



**LOUISIANA COMMISSION  
ON LAW ENFORCEMENT  
AND THE ADMINISTRATION OF  
CRIMINAL JUSTICE**

**JUVENILE  
ACCOUNTABILITY  
BLOCK GRANT  
PROGRAM**

CDFA 16.523

**FOR LCLE USE ONLY:**

**Project ID:**

**Federal Purpose Area:**

**1. TITLE OF PROJECT**

2.  NEW PROJECT

CONTINUATION PROJECT OF: A - -

**3. PROJECT DURATION**

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

Desired Start Date:

Desired End Date:

**4. PROJECT FUNDS**

Federal Funds:

Cash Match

Total Project: **\$0**

**5A. APPLICANT AGENCY INFORMATION**

Agency Name:

Physical Address:

City: Zip: -

Mailing Address:

City: Zip: -

Phone: ( ) - FAX: ( ) -

Email:

**5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY**

Authorized Official:

Title:

Agency Name:

Address:

City: Zip: -

Phone: ( ) - FAX: ( ) -

Email:

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

**6. IMPLEMENTING AGENCY**

Name:

Title:

Agency:

Address:

City: Zip: -

Phone: ( ) - FAX: ( ) -

Email:

**7. PROJECT DIRECTOR**

Name:

Title:

Agency:

Address:

City: Zip: -

Phone: ( ) - FAX: ( ) -

Email:

**8. FINANCIAL OFFICER**

Name:

Title:

Agency:

Address:

City: Zip: -

Phone: ( ) - FAX: ( ) -

Email:

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

**FEDERAL STANDARD PURPOSE AREAS**

Check the Federal Standard Purpose Area(s) that the Juvenile Crime Enforcement Coalition has determine to use this application’s allocation. If more than one purpose area will be addressed, the combine total must equal total project cost (federal allocation plus cash match). Check whether this project will provide direct services to juveniles and/or provide juvenile system improvements.

|    | <b>Standard Purpose Area</b>                 | <b>Amount</b> | <b>Direct Services</b>   | <b>Systems Improvement</b> |
|----|--|---------------|--------------------------|----------------------------|
| 1  | Graduated Sanctions                          |               | <input type="checkbox"/> | <input type="checkbox"/>   |
| 2  | Corrections/Detention Facilities             |               | <input type="checkbox"/> | <input type="checkbox"/>   |
| 3  | Court Staffing and Pretrial Services         |               | <input type="checkbox"/> | <input type="checkbox"/>   |
| 4  | Prosecutors (staffing)                       |               | <input type="checkbox"/> | <input type="checkbox"/>   |
| 5  | Prosecutors (funding)                        |               | <input type="checkbox"/> | <input type="checkbox"/>   |
| 6  | Training for Law Enforcement/Court Personnel |               | n/a                      | <input type="checkbox"/>   |
| 7  | Juvenile Gun Courts                          |               | <input type="checkbox"/> | <input type="checkbox"/>   |
| 8  | Juvenile Drug Courts                         |               | <input type="checkbox"/> | <input type="checkbox"/>   |
| 9  | Juvenile Records Systems                     |               | <input type="checkbox"/> | <input type="checkbox"/>   |
| 10 | Information Sharing                          |               | n/a                      | <input type="checkbox"/>   |
| 11 | Accountability Programs                      |               | <input type="checkbox"/> | <input type="checkbox"/>   |
| 12 | Risks and Needs Assessment                   |               | <input type="checkbox"/> | <input type="checkbox"/>   |
| 13 | School Safety                                |               | <input type="checkbox"/> | <input type="checkbox"/>   |
| 14 | Restorative Justice                          |               | <input type="checkbox"/> | <input type="checkbox"/>   |
| 15 | Juvenile Courts and Probation                |               | <input type="checkbox"/> | <input type="checkbox"/>   |
| 16 | Detention/Corrections Personnel              |               | <input type="checkbox"/> | <input type="checkbox"/>   |
| 17 | Reentry                                      |               | <input type="checkbox"/> | <input type="checkbox"/>   |
|    | <b>Total</b>                                 | <b>\$0</b>    |                          |                            |

**CONGRESSIONAL DISTRICT(s)** that represents this project.

- 1     2     3     4     5     6     7     All (Statewide Project)

## 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 match.

**CHECKLIST:**

- |  | YES:                     | NO:                      |
|--|--------------------------|--------------------------|
| Are all budgeted items allowable per Program Guidelines?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Were instructions followed to determine allowable personnel/contractual costs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all line item computations correct?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do line items add to category totals?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have category totals been rounded to nearest dollar?                           | <input type="checkbox"/> | <input type="checkbox"/> |
- Each category amount listed in the table below must equal category totals shown on the Budget Sections..

Person Completing Budget Section:

Title:

Phone: ( ) -

Fax: ( ) -

E-Mail:

## PROJECT BUDGET SUMMARY

| BUDGET CATEGORY                        | FEDERAL FUNDS | CASH MATCH | SECTION TOTAL |
|--|---------------|------------|---------------|
| <b>SECTION 100. PERSONNEL</b>          | \$0           | \$0        | <b>\$0</b>    |
| <b>SECTION 200. FRINGE BENEFITS</b>    | \$0           | \$0        | <b>\$0</b>    |
| <b>SECTION 300. TRAVEL</b>             | \$0           | \$0        | <b>\$0</b>    |
| <b>SECTION 400. EQUIPMENT</b>          | \$0           | \$0        | <b>\$0</b>    |
| <b>SECTION 500. SUPPLIES</b>           | \$0           | \$0        | <b>\$0</b>    |
| <b>SECTION 600. CONTRACTUAL</b>        | \$0           | \$0        | <b>\$0</b>    |
| <b>SECTION 700. CONSTRUCTION</b>       | \$0           | \$0        | <b>\$0</b>    |
| <b>SECTION 800. OTHER DIRECT COSTS</b> | \$0           | \$0        | <b>\$0</b>    |
| <b>TOTAL</b>                           | <b>\$0</b>    | <b>\$0</b> | <b>\$0</b>    |

**Provide Source of Cash Match: Check all that apply:**

STATE       LOCAL       OTHER, Specify:

Yes     No      Is the source of cash match earned program income?

**SECTION 100. PERSONNEL**

Enter only the Title Position(s) and Individual Name(s) of the employees for each position funded through this grant. For further information and direction, please refer to the application instructions.

**FULL TIME POSITIONS**

| 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 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"/> |
|  |               | FT |                       |                         |                  | \$0.00                     | <input type="checkbox"/>    | <input type="checkbox"/> |
| SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES: |               |    |                       |                         |                  | \$0.00                     | F=Fed Funds<br>C=Cash Match |                          |

**PART TIME AND/OR OVERTIME EMPLOYEES**

| POSITION TITLE   | EMPLOYEE NAME | PT<br>OT | ACTUAL EMPLOYEE HOURLY SALARY RATE | NUMBER OF HOURS | TIME DEVOTED TO PROJECT | NUMBER OF WEEKS | TOTAL SALARY PAID BY GRANT | PAID WITH                   |                          |
|--|---------------|----------|------------------------------------|-----------------|-------------------------|-----------------|----------------------------|-----------------------------|--------------------------|
|  |               |          |                                    |                 |                         |                 |                            | F                           | F                        |
|  |               |          |                                    |                 |                         |                 | \$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"/> |
|  |               |          |                                    |                 |                         |                 | \$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: |               |          |                                    |                 |                         |                 | \$0.00                     | F=Fed Funds<br>C=Cash Match |                          |

| SECTION 100. PERSONNEL SUMMARY |            |
|--------------------------------|------------|
| FEDERAL FUNDS                  |            |
| CASH MATCH                     |            |
| <b>PERSONNEL TOTAL</b>         | <b>\$0</b> |

**SECTION 100. PERSONNEL (Continued) - BRIEFLY EXPLAIN:**

Yes   No   Are job descriptions for each position attached?

Yes   No   Are resumes for each position attached? If not, explain

A) Need for each position shown above; justify need for overtime:

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

C) Project duties of each position requested:

D) Indicate if personnel will be new or existing personnel. If existing, indicate if position has been backfilled. If this is a continuation project, 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 is moved must be filled. If employee is the same from the previous grant, indicate if the employee was originally hired for that position.]

**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 (8) employees. Check either box if Federal funds are partially being requested or not being requested.

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<br>Provide monthly insurance rates | RATE  | MONTHS                        | TIME DEVOTED TO PROJECT | TOTAL | HEALTH/LIFE INSURANCE<br>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<br>Based on first \$7,000 or Less       | RATE  | TYPE                          | SALARY                  | TOTAL | UNEMPLOYMENT TAX<br>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):                               |       |                               |                         | \$0   | FRINGE BENEFITS TOTAL (B):                               |       |                               |                         | \$0   |

PLEASE NOTE: IF MORE THAN EIGHT EMPLOYEES CHARGED TO THIS PROJECT, PLEASE COMPLETE AN ADDENDUM PAGE.

**200. Fringe Benefits Total (A+B): \$0**

| SECTION 200. FRINGE BENEFITS SUMMARY |            |
|--------------------------------------|------------|
| FEDERAL FUNDS                        |            |
| CASH MATCH                           |            |
| <b>TOTAL FRINGE BENEFITS</b>         | <b>\$0</b> |

**SECTION 300. TRAVEL**

Itemize travel expenses of project personnel. Mileage is unallowable in agency-owned vehicles. Charges not to exceed established agency travel rates, but in no case can travel expenses exceed current Louisiana Travel Guidelines. *Out-of-state travel requires prior approval from LCLE.*

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

| NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL<br>(OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE)<br>NAME/POSITION TITLE/PURPOSE OF TRAVEL | TRAVEL DESTINATION | TRAVEL DATES: |    | PAID WITH                |                          |
|--|--------------------|---------------|----|--------------------------|--------------------------|
|  |                    | FROM          | TO | F                        | C                        |
| NAME:<br>TITLE:<br>PURPOSE:  |                    |               |    | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME:<br>TITLE:<br>PURPOSE:  |                    |               |    | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME:<br>TITLE:<br>PURPOSE:  |                    |               |    | <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                        |
| NAME:   |              |             | \$0        |             |              |            |               |                             |                    | \$0.00      | <input type="checkbox"/>            | <input type="checkbox"/> |
| NAME:   |              |             | \$0        |             |              |            |               |                             |                    | \$0.00      | <input type="checkbox"/>            | <input type="checkbox"/> |
| NAME:   |              |             | \$0        |             |              |            |               |                             |                    | \$0.00      | <input type="checkbox"/>            | <input type="checkbox"/> |
| SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST: |              |             |            |             |              |            |               |                             |                    | \$0.00      | F = Federal Funds<br>C = Cash Match |                          |

| SECTION 300. TRAVEL SUMMARY |            |
|-----------------------------|------------|
| FEDERAL FUNDS               |            |
| CASH MATCH                  |            |
| <b>TRAVEL TOTAL</b>         | <b>\$0</b> |

**SECTION 400. EQUIPMENT**

List each type 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. Please refer to application instructions for direction.

| TYPE OF EQUIPMENT             | QUANTITY | UNIT PRICE | TOTAL COST    | PAID WITH   |                          |
|-------------------------------|----------|------------|---------------|---|--------------------------|
|                               |          |            |               | F   | C                        |
|                               |          |            | \$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"/> |
|                               |          |            | \$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"/> |
|                               |          |            | \$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"/> |
| <b>SUBTOTAL OF EQUIPMENT:</b> |          |            | <b>\$0.00</b> | <small>F = Federal Funds<br/>C = Cash Match</small> |                          |

**BRIEFLY EXPLAIN:**

A. Justify the need for each equipment item requested. [\*NOTE: Computer equipment (hardware and/or software) requires a completed Computer Questionnaire.]

B. Indicate procurement method; and

C. Relationship to this project.

| SECTION 300. EQUIPMENT SUMMARY |            |
|--------------------------------|------------|
| FEDERAL FUNDS                  |            |
| CASH MATCH                     |            |
| <b>EQUIPMENT TOTAL</b>         | <b>\$0</b> |



**SECTION 400. COMPUTER QUESTIONNAIRE**

If a computer and/or computer software is requested, the following must be completed. Please do not exceed spaces provided.

1. How will the purchase of computer equipment and/or software enhance the program to be funded?

2. How will the computer(s) be integrated into and/or enhance your current system?

3. What is the cost of each of the following:

A. Installation?

B. Staff training to use the computer equipment?

C. The on-going operational costs, such as maintenance agreements, supplies, etc.?

4. How will additional costs be supported?

**SECTION 500. SUPPLIES**

**SECTION A:** List items within this category by major type; e.g., office supplies (pens, paper, etc.), postage, blank cassette tapes, etc. Include tax and shipping costs in Unit Price. If office supplies average \$50 per month or less, i.e., \$600 for a 12-month grant period, do not itemize items. List as "Basic Supply Allowance" under "Type" and the dollar amount under "Total Cost". Please refer to application instructions for direction.

| TYPE OF SUPPLIES                | QUANTITY | UNIT PRICE | TOTAL COST | PAID WITH                |                          |
|---------------------------------|----------|------------|------------|--------------------------|--------------------------|
|                                 |          |            |            | F                        | C                        |
|                                 |          |            | \$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"/> |
|                                 |          |            | \$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"/> |
|                                 |          |            | \$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"/> |
|                                 |          |            | \$0.00     | <input type="checkbox"/> | <input type="checkbox"/> |
|                                 |          |            | \$0.00     | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL OF SECTION A SUPPLIES: |          |            | \$0.00     | <input type="checkbox"/> | <input type="checkbox"/> |

F = Federal Funds  
C = Cash Match

**BRIEFLY EXPLAIN:**

A) Need for and use of each major supply type requested:

B) Relationship to this project:

**SECTION 500. SUPPLIES (Continued)**

**SECTION B:** Use this section only for Publications, workbooks, curriculum guides, videotapes, etc. Under type use: **P** - publications; **W** - workbooks; **CG** - curriculum guides; **V** - videotapes; **O** - other. Itemize each separately. The unit cost should include tax and shipping and handling when applicable.

| TYPE                                   | TITLE OF PUBLICATIONS/FILMS | QUANTITY | UNIT PRICE | TOTAL COST    | PAID WITH   |                          |
|--|-----------------------------|----------|------------|---------------|---|--------------------------|
|  |                             |          |            |               | F   | C                        |
|  |                             |          |            | \$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"/> |
|  |                             |          |            | \$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"/> |
|  |                             |          |            | \$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"/> |
| <b>SUBTOTAL OF SECTION B SUPPLIES:</b> |                             |          |            | <b>\$0.00</b> | <small>F = Federal Funds<br/>C = Cash Match</small> |                          |

**EXPLAIN:** Explain 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.

| <b>SECTION 500. SUPPLIES SUMMARY</b> |            |
|--------------------------------------|------------|
| <b>FEDERAL FUNDS</b>                 |            |
| <b>CASH MATCH</b>                    |            |
| <b>SUPPLIES TOTAL</b>                | <b>\$0</b> |

**SECTION 600. CONTRACTUAL**

Compensation for individual consultant services is to be reasonable and consistent with that paid for similar services in the marketplace. Travel, lodging, and meals, if applicable, should be figured in addition to compensation. All expenses must be included in the contract. Must use approved LCLE contract.

| INDIVIDUAL CONSULTANT         | TYPE OF SERVICE OR TASK | HOURS DEVOTED | RATE PER HOUR | TOTAL COST | PAID WITH                     |                          |
|-------------------------------|-------------------------|---------------|---------------|------------|-------------------------------|--------------------------|
|                               |                         |               |               |            | F                             | C                        |
| Name:<br>Title:<br>Agency:    |                         |               |               | \$0.00     | <input type="checkbox"/>      | <input type="checkbox"/> |
| Name:<br>Title:<br>Agency:    |                         |               |               | \$0.00     | <input type="checkbox"/>      | <input type="checkbox"/> |
| Name:<br>Title:<br>Agency:    |                         |               |               | \$0.00     | <input type="checkbox"/>      | <input type="checkbox"/> |
| Name:<br>Title:<br>Agency:    |                         |               |               | \$0.00     | <input type="checkbox"/>      | <input type="checkbox"/> |
| SUBTOTAL OF CONTRACTUAL COSTS |                         |               |               | \$0.00     | F= Fed Funds<br>C= Cash Match |                          |

| CONTINUED FROM ABOVE TABLE                                    | MILEAGE RATE | TOTAL MILES | MILEAGE COST | NO. OF DAYS | NO. OF MEALS | MEAL COSTS | AIRFARE COSTS | LODGING COSTS (Include Tax) | OTHER TRAVEL COSTS | TOTAL COSTS | PAID WITH                       |                          |
|---|--------------|-------------|--------------|-------------|--------------|------------|---------------|-----------------------------|--------------------|-------------|---------------------------------|--------------------------|
|   |              |             |              |             |              |            |               |                             |                    |             | F                               | C                        |
| NAME:   |              |             | \$0.00       |             |              |            |               |                             |                    | \$0.00      | <input type="checkbox"/>        | <input type="checkbox"/> |
| NAME:   |              |             | \$0.00       |             |              |            |               |                             |                    | \$0.00      | <input type="checkbox"/>        | <input type="checkbox"/> |
| NAME:   |              |             | \$0.00       |             |              |            |               |                             |                    | \$0.00      | <input type="checkbox"/>        | <input type="checkbox"/> |
| SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST: |              |             |              |             |              |            |               |                             |                    | \$0.00      | F = Fed Funds<br>C = Cash Match |                          |

**BRIEFLY EXPLAIN:**

A) Purpose of each consultant or other contractual service requested:

B) Why the service requested is necessary and cost effective:

C) Method of procurement and basis for determining rate of pay:

| SECTION 600. CONTRACTUAL SUMMARY |            |
|----------------------------------|------------|
| FEDERAL FUNDS                    |            |
| CASH MATCH                       |            |
| CONTRACTUAL TOTAL                | <b>\$0</b> |

**SECTION 700. CONSTRUCTION**

YES  NO Is your building registered or does your building qualify with the National Historic Society?  
 If yes, you must meet the requirements set forth by Section 106 of the National Historic Preservation Act (16 U.S.C. Section 470, et. seq., as amended).

YES  NO Is this juvenile facility collocated with an adult facility?

| Select the appropriate construction cost for this project |   | TOTAL COST | PAID WITH                |                          |
|---|---|------------|--------------------------|--------------------------|
|   |   |            | F                        | C                        |
| <input type="checkbox"/>                                  | <b>Juvenile Correctional Facilities</b> – Permanent long-term facilities for post-adjudicated juveniles. Requires 50% cash match of new construction.                       |            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>                                  | <b>Juvenile Detention Facilities</b> – Permanent short-term facilities for pre-adjudicated juveniles. Requires 50% cash match for new construction.                         |            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>                                  | <b>Juvenile Detention or Correctional Facilities</b> – For costs OTHER THAN new construction (e.g., repairs, renovation, installing or replacing equipment, painting, etc.) |            | <input type="checkbox"/> | <input type="checkbox"/> |
| CONSTRUCTION CATEGORY TOTAL                               |   | \$0.00     |                          |                          |

F – Federal Funds  
 C – Cash Match

Describe in brief concise detail the estimated cost for this project. For example, include the number of beds, cost per beds, number of square feet, or cost per square foot. A construction contract or construction work order (with a project scope) will be required prior to reimbursement.

| SECTION 700. CONSTRUCTION SUMMARY |            |
|-----------------------------------|------------|
| FEDERAL FUNDS                     |            |
| CASH MATCH                        |            |
| CONSTRUCTION TOTAL                | <b>\$0</b> |

**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, training registration fees, 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                        |
|  |                            |          |            | \$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"/> |
|  |                            |          |            | \$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"/> |
|  |                            |          |            | \$0.00        | <input type="checkbox"/>                            | <input type="checkbox"/> |
|  |                            |          |            | \$0.00        | <input type="checkbox"/>                            | <input type="checkbox"/> |
|  |                            |          |            | \$0.00        | <input type="checkbox"/>                            | <input type="checkbox"/> |
| <b>SUBTOTAL OF OTHER DIRECT COSTS:</b> |                            |          |            | <b>\$0.00</b> | <small>F = Federal Funds<br/>C = Cash Match</small> |                          |

**BRIEFLY EXPLAIN:**  
A) Need for each type listed; and

B) Relationship to project:

| SECTION 800. OTHER DIRECT COSTS SUMMARY |            |
|---|------------|
| FEDERAL FUNDS                           |            |
| CASH MATCH                              |            |
| <b>OTHER DIRECT COSTS TOTAL</b>         | <b>\$0</b> |



## **B. GOALS**

**GOALS:** The primary mission of all projects is to have a positive impact on the community and 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 how this project will impact the problem or how the program/practice is a model program/practice.

## **C. OBJECTIVES**

**OBJECTIVES:** Provide at least TWO (2) measurable objectives for EACH goal. Objectives need to be measurable, observable aspects of the program (e.g., recidivism, school discipline referrals, etc.). Identify what will change, when, and by how much. Use absolute numbers, not percentages, and be sure to include a baseline number.



### **D. ACTIVITIES**

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 complete D-2 Training Projects.





## **F. PERFORMANCE MEASUREMENTS**

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. You can include other performance measurements pertaining to your project that is not included in the OJJDP Logic Model.



**H. DEMOGRAPHICS**

1. Type of Organization:

Applicant Agency

- City or township Government
- Parish Government
- Regional Government
- State Government
- Other

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 physical address(es) where service are provided:

Describe the geographical area that the project serves:

**If this is a Training Project, STOP HERE and complete D.2 - Training Projects.**

3A. Provide an estimated number of how many juveniles will be served. The total amounts under Race and Gender must equal the estimated total juveniles to be served) **NOTE:** This data below must correlate with the objectives for **this** application.

- Youth population is not directly served by this project. This is a system improvement typed project.

| Estimated Total<br>Juveniles<br>To Be Served | <u>Age Range</u> | <u>Race</u>  |              |                 |              |                        | <u>Gender</u> |             |               |
|--|------------------|--------------|--------------|-----------------|--------------|------------------------|---------------|-------------|---------------|
|  |                  | <u>White</u> | <u>Black</u> | <u>Hispanic</u> | <u>Asian</u> | <u>Native American</u> | <u>Other</u>  | <u>Male</u> | <u>Female</u> |
| -  |                  |              |              |                 |              |                        |               |             |               |

3B. Primary Status of Juveniles to be served (check all that apply):

| <u>Justice Related Criteria</u>               |  | <u>Other</u>                             |
|---|--|--|
| <input type="checkbox"/> First Time Offenders | <input type="checkbox"/> Status Offenders  | <input type="checkbox"/> Mental Health   |
| <input type="checkbox"/> Repeat Offenders     | <input type="checkbox"/> Violent Offenders | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Sex Offenders        |  | <input type="checkbox"/> Truant/Dropout  |



## **J. COLLABORATION AND/OR PARTICIPATING AGENCIES**

Describe how the project activities will be coordinated with other juvenile justice system agencies and providers in the community. A letter of support from the local Children & Youth Planning Board or other stakeholder collaborative is strongly recommended.

Name the key leaders who are supportive of this project and describe their contributions to this project. Describe how the Juvenile Crime Enforcement Coalition contributes to this project. **Attach original current Agreement 1 or Agreement 2 with signatures of members of the Juvenile Crime Enforcement Coalition/Regional Juvenile Crime Enforcement Coalition.**

## **K. RESOURCES**

Describe the facilities and additional resources available to the subgrantee for the project. Include the physical facilit(ies), where service is provided. If applicable, list other resources available to project, i.e., equipment, supplies, staff, and/or volunteers.



## L. CONTINUATION OF PROGRAM

YES  NO

Do you plan to continue this project at the conclusion of federal support?

Since continued JJDP 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.**

## M. 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.

## CERTIFIED ASSURANCES

### Abbreviations:

|      |  |       |   |
|------|--|-------|---|
| CFR  | Code of Federal Regulations                  | OJP   | Office of Justice Programs                            |
| JABG | Juvenile Accountability Block Grants Program | OJJDP | Office of Juvenile Justice and Delinquency Prevention |
| JJDP | Juvenile Justice & Delinquency Prevention    | OMB   | Federal Office of Management and Budget               |
| LCLE | Louisiana Commission on Law Enforcement      | PL    | Public Law  |
|      |  | USC   | United States Code                                    |

### THE APPLICANT UNDERSTANDS, AND AGREES, THAT RECEIPT OF A SUBGRANT AS A RESULT OF THIS APPLICATION SUBJECTS THE APPLICANT TO THE FOLLOWING ASSURANCES:

- ACCOUNTABILITY-BASED SANCTIONS.** The applicant agrees to use policies and programs that ensure that juveniles are subject to accountability-based sanctions for every act for which they are adjudicated delinquent.
- ALLOWABLE COSTS.** The applicant certifies that any allowable costs incurred under any subgrant shall be determined in accordance with the general principles of allowable costs and standards for selected cost items set forth in 2 CFR Part 225 – “Cost Principals for State, Local, and Indian Tribal Governments” (formerly OMB Circular A-87) or 2 CFR Part 230 – “Cost Principals for Non-Profit Organizations” (formerly OMB Circular A-122), as well as the current edition of the OJP Financial Guide, and LCLE Policies.
- AUDIT CONTRACTS.** The applicant understands and agrees that every contract, agreement or understanding to make a study or prepare a report on behalf of a state agency official, by a private firm, consultant or individual who receives compensation thereof from state, federal, local or other public funds from whatever source, shall contain or be deemed to contain an authorization for the legislative auditor to audit the records of such firm, consultant or individual pertaining to such study or report.
- AUDIT AND INSPECTION.** The applicant understands and agrees that OJP, OJJDP, LCLE, or any of their duly authorized representatives shall have access, for purposes of audit and examinations, to any books, documents, papers, computer software, or records of the subgrantee, and to relevant books and records of contractors.
- AUDIT REQUIREMENTS.** The Applicant agrees to abide by the requirements of the OMB Circular A-133 entitled “Audits of States, Local Governments, and Non-Profit Organizations.” The effective date of the new OMB Circular A-133 is July 1, 1996, and shall apply to audits for fiscal years beginning after June 30, 1996. The audit reports for June 1997 are the first to come under this Circular. The threshold for the single audit requirement is as follows:
  - If you have expended \$300,000 (\$500,000 for fiscal years ending after December 31, 2003) or more in a year in Federal awards, you are required to have a single or program specific (if certain criteria are met) audit conducted for that year in accordance with the provisions of the OMB Circular A-133.
  - If an audit discloses findings or recommendations, then a corrective action plan must be submitted along with the audit report and it must include the following:
    - The name and telephone number of the contact person responsible for the corrective action plan.
    - Specific steps taken to comply with the recommendations.
    - Timetable for performance and /or implementation dates for each recommendation.
    - Descriptions of monitoring to be conducted to ensure implementation.A copy of the resultant audit report, if applicable, management letter issued by the auditor, corrective action plan and any written responses to the aforementioned should be forwarded to the Louisiana Commission on Law Enforcement. The audit report with attachments should be sent within 30 days after the completion of the audit, but no later than 9 months after the end of the audited period.
- BIO-MEDICAL EXPERIMENTATION.** Pursuant to Section 299(d) of the JJDP Act, the applicant assures that funding will not be used for any bio-medical or behavior control experimentation on individuals or any research involving such experimentation.
- CENTRAL CONTRACTOR REGISTRATION (CCR).** The applicant understands and agrees that it has and will maintain the Central Contractor Registration (CCR) registration. This is mandated by the Federal Funding, Accountability and Transparency Act of 2006. Information can be obtained at [www.ccr.gov](http://www.ccr.gov).
- CIVIL RIGHTS REQUIREMENTS.** No person in any state shall on the grounds of race, color, religion, national origin, sex or disability be excluded from participation in, be denied the benefits of, be subjected to discrimination under or denied employment in connection with any program or activity funded in whole or part with funds made available under this Act: Section 809 (c) (1) of the Act. Recipients of funds under the Act are also subject to the provisions of Title VI of the Civil Rights Act of 1964; Sec. 504 of the Rehabilitation Act of 1973, as amended; Title II of the Americans with Disabilities Act of 1990; Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; the Department of Justice Non-Discrimination Regulations 28 CFR Part 42, Subparts C, D, E, and G and Department of Justice Regulations on Disability Discrimination 28 CFR Part 35 and Part 39.
- COMMINGLING OF FUNDS.** The applicant certifies and agrees there will be no commingling of funds on either a program-by-program basis or a project-by-project basis. Funds specifically budgeted and/or received for one project may not be used to support another.
- COMPETITIVE PROCUREMENT.** The applicant certifies that procurement of contract services and equipment shall be on a competitive basis in accordance with applicable federal, state, or local procurement regulations, and consistent with policies established by LCLE. Non-competitive procurement (sole source) must receive prior approval from LCLE. Contractors that develop or draft specifications, requirements, statements of work, and/or Request for Proposals (RFP's) for a proposed procurement shall be excluded from bidding or submitting a proposal to compete for the award of such procurement. An exemption to this regulation requires the prior approval of LCLE and is only given in unusual circumstances, such as when a non-profit organization is acting as the agent of the state or local unit of government. Any request for exemption must be submitted in writing to LCLE.

Any state agency or agency of a political subdivision of the state which is using appropriated federal funds must comply with Section 6002 of RCRA. Section 6002 requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by the Environmental Protection Agency (EPA).

11. **COMPLIANCE WITH JABG PROGRAM.** The applicant agrees to comply with all Juvenile Accountability Block Grants (JABG) program requirements as outlined in the JABG Program Guidance Manual, Version 3.0 (September 2000) or future JABG Program Guidance Manual, and JABG program regulations (28 C.F.R. Part 31).
12. **COMPLIANCE WITH THE JJDP ACT.** The applicant assures that it will comply with the core requirements of the JJDP Act regarding appropriate secure holding of juveniles.
13. **COMPLIANCE WITH POLICY.** The applicant certifies that this subgrant shall be subject to the policies and regulations established by the Office of Justice Programs, Office of Juvenile Justice and Delinquency Program, and Louisiana Commission on Law Enforcement.

The applicant assures compliance with the applicable guidelines, provisions, policies and requirements of the JJDP Act (P.L. 93-415, as amended). Assurance of compliance to this Act is inclusive of any amendment or replacement of the Act through reauthorization or new legislation.

The applicant also assures compliance with the provisions of the 2 CFR Part 225 – “Cost Principals for State, Local, and Indian Tribal Governments” (formerly OMB Circular A-87); 2 CFR Part 230 – “Cost Principals for Non-Profit Organizations” (formerly OMB Circular A-122); 28 CFR Ch.1 § 66.3 – “Part 66 – Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments” (also known as the Grants Management Common Rule for State and Local Units of Government); 28 CFR Ch.1 § 70.2 – “Part 70 – Uniform Administrative Requirements for Grants and Agreements (Including Subawards) with Institutions of Higher Education Hospitals and Other Non-Profit Organizations”; the current edition of the OJP Financial Guide, and any other Federal requirements which may apply.

Subgrantee agrees to abide by all applicable federal, state and local laws, rules and regulations governing the subgrant agency.

14. **CONFIDENTIALITY REQUIREMENTS.** The applicant agrees to comply with all confidentiality requirements of 42 U.S.C. Section 3789g and 28 C.F.R. Part 22 that are applicable to collection, use, and revelation of data or information.
15. **CONTROLLED SUBSTANCE TESTING.** The applicant assures compliance with Federal provisions to establish a policy of controlled substance testing of appropriate categories of juveniles offenders, and the applicant will submit a copy of its established policy to LCLE before the grant end date specified in this JABG subgrant application.
16. **CRIME REPORTING.** The law enforcement applicant agrees to begin or continue participating in the Uniform Crime Reporting (UCR) Program or the Louisiana Incident Based Reporting System (LIBRS) Programs of LCLE.
17. **DATA UNIVERSAL NUMBERING SYSTEM (DUNS NUMBER).** All applicants must have a Data Universal Numbering System (DUNS Number). Information can be obtained at [www.dnb.com](http://www.dnb.com) or 1-866-705-5711.
18. **DISCRIMINATION FINDING.** The applicant assures that in the event that any federal or state court or administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, age, sexual orientation, or disability against a recipient of funds, the recipient will forward a copy of the findings to the Office of Civil Rights Compliance (OCRC), of the Office of Justice Programs.
19. **DRUG COURTS.** The applicant assures that funds used for a drug court will conform to the current Drug Court Program standards as published by the Louisiana Supreme Court, Drug Court Office in Section III of the Manual of Policies and Procedures. The applicant agrees to utilize the Drug Court Management System as described in Section VII of Louisiana Supreme Court, Drug Court Office Manual of Policies and Procedures. The applicant agrees to collect and maintain follow-up data on program participants criminal recidivism and drug use relapse. The data collected must be available for review by LCLE staff and Federal Department of Justice.
20. **DUAL COMPENSATION.** The applicant assures that no contractor will receive dual compensation from his regular employer and the applicant for work performed during a single period of time and that adequate documentation will be maintained to verify such.
21. **ELECTRONIC SURVEILLANCE.** Under 18 U.S.C. 2512, transactions involving devices “primarily useful for the purpose of the surreptitious interception of wire or oral communication”, and advertising that promotes the use of any device for such purposes are prohibited, unless, in the case of the State officer, his conduct with regard to such a device falls within “the normal course of activities of ...(the) State...” 18 (U.S.C. 2512 (2)(b). Normally, officers of a State that has no enabling statute under 18 U.S.C. 2516(2) would have no occasion to use, poses, or otherwise deal with devices within the scope of 18 U.S.C. 2512(1). Without such legislation only consensual use is permitted. No grants relating to such devices and their use will be authorized in states that do not have enabling legislation unless special justification, as explained below, is furnished. Accordingly, all applicants that list the acquisition of equipment, with either federal or matching funds, that may be utilized for electronic surveillance purposes, in a State that does not have an enabling legislation, must include as part of the budget narrative for such equipment the following information:
  - a. A complete description of each item or equipment to be obtained.
  - b. A statement of how each item of equipment will be used.
  - c. The legal citations and justifications for the purchase and intended use of each item of equipment.
  - d. A description of the controls to be established over access to, use of, and ultimate disposal of such equipment.

The application must contain the following statement signed by the Project Director: “(Applicant) agrees not to purchase or use in the course of this project any electronic, mechanical, or other device for surveillance purposes in violation of 18 U.S.C. 2511 and any applicable State statute related to wiretapping and surveillance.

22. **EQUAL EMPLOYMENT OPPORTUNITY PROGRAM.** The applicant assures that if required to formulate an Equal Employment Opportunity Program (EEOP) in accordance with 28 C.F.R. 42.302 Et. Seq., Subpart E. compliance to the requirement will follow, and a current EEOP will be maintained on file according to applicable requirements.
23. **EQUIPMENT AND OTHER CAPITAL EXPENDITURES.** The applicant certifies that (a) no other equipment owned by the subgrantee is available for the project; (b) subgrant funds will not be used to provide reimbursement for the purchase price of equipment already owned by the subgrantee except through permissible depreciation or use allowance actually charged to the subgrantee; (c) if equipment is for purposes other than this project, the appropriate proration of costs to each activity involved will be effected; (d) the amount of Federal funds applicable to the purchase or rent of equipment shall be reduced by any amount received or credited toward the trade-in or sale of older existing equipment which is being replaced as a result of this subgrant; (e) funds provided by this subgrant

will not be used to replace items of equipment purchased with LCLE subgrant funds, and f) an equipment inventory listing must be included with each expenditure report in which charges are being reported.

24. **EQUIPMENT INVENTORY CONTROL.** The applicant certifies that any equipment purchased through the subgrant will be tagged, put in an inventory control system, and identified or distinguished as OJP purchased equipment. When equipment is willfully or negligently lost, stolen, damaged, or destroyed, the subgrantee is responsible for replacing or repairing the equipment. Stolen equipment must be reported to local police, and all resulting reports must be submitted to LCLE.
25. **FAITH-BASED EQUAL TREATMENT REGULATION.** The grantee agrees to comply with the applicable requirements of 28 C.F.R. Part 38, the Department of Justice regulation governing “Equal Treatment for Faith Based Organizations” (the “Equal Treatment Regulation”). The Equal Treatment Regulation provides in part that Department of Justice grant awards of direct funding may not be used to fund any inherently religious activities, such as worship, religious instruction, or proselytization. Recipients of direct grants may still engage in inherently religious activities, but such activities must be separate in time or place from the Department of Justice funded program, and participation in such activities by individuals receiving services from the grantee or a sub-grantee must be voluntary. The Equal Treatment Regulation also makes clear that organizations participating in programs directly funded by the Department of Justice are not permitted to discriminate in the provision of services on the basis of a beneficiary’s religion. Information can be obtained at [http://www.ojp.gov/about/ocr/equal\\_fbo.htm](http://www.ojp.gov/about/ocr/equal_fbo.htm).
26. **FALSE CLAIMS ACT.** The applicant must promptly refer to the Department of Justice, Office of the Inspector General any credible evidence that a principal, employee, agent, contractor, subgrantee, subcontractor, or other person has either 1) submitted a false claim for grant funds under the False Claims Act; or 2) committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving grant funds. Potential fraud, waste, abuse, or misconduct should be reported to the Office of the Inspector General by: a) Mail: Office of the Inspector General, US Department of Justice, Investigations Division, 950 Pennsylvania Ave., N.W., Room 476, Washington, DC 20530; b) Email: [oig\\_hotline@usdoj.gov](mailto:oig_hotline@usdoj.gov); c) Hotline: 1-800-869-4499 (Phone), 1-202-616-9881 (Fax), or d) Website: [www.usdoj.gov/oig](http://www.usdoj.gov/oig) (Additional information is available from the DOJ OIG website.)
27. **FISCAL REGULATIONS.** Applicant certifies and agrees that fiscal administration of subgrants shall be subject to such further rules, regulations, and policies concerning accounting and records, payment of funds, cost allowance, submission of financial reports, and any other applicable required documentation which may be prescribed by the organizations and/or publications within these Certified Assurances.
28. **FLOOD DISASTER PROTECTION ACT OF 1973.** The applicant certifies that flood insurance will be purchased in communities where such insurance is available as a condition for the construction or acquisition purpose for use. {Flood Disaster Protection Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234, 87 Stat. 975, approved December 31, 1976)}.
29. **FUTURE SUPPORT.** The applicant understands that the awarding of future funding is contingent upon the availability of future federal appropriations.
30. **HUMAN RESEARCH SUBJECTS.** The applicant agrees to comply with the requirements of 28 C.F.R. Part 46 and all OJP policies and procedures regarding the protection of human research subjects, including obtainment of Institutional Review Board approval, if appropriate, and subject informed consent.
31. **IMMIGRATION AND NATURALIZATION SERVICES EMPLOYMENT ELIGIBILITY VERIFICATION.** The applicant agrees to comply with, and keep on file as appropriate, the Immigration and Naturalization Services Employment Eligibility Verification form (I-9). This form is to be used by recipients of federal funds to verify that persons are eligible to work in the United States.
32. **INDIGENT DEFENDERS.** The applicant certifies that no subgrant funds will be expended for any federal litigation by any indigent defender or any expenses including travel related thereto.
33. **INTEREST INCOME.** Applicant assures that all interest earned on advances will be accountable. Interest Income is not considered Program Income. Subgrant agencies should only request federal funds for immediate needs. Interest earned on federal funds up to a maximum of \$250 a year for all federal programs may be kept by the subgrantee. Amounts over \$250 must be submitted annually to the United States Department of Health and Human Services, Division of Payment Management Services, P.O. Box 6021, Rockville, MD 20852. A copy of any pertinent correspondence must be submitted to LCLE. Interest on Program Income may be used as match with prior approval from LCLE.
34. **LANGUAGE PROFICIENCY (LIMITED ENGLISH PROFICIENCY).** In accordance with Department of Justice Guidance pertaining to Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d, recipients of Federal financial assistance must take reasonable steps to provide meaningful access to their programs and activities for persons with limited English proficiency (LEP). For more information on the civil rights responsibilities that recipients have in providing language services to LEP individuals, please see the website at <http://www.lep.gov>.
35. **MANDATORY REPORTING.** The applicant assures compliance with the provisions of Article 609 of the Louisiana Children’s Code, which, in part, states that all suspected, or known instance of child abuse and/or neglect shall be reported. Reports can be made to the Office of Community Services (OCS), the Child Abuse Hot Line, or local law enforcement.
36. **MATCH.** The applicant certifies that a minimum of 10% cash match is available and dedicated to this project within the time frame of the subgrant award. The cash match must be made available to the project by the end of the project period.
37. **NATIONAL ENVIRONMENTAL POLICY ACT (NEPA).** The applicant will comply with the Federal regulations in regards to the National Environmental Policy Act (NEPA) of 1969 (Public Law 90-190; 42 U.S.C. § 4371 et seq.)
  - a. The Congress finds –
    - 1) that man has caused changes in the environment;
    - 2) that many of these changes may affect the relationship between man and his environment; and
    - 3) that population increases and urban concentrations contribute directly to pollution and the degradation of our environment.
  - b)
    - 1) The Congress declares that there is a national policy for the environment which provides for the enhancement of environmental quality. This policy is evidenced by statutes heretofore enacted relating to the prevention, abatement, and control of environmental pollution, water and land resources, transportation, and economic and regional development.
    - 2) The primary responsibility for implementing this policy rests with State and local government.
    - 3) The Federal Government encourages and supports implementation of this policy through appropriate regional organizations established through appropriate regional organizations established under existing law.
  - c) The purposes of this chapter are -

- 1) to assure that each Federal department and agency conducting or supporting public works activities which affect the environment shall implement the policies established under existing law; and
  - 2) to authorize an Office of Environmental Quality, which, notwithstanding any other provision of law, shall provide the professional administrative staff for the Council on Environmental Quality established by Public Law 91-190.
38. **NATIONAL HISTORIC PRESERVATION.** The applicant will comply with the Federal regulations regarding any minor renovations or remodeling of a property or structure fifty years or older. {National Historic Preservation Act of 1966 as amended (16 U.S.C. 470), Executive Order 11593 and the Archeological and Historical Preservation Act of 1966 (16 U.S.C. 596a-1, et seq.)
39. **NON-DISCRIMINATION.** The applicant assures that he, and all his contractors, will comply with the non-discrimination requirements set forth in policies and regulations of the organizations and publications listed within these Certified Assurances; 42 U.S.C. 3789 (d) and 12131-12134; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title II of the Americans with Disabilities Act (ADA) of 1990; Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; and Department of Justice Non-Discrimination Regulation, 28 C.F.R. Parts 35, 38, 39, and 42, Subparts C, D, E, and G.
40. **OBLIGATION OF SUBGRANT FUNDS.** The applicant certifies that subgrant funds may not, without advance written approval by LCLE, be obligated prior to the effective date or subsequent to the termination date of the subgrant period. Obligations outstanding as of the termination date shall be liquidated within 90 days. Such obligation must be related to goods or services provided and utilized within the grant period.
41. **PATENTS.** The applicant assures that if the applicant produces patents, patent rights, processes or inventions, a report will be made to LCLE from which a determination will be made as to whether protection of such invention or discovery is necessary in accordance with President's Memorandum of August 23, 1971 (36 P.R. 16889).
42. **PEACE OFFICERS.** The applicant certifies that all peace officers hired for, or assigned work associated with their subgrant, while in an official capacity, will be POST certified or have been "grandfathered" in, as appropriate.
43. **PERSONNEL.** The applicant certifies that specific detailed time and attendance records, to include overtime, will be maintained on all grant personnel. Salaries and wages of employees chargeable to more than one grant program must be supported by appropriate time distribution records, which show equitable distribution of time and effort.
44. **PERSONNEL – BACKGROUND CHECKS.** The applicant certifies that appropriate screenings will be conducted as well as background checks, for grant personnel who have contact with or access to juveniles associated with the subgrant in accordance with the most current Louisiana Child Protection Act.
45. **PERSONNEL – EXECUTIVE OVERTIME.** The applicant assures that executives, such as President or Executive Director of an organization, will not be reimbursed for overtime or compensatory time under the grant or a respective cooperative agreement.
46. **PERSONNEL – HOLDOVER ATTENDANTS.** The applicant certifies that the judge will certify with each request for funds for holdover attendant fees that these attendants are not being paid from any other source.
47. **PERSONNEL – OFF-DUTY.** The applicant assures that off-duty personnel who work on this project must work hours which do not conflict with their regular job work hours.
48. **PERSONNEL – OVERTIME.** The applicant certifies that all personnel must work hours which do not conflict or overlap with the regular work hours of the employee. Payment will be on an overtime, hourly basis at a rate not to exceed 1 and ½ times the employee's regular, hourly rate of pay.
49. **PRESS RELEASES.** The applicant certifies that any statements or press releases describing projects, activities, or results shall name LCLE as the agency responsible for making federal funds available for such activity.
50. **PROGRAM INCOME.** The applicant certifies that all income earned, as a direct result of grant-funded activity (sale of publications, registration fees, asset forfeitures, and/or any other activities that generate program income), will be accounted for and utilized in accordance with the LCLE and OJP Program Income Guidelines. Program income must be reported on the Subgrant Expenditure Report.
51. **PUBLIC AVAILABILITY OF INFORMATION.** The applicant agrees to comply with all applicable federal regulations and state policies relating to the public availability of identifiable records or other documents that are pertinent to the receipt and expenditure of subgrant funds.
52. **PUBLICATION.** Applicants are encouraged to make the results and accomplishments of their activities available to the public. The applicant assures that where activities supported in whole, or in part, by this subgrant produce books, manuals, films, plans or other publications, the applicant will comply with guidelines listed in Chapter 7 of the current OJP Financial Guide as follows: a) Inclusion of the statement, "The opinions, findings, and conclusions or recommendations expressed in this book, manual, film, video, plan, publication, program, and/or exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice or LCLE."; b) An acknowledgment of support shall be made through use of the following, or comparable, footnote: "This project was supported by Subgrant number \_\_\_\_\_ awarded by the Louisiana Commission on Law Enforcement through the Office of Juvenile Justice and Delinquency Prevention."; c) Submittal of a copy of any book, manual, film, video, plan, publication, and/or computer software to LCLE, as well as a publication and distribution plan prior to publishing or distributing any of the aforementioned items developed under this subgrant.
53. **PURPOSE PROGRAM AREAS.** The applicant certifies that the total JABG project costs will be spent in the applicable federal standard purpose area(s) as determined by the local Juvenile Crime Enforcement Coalition.
54. **RECORDS MAINTENANCE.** The applicant certifies that all required records, with the exception of non-expendable property inventory records, shall be maintained in accordance with requirements set forth in 28 CFR Ch.1 § 66.3 – "Part 66 – Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments" (also known as the Grants Management Common Rule for State and Local Units of Government) and 28 CFR Ch.1 § 70.2 – "Part 70 – Uniform Administrative Requirements for Grants and Agreements (Including Subawards) with Institutions of Higher Education Hospitals and Other Non-Profit Organizations." All financial records, supporting documents, statistical records, and all other records pertinent to the award, shall be retained by each organization for AT LEAST THREE YEARS following closure of their most recent audit report. If any litigation claim, negotiation, audit, or other actions involving the records begin before the expiration of the three-year period, the records must be retained until completion of the action, or resolution of all issues

which arise from it, or until the end of the regular three-year period, whichever is later. Non-expendable personal property inventory records must be maintained until final disposition of the property is authorized by OJP/LCLE.

55. **RECORDS – YOUTH.** The applicant certifies that records on youth in home detention will include age, race, sex, offense, referring judge and court, date of referral to program, date of reassignment to detention, if applicable, and disposition.
56. **RECORDING AND DOCUMENTATION OF RECEIPTS AND EXPENDITURES.** The applicant certifies that accounting procedures will provide for accurate and timely recording of receipt of funds to include the source, expenditures made from such funds, and the unexpended balance. Controls must be established which are adequate to insure that expenditures charged to project activities are for allowable purposes and that documentation is readily available to verify that such charges are accurate.
57. **RELOCATION ASSISTANCE.** The applicant assures that it will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970, 84 Stat. 1894, (P.L. 91-646) which provides for fair and equitable treatment of persons displaced as a result of federal or federally assisted programs.
58. **RENOVATION/LEASE/USED OF BUILDING.** A renovation, lease, or any proposed use of a building facility that will either (a) result in a change in its basic prior use, or (b) significantly change its size.
59. **RENT.** The applicant certifies that (a) when rental charge is requested, the charge is consistent with the prevailing rate in the local area and documentation is maintained on file to support such a determination; (b) the cost of space procured for program usage may not be charged to the program for periods of non-occupancy, without authorization from LCLE; (c) rental costs of space cannot be paid if the building is owned by the subgrantee or if the subgrantee has a substantial financial interest in the property; (d) depreciation or use allowance on idle or excess facilities is **NOT ALLOWABLE**, except when specifically authorized by LCLE; (e) cost of utilities, insurance, security, janitorial services, elevator service, upkeep of grounds, normal repairs and alterations, and the like are allowable to the extent they are not otherwise included in rental or other charges for space.
60. **REPORTS TO LCLE.** The applicant assures that it shall submit, at such times and in such form as may be prescribed, such reports as LCLE may require, including monthly or quarterly fiscal reports, quarterly progress reports, quarterly program income reports, final fiscal reports, annual performance reports, and civil rights statistical reports. Quarterly Progress Reports and Expenditure Requests are due within 15 days of the close of the reporting period. Expenditure Reports are due monthly for grants larger than \$40,000 and at least quarterly for grants below \$39,999. However subgrantees with grants less than \$39,999 may also submit Expenditure Requests monthly, but must request this option in writing.
61. **RIGHT OF PRIVACY FOR RECIPIENTS OF SERVICES.** Pursuant to Sections 223(a)(17) and 296 of the JJDP Act, the applicant assures that procedures have been established to ensure that funding received shall not disclose program records containing the identity of individual juveniles. Exception to this requirements: (a) authorization by law; (b) consent of either the juvenile or his legally authorized representative; or (c) justification that otherwise the functions of this title cannot be performed. Under no circumstances may public reports or findings contain names of actual juvenile service recipients.
62. **SEATBELTS.** The applicant assures that it will adopt and enforce a seatbelt policy for employees who operate any vehicle (company-owned, rental, or personally owned) while on the job. Such policy will require that, if available, safety restraints shall be used by the driver and passengers of vehicles.
63. **SOFTWARE DEVELOPMENT.** The applicant certifies that any computer software developed under this grant shall be placed in the public domain and made available to OJP, OJP Grantees, and LCLE for transfer to authorized users in the criminal justice system without cost other than that directly associated with the transfer. Systems will be documented in sufficient detail to enable a competent data processing staff to adapt the system, or portions thereof, to usage on a computer of similar size and configuration of any manufacturer.
64. **SPECIAL CONDITIONS.** The applicant certifies that it will abide by and incorporate any additional special conditions and requirements placed on the applicant agency as a result of a subgrant award or subgrant adjustment.
65. **STRENGTHENING AND MAINTAINING FAMILY UNITS.** Pursuant to Section 223(a)(16) of the JJDP Act, the applicant assures that consideration will be given to and that assistance will be available for approaches designed to strengthen and maintain the families of delinquent and other youth and that family counseling during the incarceration of juvenile family members and coordination of family services will be provided where appropriated and feasible.
66. **SUPPLANTING.** The applicant assures that federal funds will not be used to supplant or replace state, local and other nonfederal funds, but will be used to increase the amount of such funds that would otherwise, in the absence of federal funds, have been made available for program funded.
67. **SUPPORT OF LAWS.** The applicant assures that federal funds cannot be used, either directly or indirectly, in support of the enactment, repeal, modification, or adoption of any law, regulation, or policy at any level of government without the express prior written approval of OJP.
68. **TERMINATION OF AID.** The applicant understands that the subgrant may be terminated, or fund payments discontinued by LCLE, if a substantial failure to comply with the provisions of the regulations and policies listed within these Certified Assurances becomes known, or a failure to comply with the Subgrant Award Agreement is discovered.
69. **THIRD PARTY PARTICIPATION.** The applicant certifies that no contract or agreement may be entered into by the subgrantee for execution of project activities or provision of services to a subgrant project (other than purchase of supplies or standard commercial or maintenance services), which is not incorporated into the approved proposal, or approved in advance by LCLE. Any such arrangement shall provide that the subgrantee will retain ultimate control and responsibility of the subgrant project and that the contractor shall be bound by applicable subgrant conditions and any other requirements applicable to the subgrantee in the conduct of the project.
70. **TRAVEL.** The applicant certifies that all travel will be in accordance with the current State Travel Regulations unless stricter regulations apply. For a current copy of the State Travel Regulations see [www.state.la.us/osp/travel/traveloffice.htm](http://www.state.la.us/osp/travel/traveloffice.htm).
71. **UNALLOWABLE COSTS.** The applicant certifies that subgrant funds will not be expended for (a) items not part of the approved budget or separately approved by LCLE; (b) the purchase of land, construction of buildings, or payment of real estate mortgages or taxes, unless specifically provided for in the subgrant agreement; (c) entertainment, amusements, or social activities, and incidental costs related thereto; (d) bonuses or commissions; (e) purchase of automobiles or other automotive vehicles unless provided for in the subgrant agreement; (f) indirect costs, (g) political purposes or activities; (h) compensation for travel, salary

payments, consulting fees, or other remuneration of full-time federal employee; (i) military-type equipment; (j) direct or indirect use of funds at federal, state, or local levels relating to lobbying activities; (k) dues to organizations or federations.

72. **UTILIZATION AND PAYMENT OF FUNDS.** The applicant assures that awarded funds are to be expended only for purposes and activities covered in the subgrantee's approved project plan and budget. Payments will be made on the basis of periodic requests or estimates of fund needs submitted by the subgrantee. Payments will be adjusted to correct previous overpayments, under payments, or disallowance resulting from audit.
73. **WRITTEN APPROVAL OF CHANGES.** The applicant certifies that all major project changes must have prior written approval from LCLE to include a) changes of substance in project activities, designs, or research plans set forth in the approved application; b) changes in the project director or key professional personnel identified in the approved application; c) changes in the subgrant period; d) changes in the approved budget. Requests for changes or extensions of the subgrant must be made in writing in advance of the subgrant expiration date. Expenditure of funds in excess of the submitted total cost estimated for any major budget category will be permitted only with LCLE's written approval. This will involve only those increases of more than 10 percent of the total category cost estimate.

## **CRIMINAL PENALTIES**

1. Whoever embezzles, willfully misapplies, steals, or obtains by fraud any funds, assets, or property which are the subject of a grant, contract or other form of assistance pursuant to this title, whether received directly or indirectly from the U.S. Department of Justice, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.
2. Whoever knowingly and willfully falsifies, conceals, or covers up by trick, scheme, or device, any material fact in any application for assistance submitted pursuant to this title, or in any records required to be maintained pursuant to this title, shall be subject to prosecution under the provisions of Section 1001 of Title 18, Unites States Code.
3. Any law enforcement program or project underwritten, in whole or in part, by any grant, contract, or other form of assistance pursuant to this title, whether received directly or indirectly from the U.S. Department of Justice shall be subject to the provisions of Section 371 of Title 18, United States Code.

# **CERTIFICATIONS REGARDING LOBBYING; DEBARMENT; SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Acceptance of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying," 2CFR Par 2867, "DOJ Implementation of OMB Guidance of Nonprocurement Debarment and Suspension," and 29 CFR Part 82, "Government-wide Debarment and Suspension," and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered transaction, grant, or cooperative agreement.

1. **LOBBYING** As required Section 1352, Title 31 of the U.S. Code, and implemented at 38 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:
  - (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
  - (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;
  - (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.
  
2. **DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)**  
As required by Executive Order 12549, Debarment and Suspension, and implemented at 2 CFR Part 2867, for prospective participants in primary covered transactions, as defined at 2 CFR Section 2867.20(a):
  - A. The applicant certifies that it and its principals:
    - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
    - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
    - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.
    - (e) Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.
  
3. **DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)**  
As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 83, Subpart F, for grantees, as defined at 28 CFR Sections 83.620 and 83.650:
  - A. The applicant certifies that it will or will continue to provide a drug-free workplace by:
    - (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
    - (b) Establishing an on-going drug-free awareness program to inform employees about
      - (1) The dangers of drug abuse in the workplace;
      - (2) The grantee's policy of maintaining a drug-free workplace;
      - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
      - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
    - (5) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
    - (6) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
      - (7) Abide by the terms of the statement; and
      - (8) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
    - (c) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 810 7<sup>th</sup> Street, N.W., Washington, D.C. 20531. Notice shall include the identification number(s) of each affected grant;
    - (d) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted
    - (e) Taking appropriate personnel action against such an employee, up to and including termination, consistent with requirements of the Rehabilitation Act of 1973, as amended; or
      - (1) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
    - (f) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.



# CERTIFICATIONS OF REQUIREMENTS

I have read and agree to comply and abide with the following requirements:

1. **CERTIFIED ASSURANCES**
2. **CRIMINAL PENALTIES**
3. **CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**
4. **NON-SUPPLANTING** - Federal funds will not be used to supplement existing state and local funds for program activities and will not replace those funds that have been appropriated for the same purpose. I have reviewed the OJP Financial Guide (Part II, Chapter 3)

I have kept a copy of each for my reference.

\_\_\_\_\_  
Signature of Authorized Official  
**SIGN WITH BLUE INK**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Official's Name (Print or Type)

\_\_\_\_\_  
Agency Name (Print or Type)

\_\_\_\_\_  
Project Title (Print or Type)

**CERTIFICATION  
OF  
MATCH**

Date:

Louisiana Commission on Law Enforcement  
Juvenile Accountability Block Grant Program  
1885 Wooddale Blvd., Room 1230  
Baton Rouge, LA 70806-1555

To Whom It May Concern:

Please be advised that \_\_\_\_\_ has appropriated \$ \_\_\_\_\_ for the proposed project title, \_\_\_\_\_. These match funds will be available to the Applicant from the project start date, \_\_\_\_\_, to the project end date, \_\_\_\_\_.

Execution of this document represents a certification that said funds have been earmarked within the appropriation of budget process for use as matching funds for the Juvenile Accountability Block Grant Program application.

Sincerely,

\_\_\_\_\_  
(Signature of Agency Head)

**SIGN IN BLUE INK**

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Agency Name (Print or Type)

**This is to be completed by the agency (ies) that is providing the match for this project.**



**AGREEMENT 2  
REGIONAL JUVENILE CRIME ENFORCEMENT COALITION**

**Intention to Waive or Relinquish Juvenile Accountability Block Grants Program Funds**

Qualifying jurisdictions (parishes and/or cities) may form a jurisdictional coalition; or they may enter into a Regional Coalition (two or more parishes and/or cities) using their combined allocations, if they agree to expend JABG funds using the Regional Juvenile Crime Enforcement Coalition.

Qualifying jurisdictions (parishes and/or cities) may waive their right to a direct award and request their funds be combined with another jurisdiction(s) for mutual benefit; **or** jurisdiction(s) may elect not to participate in this program and not receive JABG funds.

If a Regional Coalition is formed, one unit of local government must still serve as the fiscal agent for receiving the combined award from LCLE and for obligating and expending funds for the benefit of combined units of local government within the Regional Coalition.

**NOTE:** Regional coalitions may comprise any combination of eligible parishes or cities, Sheriffs or District Attorneys. A separate Agreement 2 must be submitted for each parish or city in the regional coalition, indicating the jurisdiction's intention to collaborate.

**NAME of PARISH or CITY:**

The undersigned jurisdiction has agreed to waive its intention to apply for funds under the Juvenile Accountability Block Grants Program for the following reason:

- We are currently working with \_\_\_\_\_ on a joint project and we will participate in a jurisdictional or regional coalition. We request that our allocated award be provided to this parish, city or official.
  
- We do not wish to utilize the allocated award and we do not wish to participate in a jurisdictional or regional coalition. We relinquish our right to these funds

**REQUIRED SIGNATURES OF AUTHORIZED OFFICIALS  
(IN BLUE INK)**

**For Parishes**

**For Cities**

\_\_\_\_\_  
Sheriff Name  
Agency Name:

\_\_\_\_\_  
Mayor's Name:  
Agency Name:

\_\_\_\_\_  
Parish Authorized Official Name  
Agency Name:

\_\_\_\_\_  
City District Attorney Name:

\_\_\_\_\_  
District Attorney Name:  
Agency Name:

**RETURN AGREEMENT 2 TO:**

Juvenile Justice Programs Manager  
Louisiana Commission on Law Enforcement  
1885 Wooddale Boulevard, Room 1230  
Baton Rouge, LA 70806-1555

**CERTIFICATION  
OF  
PROGRAM INCOME**

I certify that I have received a copy of the LCLE / Office of Justice Programs Guidelines for Program Income. I understand that these guidelines must be followed in the accounting for and expenditures of program income.

\_\_\_\_\_  
Signature of Authorized Official  
**SIGN WITH BLUE INK**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Official's Name (Print or Type)

\_\_\_\_\_  
Agency Name (Print or Type)

\_\_\_\_\_  
Project Title (Print or Type)