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

Agency/Program: Louisiana Serve Commission/AmeriCorps

Recipient: ShrevCorps

Indicate:

- ○ Cooperative Endeavor
- ○ Professional Services Contract
- ○ Personal Services Contract
- ○ Consulting Services Contract
- ○ Social Services Contract
- ◉ Grant: Indicate Specific Program 09RFHLA001-0002
- ○ Line Item Appropriation
- ○ Letter of Agreement

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

Signatures: Stephanie White — 8.26.10

Contract Monitor — Date

Appointing Authority — Date

April 3, 2009 3:20 PM

Recovery ShrevCORPS

Shreveport Green

Application ID: 09AC100369

		Total Amt	CNCS Share	Grantee Share
			Budget Dates:	
Section I. Program Operating Costs				
A. Personnel Expenses		29,440	0	29,440
B. Personnel Fringe Benefits				
C. Travel				
Staff Travel				
Member Travel				
	Total	$0	$0	$0
D. Equipment				
E. Supplies		103,000	33,000	70,000
F. Contractual and Consultant Services				
G. Training				
Staff Training				
Member Training				
	Total	$0	$0	$0
H. Evaluation				
I. Other Program Operating Costs				
Travel to CNCS-Sponsored Meetings		0	0	0
	Total	$0	$0	$0
Section I. Subtotal		**$132,440**	**$33,000**	**$99,440**
Section I Percentage			**25%**	**75%**
Section II. Member Costs				
A. Living Allowance				
Full Time (1700 hrs)		68,400	62,925	5,475
1-Year Half Time (900 hours)		24,120	22,060	2,060
Reduced Half Time (675 hrs)		0	0	0
Quarter Time (450 hrs)		0	0	0
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
	Total	$92,520	$84,985	$7,535
B. Member Support Costs				
FICA for Members		7,078	6,000	1,078
Worker's Compensation		7,402	6,000	1,402
Health Care		9,240	9,240	0
	Total	$23,720	$21,240	$2,480
Section II. Subtotal		**$116,240**	**$106,225**	**$10,015**
Section II. Percentages			**91%**	**9%**
Section III. Administrative/Indirect Costs				
A. Corporation Fixed Percentage				
Corporation Fixed Amount		6,174	6,174	0
Commission Fixed Amount		1,542	1,542	0
	Total	$7,716	$7,716	$0
B. Federally Approved Indirect Cost Rate				
Section III. Subtotal		**$7,716**	**$7,716**	**$0**
Section III Percentage			**100%**	**0%**
Section I + III. Funding Percentages			**29%**	**71%**
Budget Totals		**$256,396**	**$146,941**	**$109,455**
Budget Total Percentage			**57%**	**43%**
Required Match			**0%**	
# of years Receiving CNCS Funds			**1**	