

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: B11-8-002

APPLICANT: Louisiana District Attorney's Association

PROJECT TITLE: State Civil Rico Training Program

PROJECT FUNDS :

FUND: \$ 103,573 100.00%

PROJECT DURATION: 12 months

MATCH: \$ 0 0.00%

START DATE: 12/01/2011

TOTAL: \$ 103,573 100.00%

END DATE: 11/30/2012

Continuation of B06-8-004

PROJECT SUMMARY:

TO FOCUS ON TRAINING LOUISIANA'S PROSECUTORS AND LAW ENFORCEMENT OFFICERS TO ENHANCE THEIR EFFORTS TO INVESTIGATE AND PROSECUTE MID- AND UPPER-LEVEL DRUG DEALERS. THE TRAINING WILL ADDRESS HOW TO HANDLE PROBLEMS INVOLVING THE SALE OF ILLEGAL NARCOTICS IN LOUISIANA, AS WELL AS MONEY LAUNDERING, DRUG TRAFFICKING AND ALL OTHER RELATED DRUG ACTIVITY.

RECOMMENDATION : FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.



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

EDWARD BYRNE
MEMORIAL /
JUSTICE
ASSISTANCE
GRANT PROGRAM

CDFA 16.738

FOR LCLE USE ONLY:

Project ID: B11-8-002 BJA Purpose Area:

1. TITLE OF PROJECT

State Civil RICO Training Program

2. NEW PROJECT

CONTINUATION PROJECT OF: B10-8-001

3. PROJECT DURATION

Total Length: 10 Months (Not to exceed 12 Months)

Desired Start Date: 12/1/2011

Desired End Date: 11/30/2012

4. PROJECT FUNDS

Federal Funds: \$103,573

Cash Match

Total Project: \$103,573

5A. APPLICANT AGENCY INFORMATION

Agency Name: Louisiana District Attorneys Association

Physical Address: 1645 Nicholson Drive

City: Baton Rouge Zip: 70802-8143

Mailing Address: 1645 Nicholson Drive

City: Baton Rouge Zip: 70802-8143

Phone: (225) 343-0171 FAX: (225) 387-0237

Email: Roxie@LDAA.org

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: E. Pete Adams

Title: Executive Director

Agency Name: Louisiana District Attorneys Association

Address: 1645 Nicholson Drive

City: Baton Rouge Zip: 70802-8143

Phone: (225) 343-0171 FAX: (225) 387-0237

Email: Pete@LDAA.org

Fed Employer Tax Id: 72 - 0738652 DUNS: 193731379 - CCR CAGE/NCAGE: SE0T6 CCR Expiration Date: 4/28/2012

6. IMPLEMENTING AGENCY

Name: E. Pete Adams

Title: Executive Director

Agency: LA District Attorneys Assoc.

Address: 1645 Nicholson Drive

City: Baton Rouge Zip: 70802-8143

Phone: (225) 343-0171 FAX: (225) 387-0237

Email: pete@ldaa.org

7. PROJECT DIRECTOR

Name: John J. Williams, Jr.

Title: DART Attorney

Agency: LA District Attorneys Assoc.

Address: 1645 Nicholson Drive

City: Baton Rouge Zip: 70802-8143

Phone: (225) 343-0171 FAX: (225) 387-0237

Email: john@ldaa.org

8. FINANCIAL OFFICER

Name: Roxanne M. Barrios

Title: Assistant Director

Agency: LA District Attorneys Assoc.

Address: 1645 Nicholson Drive

City: Baton Rouge Zip: 70802-8143

Phone: (225) 343-0171 FAX: (225) 387-0237

Email: roxie@ldaa.org

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

To focus on training Louisiana's prosecutors and law enforcement officers to enhance their efforts to investigate and prosecute mid- and upper-level drug dealers. The training will address how to handle problems involving the sale of illegal narcotics in Louisiana, as well as money laundering, drug trafficking, and all other related drug activity.

2012 JAN 27 AM 9:22

LA COMMISSION
LAW ENFORCEMENT

BYRNE/IAG - 1

REVISED: JULY 2010

PROJECT FUNDING HISTORY

Projects are limited to 48-months of funding. If extenuating circumstances required additional funding beyond the 48-month, a written request must be submitted and approved by the Louisiana Commission of Law Enforcement prior to the submission of an application. Multi-Jurisdictional Task Forces, training, and statewide criminal justice improvement projects are exempted from the 48-month funding limitation.

This project is exempt from the 48-month limitation.

List the subgrant number and total number of months funded for this project.

| SUBGRANT # | TOTAL NUMBER OF MONTHS |
|--------------------------------------|------------------------|
| B09-8-004 | 12 |
| B10-8-001 | 11 |
| B - - | |
| B - - | |
| B - - | |
| TOTAL NUMBER OF MONTHS FUNDED | 23 |

Date the Louisiana Commission on Law Enforcement approved the 48-month waiver

BJA PURPOSE AREAS

Check the BJA Purpose Area that this project will address. Check whether this project will provide direct services and/or provide system improvements.

| | BJA Purpose Area | Direct Services | Systems Improvement |
|----|---|-------------------------------------|--------------------------|
| 1. | Law Enforcement Programs | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Prosecution and Court Programs | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | Prevention and Education Programs | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Corrections and Community Corrections Programs | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Drug Treatment and Enforcement Programs | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Planning, Evaluation and Technology Programs | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Crime victim and witness programs (other than compensation) | <input type="checkbox"/> | <input type="checkbox"/> |

CONGRESSIONAL DISTRICT(S) that represents this project.

1 2 3 4 5 6 7 All (statewide project)

BYRNE/IAG - 2

REVISED: JULY 2010

PROJECT BUDGET SUMMARY

INSTRUCTIONS: The Checklist is self-explanatory. In Project Summary, applicable budget category totals will automatically entered from each of the Detailed Project Budget Summaries. Provide source of Cash and Match.

- CHECKLIST:**
- | | | |
|--|--|------------------------------|
| Are all budgeted items allowable per Program Guidelines? | YES: <input checked="" type="checkbox"/> | NO: <input type="checkbox"/> |
| Were instructions followed to determine allowable personnel/contractual costs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all line item computations correct? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do line items add to category totals? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Have category totals been rounded to nearest dollar? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Each category amount listed in the table below must equal category totals shown on the Budget Sections.

Person Completing Budget Section: Roxanne M. Barrios Title: Assistant Director
 Phone: (225) 343-0171 Fax: (225) 387-0237 E-Mail: roxie@daa.org

PROJECT BUDGET SUMMARY

| BUDGET CATEGORY | FEDERAL FUNDS | CASH MATCH | SECTION TOTAL |
|--------------------------------|------------------|------------|------------------|
| SECTION 100 PERSONNEL | \$62,375 | \$0 | \$62,375 |
| SECTION 200 FRINGE BENEFITS | \$15,291 | \$0 | \$15,291 |
| SECTION 300 TRAVEL | \$5,206 | \$0 | \$5,206 |
| SECTION 400 EQUIPMENT | \$0 | \$0 | \$0 |
| SECTION 500 SUPPLIES | \$3,818 | \$0 | \$3,818 |
| SECTION 600 CONTRACTUAL | \$1,240 | \$0 | \$1,240 |
| SECTION 800 OTHER DIRECT COSTS | \$15,643 | \$0 | \$15,643 |
| SECTION 850 CONFIDENTIAL | \$0 | \$0 | \$0 |
| TOTAL: | \$103,573 | \$0 | \$103,573 |

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 | |
| Secretary | Debra Wagley | FT | \$2,600.00 | 100.00% | 10.00 | \$26,000.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Senior Attorney | John J. Williams, Jr. | FT | \$7,275.00 | 50.00% | 10.00 | \$36,375.00 | <input checked="" 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: | | | | | | | \$62,375.00 | F = Fed Funds | C = Cash Match |

PART TIME AND/OR OVERTIME EMPLOYEES

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

SECTION 100. PERSONNEL SUMMARY

| | |
|------------------------|-----------------|
| FEDERAL FUNDS | \$62,375 |
| CASH MATCH | |
| PERSONNEL TOTAL | \$62,375 |

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:

Senior Attorney - The need for training in the area of the sale of illegal narcotics in Louisiana is great. As the attorney assigned to this task, he is available for training, as well as 24/7 availability to law enforcement and attorneys in the middle of such investigations and cases. He is a resource of knowledge and talent when planning and organizing training and faculty on non-traditional topics associated with the sale of illegal narcotics.

Secretary - Clerical assistance is needed on a regular basis to assist the Senior Attorney in accomplishing the day-to-day operations. The secretary assists in handling phone operations, as well as, dealing with correspondence, training materials, and other duties.

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

Salary commensurate with others in the same field in the Baton Rouge area.

C) Project duties of each position requested:

See attached job descriptions

D) Indicate if personnel will be new or existing personnel. If existing, indicate if position was backfilled. Indicate the personnel's original status. (PLEASE NOTE: Existing personnel are employees currently working for the agency in a different position, but will now be working on this grant's activities. If so, the position from which the employee was moved must be filled with a new employee. If employee is the same from the previous grant, indicate when the employee was originally hired for that position.)

Both employees are existing personnel from prior grant.

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. Wagley | | .062 | \$26,000 | \$1,612 | 5. | | .062 | | \$0 | | |
| 2. Williams | | .062 | \$36,375 | \$2,255 | 6. | | .062 | | \$0 | | |
| 3. | | .062 | \$0 | \$0 | 7. | | .062 | | \$0 | | |
| 4. | | .062 | \$0 | \$0 | 8. | | .062 | | \$0 | | |
| MEDICARE | | RATE | SALARY | TOTAL | MEDICARE | | RATE | SALARY | TOTAL | | |
| 1. Wagley | | .0145 | \$26,000 | \$377 | 5. | | .0145 | | \$0 | | |
| 2. Williams | | .0145 | \$36,375 | \$527 | 6. | | .0145 | | \$0 | | |
| 3. | | .0145 | \$0 | \$0 | 7. | | .0145 | | \$0 | | |
| 4. | | .0145 | \$0 | \$0 | 8. | | .0145 | | \$0 | | |
| HEALTH LIFE INSURANCE | | RATE | MONTHS | THE DELOVED TO PROJECT | TOTAL | HEALTH LIFE INSURANCE | | RATE | MONTHS | THE DELOVED TO PROJECT | TOTAL |
| Provide monthly insurance rates | | | | | | Provide monthly insurance rates | | | | | |
| 1. Wagley | | 750.00 | 10.00 | 100.00% | \$7,500 | 5. | | | | | \$0 |
| 2. Williams | | 500.00 | 10.00 | 50.00% | \$2,500 | 6. | | | | | \$0 |
| 3. | | | | | \$0 | 7. | | | | | \$0 |
| 4. | | | | | \$0 | 8. | | | | | \$0 |
| WORKMAN'S COMPENSATION | | RATE | SALARY | TOTAL | WORKMAN'S COMPENSATION | | RATE | SALARY | TOTAL | | |
| 1. Wagley | | 0.007 | \$26,000 | \$182 | 5. | | | | \$0 | | |
| 2. Williams | | 0.007 | \$36,375 | \$254 | 6. | | | | \$0 | | |
| 3. | | | \$0 | \$0 | 7. | | | | \$0 | | |
| 4. | | | \$0 | \$0 | 8. | | | | \$0 | | |
| UNEMPLOYMENT TAX | | RATE | TYPE | SALARY | TOTAL | UNEMPLOYMENT TAX | | RATE | TYPE | SALARY | TOTAL |
| Based on first \$7,000 or Less | | | | | | Based on first \$7,000 or Less | | | | | |
| 1. Wagley | | 0.008 | CHECK TYPE | \$7,000 | \$56 | 5. | | CHECK TYPE | | | \$0 |
| 2. Williams | | 0.008 | CHECK TYPE | \$3,500 | \$28 | 6. | | CHECK TYPE | | | \$0 |
| 3. | | | <input type="checkbox"/> FUTA <input type="checkbox"/> SUTA | \$0 | \$0 | 7. | | <input type="checkbox"/> FUTA <input type="checkbox"/> SUTA | | | \$0 |
| 4. | | | <input type="checkbox"/> FUTA <input type="checkbox"/> SUTA | \$0 | \$0 | 8. | | <input type="checkbox"/> FUTA <input type="checkbox"/> SUTA | | | \$0 |
| PUBLIC/PRIVATE RETIREMENT | | RATE | SALARY | TOTAL | PUBLIC/PRIVATE RETIREMENT | | RATE | SALARY | TOTAL | | |
| 1. | | | \$0 | \$0 | 5. | | | \$0 | \$0 | | |
| 2. | | | \$0 | \$0 | 6. | | | \$0 | \$0 | | |
| 3. | | | \$0 | \$0 | 7. | | | \$0 | \$0 | | |
| 4. | | | \$0 | \$0 | 8. | | | \$0 | \$0 | | |
| OTHER | | RATE | SALARY | TOTAL | OTHER | | RATE | SALARY | TOTAL | | |
| 1. | | | \$0 | \$0 | 5. | | | \$0 | \$0 | | |
| 2. | | | \$0 | \$0 | 6. | | | \$0 | \$0 | | |
| 3. | | | \$0 | \$0 | 7. | | | \$0 | \$0 | | |
| 4. | | | \$0 | \$0 | 8. | | | \$0 | \$0 | | |
| FRINGE BENEFITS TOTAL (A): | | | | \$15,291 | 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): **\$15,291**

| SECTION 200. FRINGE BENEFITS SUMMARY | |
|--------------------------------------|-----------------|
| FEDERAL FUNDS | \$15,291 |
| CASH MATCH | |
| TOTAL FRINGE BENEFITS | \$15,291 |

SECTION 300. TRAVEL

Itemize travel expenses of project personnel. Mileage is allowable 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: John J. Williams, Jr. TITLE: Senior Attorney PURPOSE: Training and/or DA meetings (formal and informal) | \$0.51 | 750.00 | \$382.50 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| NAME: TITLE: PURPOSE: | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: TITLE: PURPOSE: | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME: TITLE: PURPOSE: | | | \$0.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL FOR LOCAL TRAVEL | | | \$382.50 | F = Federal Funds C = Cash Match | |

| NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE) NAME/POSITION TITLE/PURPOSE OF TRAVEL | TRAVEL DESTINATION | TRAVEL DATES: | | PAID WITH | |
|--|--------------------|---------------|-----------|-------------------------------------|--------------------------|
| | | FROM | TO | F | C |
| NAME: John J. Williams, Jr. TITLE: Senior Attorney PURPOSE: Training and/or DA meetings (formal and informal) | Unknown | 12/1/2011 | 9/30/2012 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| NAME: Faculty (Unknown) - Total of 3 TITLE: (LA prosecutors and/or persons outside of state) PURPOSE: Training (Formal) | Unknown | 12/1/2011 | 9/30/2012 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| NAME: TITLE: 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 Taxi) | OTHER TRAVEL COSTS | TOTAL COSTS | PAID WITH | |
|---|--------------|-------------|------------|-------------|--------------|------------|---------------|------------------------------|--------------------|-------------|-------------------------------------|--------------------------|
| | | | | | | | | | | | F | C |
| NAME: Williams | \$0.51 | 750.00 | \$382.50 | 15 | 45 | \$41 | \$350 | \$750 | \$100 | \$1,623.50 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| NAME: Faculty (3) | \$0.51 | 500.00 | \$255.00 | 6 | 18 | \$41 | \$500 | \$750 | \$300 | \$1,846.00 | <input checked="" 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: | | | | | | | | | | \$3,469.50 | F = Federal Funds C = Cash Match | |

| SECTION 300. TRAVEL SUMMARY | |
|-----------------------------|---------|
| FEDERAL FUNDS | \$5,206 |
| CASH MATCH | |
| TRAVEL TOTAL | \$5,206 |

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"/> |
| SUBTOTAL OF EQUIPMENT: | | | \$0.00 | F = Federal Funds C = Cash Match | |

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 400. EQUIPMENT SUMMARY | |
|--------------------------------|-----|
| FEDERAL FUNDS | |
| CASH MATCH | |
| EQUIPMENT TOTAL | \$0 |

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 |
| Accounting Expense | Amount of time utilized grant mgmt | 10.00 | \$250.00 | \$2,500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Library Reference Materials | Actual | 10.00 | \$100.00 | \$1,000.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Telephone and Facsimile Charges | Actual and indirect cost % | 10.00 | \$125.00 | \$1,250.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Rental of office space | Indirect cost % | 10.00 | \$219.30 | \$2,193.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Maintenance agreements | Indirect cost % | 10.00 | \$300.00 | \$3,000.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Security expense | Indirect cost % | 10.00 | \$25.00 | \$250.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Trash Disposal Service | Indirect cost % | 10.00 | \$50.00 | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Janitorial and Pest Control | Indirect cost % | 10.00 | \$80.00 | \$800.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Utilities Expense | Indirect cost % | 10.00 | \$100.00 | \$1,000.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Insurance expense | Indirect cost % | 10.00 | \$50.00 | \$500.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | \$0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Rental of audio/visual equipment | 1 programs | 1.00 | \$2,000.00 | \$2,000.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Rental of meeting space | 1 programs | 1.00 | \$600.00 | \$600.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mandatory CLE fees | 1 program | 1.00 | \$50.00 | \$50.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL OF OTHER DIRECT COSTS: | | | | \$15,643.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

F = Federal Funds
C = Cash Funds

BRIEFLY EXPLAIN:

A) Need for each type listed; and

The list includes general costs historically associated with this type of project.

B) Its relationship to project.

These items are needed to accomplish project goals and handle day-to-day operations of the grant personnel.

| SECTION 800. OTHER DIRECT COSTS SUMMARY | |
|---|-----------------|
| FEDERAL FUNDS | \$15,643 |
| CASH MATCH | |
| OTHER DIRECT COSTS TOTAL | \$15,643 |