

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

**Agency/Program:** Louisiana Serve Commission/AmeriCorps

**Recipient:** ULL AmeriCorps

- Indicate:**
- Cooperative Endeavor
  - Professional Services Contract
  - Personal Services Contract
  - Consulting Services Contract
  - Social Services Contract
  - Grant: Indicate Specific Program 06AFHLA001-0014
  - Line Item Appropriation
  - Letter of Agreement

- | 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:** Patrick L. Roque  
Contract Monitor

9-16-10  
Date

\_\_\_\_\_  
Appointing Authority

\_\_\_\_\_  
Date

September 16, 2010 2:54 PM

**UL Lafayette AmeriCorps Community Service Program**  
**University of Louisiana**

Application ID: 10AC108773

Budget Dates:

	Total Amt	CNCS Share	Grantee Share
<b>Section I. Program Operating Costs</b>			
A. Personnel Expenses	179,250	58,000	121,250
B. Personnel Fringe Benefits	30,765	17,580	13,185
C. Travel			
Staff Travel	2,400	2,400	0
Member Travel	9,000	9,000	0
<b>Total</b>	<b>\$11,400</b>	<b>\$11,400</b>	<b>\$0</b>
D. Equipment			
E. Supplies	85,200	5,200	80,000
F. Contractual and Consultant Services			
G. Training			
Staff Training			
Member Training	1,920	1,920	0
<b>Total</b>	<b>\$1,920</b>	<b>\$1,920</b>	<b>\$0</b>
H. Evaluation	1,000	0	1,000
I. Other Program Operating Costs	15,800	5,800	10,000
Travel to CNCS-Sponsored Meetings	2,000	2,000	0
<b>Total</b>	<b>\$17,800</b>	<b>\$7,800</b>	<b>\$10,000</b>
<b>Section I. Subtotal</b>	<b>\$327,335</b>	<b>\$101,900</b>	<b>\$225,435</b>
<b>Section I Percentage</b>		<b>31%</b>	<b>69%</b>
<b>Section II. Member Costs</b>			
A. Living Allowance			
Full Time (1700 hrs)	0	0	0
1-Year Half Time (900 hours)	54,000	37,320	16,680
Reduced Half Time (675 hrs)	0	0	0
Quarter Time (450 hrs)	36,450	30,253	6,197
Minimum Time (300 hrs)	0	0	0
2-Year Half Time (2nd Year)	0	0	0
2-Year Half Time (1st Year)	0	0	0
<b>Total</b>	<b>\$90,450</b>	<b>\$67,573</b>	<b>\$22,877</b>
B. Member Support Costs			
FICA for Members	6,919	5,743	1,176
Worker's Compensation	0	0	0
Health Care	0	0	0
<b>Total</b>	<b>\$6,919</b>	<b>\$5,743</b>	<b>\$1,176</b>
<b>Section II. Subtotal</b>	<b>\$97,369</b>	<b>\$73,316</b>	<b>\$24,053</b>
<b>Section II. Percentages</b>		<b>75%</b>	<b>25%</b>
<b>Section III. Administrative/Indirect Costs</b>			
A. Corporation Fixed Percentage			
Corporation Fixed Amount	0	0	0
Commission Fixed Amount	1,840	1,840	0
<b>Total</b>	<b>\$1,840</b>	<b>\$1,840</b>	<b>\$0</b>
B. Federally Approved Indirect Cost Rate	68,192	7,377	60,815
<b>Section III. Subtotal</b>	<b>\$70,032</b>	<b>\$9,217</b>	<b>\$60,815</b>
<b>Section III Percentage</b>		<b>13%</b>	<b>87%</b>
<b>Section I + III. Funding Percentages</b>		<b>28%</b>	<b>72%</b>
<b>Budget Totals</b>	<b>\$494,736</b>	<b>\$184,433</b>	<b>\$310,303</b>
<b>Budget Total Percentage</b>		<b>37%</b>	<b>63%</b>
<b>Required Match</b>		<b>34%</b>	
<b># of years Receiving CNCS Funds</b>		<b>6</b>	