL DATES:		PAID WITH		
		FROM	TO	F	C	IK
NAME: Marquenita Tucker TITLE: District 2 Director PURPOSE: LCLE Meeting	Baton Rouge	11/14/2012	11/15/2012	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: Marquenita Tucker TITLE: District 2 Director PURPOSE: LCLE Meeting	Baton Rouge	2/27/2013	2/28/2013	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: Marquenita Tucker TITLE: District 2 Director PURPOSE: LCLE Meeting	Baton Rouge	5/22/2013	5/23/2013	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH		
											F	C	IK
NAME: Marky Tucker			\$0.00	2	6	\$82	\$0	\$192	\$0	\$274.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: Marky Tucker			\$0.00	2	6	\$82	\$0	\$192	\$0	\$274.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: Marky Tucker			\$0.00	2	6	\$82	\$0	\$192	\$0	\$274.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										\$822.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	\$329
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$329

SECTION 500. SUPPLIES (Continued)

SECTION B: Use this section only for Publications, workbooks, curriculum guides, videotapes, etc. Under type choose: **P** – Publications; **W** – Workbooks; **CG** – Curriculum Guides; **V** – Videotapes; **O** – Other. Itemize each item separately. Include tax and shipping costs in Unit Price, when applicable.

TYPE	TITLE OF PUBLICATIONS/FILMS	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF SECTION B SUPPLIES:				\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

BRIEFLY EXPLAIN:
 A) The use of each request and its relationship to the project. Also explain the choice of materials, e.g. based on previous experiences or research showing its effectiveness, etc.:

SECTION 500. SUPPLIES SUMMARY	
FEDERAL FUNDS	\$456
CASH MATCH	
IN-KIND MATCH	
SUPPLIES TOTAL	\$456

SECTION 800. OTHER DIRECT COSTS

Itemize each type: e.g., audit, rent (show square 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
Fax and Phone service	Recurring charges are approx \$98.0	12.00	\$39.84	\$478.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	prorated @ 40% through CVA Funds			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
office rent	15 x 15 w/ access to mtg room and			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	kitchen fair market value, \$475.			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	per month @ 40%	12.00	\$190.00	\$2,280.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF OTHER DIRECT COSTS:				\$2,758.08	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

BRIEFLY EXPLAIN:

A) Need for each type listed; and
It is necessary to communicate with the member agencies in North Delta

B) Its relationship to project.
as stated

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$2,758
CASH MATCH	
IN-KIND MATCH	
OTHER DIRECT COSTS TOTAL	\$2,758

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.

The Victims of Crime Act of 1984 was passed by Congress to meet the needs of crime victims by providing funds to be utilized for providing victim assistance. This agency is charged with the responsibility of gathering data at the local level to determine the needs of the victims of crime in this region. North Delta consists of 11 parishes which are Caldwell, East Carroll, Franklin, Jackson, Madison, Morehouse, Ouachita, Richland, Tensas, Union and West Carroll. This agency administers funds within this district. Meetings must be held to identify local problems of crime victims, strategies must be developed to combat these problems, available resources must be determined, and programs developed to carry out these plans. Grants will be prepared to combat these identified victim problems in the respective jurisdictions with the programs refined and worked through final approval. Upon approval, grants will be monitored and served. Final reports must be prepared to indicate that successes accomplished by the programs have been developed in the grant.

Once the allocations are given to the districts, a meeting of the Board of North Delta is set and advertisements in the local daily paper are posted using the language required by LCLE, public notices are posted on pertinent buildings about the meeting two weeks before the meeting and on the day of the meeting to ensure public notification. Meetings must be conducted to develop the local plan, to prioritize the request, and to finally approve the grant requests. The North Delta Director must assist the local board in setting up various meetings, assist in relaying information received from LCLE staff and other sources in regards to this funding. Additionally, this agency is responsible for maintaining minutes of the various meetings, and after plans have been developed and grant proposals written, must see these applications through to final approval.

Upon approval of the crime victims grants, the director must service these grants, see that required quarterly reports are completed in a timely manner, monitor activities of grants, requests for funds are prepared, and also that the subgrantees comply with all grant requirements and meet all goals and objectives as outlined in the grant proposal.

2. Describe gap in community resources and how the gap was identified. Explain what need is created by this gap in services/programs.

This area does not have any other planning council or organization available to research grant funding for their needs. This gap is identified because of the non-existence of any other organization within this region that offers our service to public agencies and non-profit organizations on availability of grant funding. This board serves an 11 parish area with assistance to grant program funds to include victims of crime. Our services has created a means of local and area public agencies and non-profit agencies the ability to access grant funds and initiate programs which are needed to address their respective problems.

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 be able to assist local law enforcement and community resources in the North Delta district access funding available through Crime Victims Assistance.

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.

Objectives:

1. To disburse CVA funds to area subgrantees within the 11 parish area through the use of allocations.
2. To assist in grant applications on all district allocations for successful awarding grant applications by LCLE.
3. To administer and ensure all quarterly reports and expenditure reports are accurately completed and forwarded to LCLE.
4. To monitor each program and report on its progress.

All goals and objectives will be achieved within the required time period.

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. Receive notification of CVA funds available to District 2 from LCLE; contact area agencies of funds available, accept request for program funds from various agencies, compile selected agencies (approved by local council board members via means of presentation at local meeting) to receive program funds through the use of allocation proposal, submit allocation proposal to LCLE for review, attend CVA meeting and LCLE meeting for approval of submitted allocation.
2. Contact agencies being allocated funding on approval of allocated funding. Provide guidance and assistance in completing program grant application. Submit completed grant application to LCLE for review. Respond to LCLE with any and all questions/revisions needed concerning submitted grant application. Follow up with contact to applicant agencies on notification of CVA Board Meeting and LCLE full Board Meeting for review and/or approval of submitted grant application. Follow up with awarding of approved application and instructions for future reporting (i.e. progress reports, expenditure reports, equipment assurance sheets, etc.)
3. After program award as been accepted by applicant agency, follow up with assistance in completing expenditure, progress reports, grant adjustments, equipment assurance sheets, etc. Receive completed reports and related grant documents, review them for accuracy and submit documents to LCLE for review and/or approval. Once approved by LCLE, receive turn-a-rouned related reports and forward them on to subgrantee for future reporting. This is continued throughout the life of the program until the program has reached its end.
4. During the life of each subgrantees program, monitor its activities, contacting subgrantee (if needed) concerning program funding, program activities, etc. and follow up with completion of LCLE monitoring report prior to end date of each program. Specific time tables cannot be defined, however, monthly and quarterly periods are used to completed expenditure and progress report activities. Monitoring reports will be completed within the respective life (at 6 month interval) of each program funded.

All services provided by this office will be completed from the grant beginning date of 10/01/2011 and will continue throughout the life of grant ending on 09/30/2012. Monthly and quarterly expenditure reports and progress reports will be submitted as mandated by LCLE grant guidelines and within the required time periods. Monitoring reports will be conducted, completed and submitted to LCLE prior to end date of each respective grant. Allocations and applications will be completed and submitted to LCLE per schedules and cut off dates as set by LCLE staff.

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): N.D. L.E. Planning District Ad |

- 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: each agency has their own repr 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: each SO has a rep 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.)

1. Meetings were held within North Delta District to identify local agencies' specific needs and members selected applicants to be listed on allocation for program funds. Two (2) district meetings were held. Four (4) LCLE meetings were attended. Notice of funds available FY 2011 CVA funds was received from LCLE on 6/15/11; newspaper advertisement and notification of funds available was conducted on 6/30/11; approval of prepared allocation was completed on 08/04/11 and allocation was submitted to LCLE on 08/05/11.

2. Six (6) local agencies received funding through the approved allocation at the November meeting, thus application completion began. Also I am currently assisting 5 applicants with completion and submission of grant application for the upcoming 02/29/12 CVA advisory and commission for review and approval of those applications.

3. Previously awarded grant programs (8) were/and are being aided with completion of quarterly and monthly reporting on expenditure, progress reports and adjustments as needed for various active programs. The district is currently assisting eight active programs on various grant related reports.

4 and 5. Provided local subgrantee (5) and applicants (7) and board members (14) of notification of funds available, revised application forms, instructions on revised policies on 12 month programs, revised policy on equipment assurance forms, advised them on new commission schedule and cut off dates of commission meetings for application review and/or approval.

6. Completed 3 monitoring reports for 5 programs prior to their respective end dates and submitted completed report to LCLE for review.

2. Did the project work as expected? Explain.

Yes the program has worked as expected. Services provided by district are conducted to inform, guide, and aid subgrantees with various schedules, tasks and document completion related to securing program funds which directly affect the applicants needs. Local subgrantees are pleased with district assistance rendered to them.

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?

Data is collected from local subgrantee through means of drop off and mail in documents and computer emails. Source of documents are awarded subgrantees

2. When will the data be collected?

Data is collected monthly, quarterly and annually

3. Who will collect and analyze the data?

Data is collected monthly, quarterly and annually

4. Who will be responsible for submitting the data for the Quarterly Progress Reports: State name and contact information.

Name: Marky Tucker

Phone: (318) 340-6344

Email: matucker@opso.net

5. Following evaluation, who and how will updating or revising of the project's strategy be accomplished?

Director, Marky Tucker, will update project strategy (if needed) by revising duties.

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.

LCLE staff receives quarterly progress reports on a quarterly reporting period, also LCLE staff receives monthly expenditure and quarterly expenditure reports as outlined and mandated by LCLE requirements and within the awarded time period. All documents are received by North Delta LEPD prior to submission of reports to LCLE. All documents are received, reviewed and submitted monthly, quarterly and annually by district director. Allocation request and applications are reviewed and approved by members of North Delta LEPD.

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.

Should funds diminish and/or deplete for support of this program, local support will be sought to continue these services and/or incorporate a means to fund through budget increases, if possible.

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.

Ouachita Parish Sheriff's Office offers office space, storage unit for files, and copier, needed to complete task and duties as outlined for the director. District office is located at 420 Wheelis Street, West Monroe, LA (the North Delta Regional Police Academy). North Delta Academy provides electrical needs, restroom facilities. Ouachita Parish Sheriff's Office provides the furniture needed to complete task and duties.

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.

Supply the contact information for each Sheriff's Office CVR representative

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.

District coordinates and contacts all members of law enforcement, courts, public and private non/profit agencies which provide services to crime victims within the 11 parish area to ensure agencies cooperate with each other and other related victim service providers.No direct contact with victims

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.

There is no direct contact with victims, however, each program describes and defines a means of encouraging victims to report to law enforcement within their respective programs.

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.

The applicant will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate.A