

**Office of Lt. Governor/
Department of Culture, Recreation & Tourism
Funding Agreement Checklist**

Agency/Program: Louisiana Serve Commission/AmeriCorps

Recipient: *Impact Lake Charles*

- Indicate:**
- Cooperative Endeavor
 - Professional Services Contract
 - Personal Services Contract
 - Consulting Services Contract
 - Social Services Contract
 - Grant: Indicate Specific Program
 - Line Item Appropriation
 - Letter of Agreement

06AFHLA001-0019

- | Yes | No | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the agreement include budget worksheet? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the agreement include anticipated uses? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the agreement include estimated duration of the project? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the agreement include goals, objectives, and measures of performance? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the agreement indicate requirement of written progress report every six (6) months? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the agreement notify the recipient of Louisiana Audit Law (R.S.24:513)? (See attached schedule) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the comprehensive budget been approved by the appointing authority? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the comprehensive budget been properly transmitted to the Louisiana Legislative Auditor? |

Signatures: *Stephanie White*
Contract Monitor

8.26.10
Date

Appointing Authority

Date

Impact Lake Charles AmeriCorps Program

City of Lake Charles

Application ID: 09AC107119

Budget Dates:

	Total Amt	CNCS Share	Grantee Share
Section I. Program Operating Costs			
A. Personnel Expenses	65,600	26,000	39,600
B. Personnel Fringe Benefits	11,368	8,613	2,755
C. Travel			
Staff Travel	1,500	1,200	300
Member Travel			
Total	\$1,500	\$1,200	\$300
D. Equipment			
E. Supplies	5,200	4,414	786
F. Contractual and Consultant Services	7,080	1,443	5,637
G. Training			
Staff Training	1,000	1,000	0
Member Training	480	0	480
Total	\$1,480	\$1,000	\$480
H. Evaluation			
I. Other Program Operating Costs	13,257	3,983	9,274
Travel to CNCS-Sponsored Meetings	0	0	0
Total	\$13,257	\$3,983	\$9,274
Section I. Subtotal	\$105,485	\$46,653	\$58,832
Section I Percentage		44%	56%
Section II. Member Costs			
A. Living Allowance			
Full Time (1700 hrs)	0	0	0
1-Year Half Time (900 hours)	0	0	0
Reduced Half Time (675 hrs)	0	0	0
Quarter Time (450 hrs)	0	0	0
Minimum Time (300 hrs)	36,000	25,500	10,500
2-Year Half Time (2nd Year)	0	0	0
2-Year Half Time (1st Year)	0	0	0
Total	\$36,000	\$25,500	\$10,500
B. Member Support Costs			
FICA for Members	2,754	1,000	1,754
Worker's Compensation	7,217	2,100	5,117
Health Care	0	0	0
Total	\$9,971	\$3,100	\$6,871
Section II. Subtotal	\$45,971	\$28,600	\$17,371
Section II. Percentages		62%	38%
Section III. Administrative/Indirect Costs			
A. Corporation Fixed Percentage			
Corporation Fixed Amount	0	0	0
Commission Fixed Amount	784	784	0
Total	\$784	\$784	\$0
B. Federally Approved Indirect Cost Rate			
Section III. Subtotal	\$784	\$784	\$0
Section III Percentage		100%	0%
Section I + III. Funding Percentages		45%	55%
Budget Totals	\$152,240	\$76,037	\$76,203
Budget Total Percentage		50%	50%
Required Match		26%	
# of years Receiving CNCS Funds		4	