

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

Agency/Program: Louisiana Serve Commission/AmeriCorps

Recipient: *Shreveport Green / Shreveport*

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

06AFHLA001-0018

- | 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: *Stephanne White* 8.26.10
Contract Monitor Date

Appointing Authority

Date

ShrevCORPS Shreveport Green

Application ID: 09AC107133

Budget Dates:
Total Amt CNCS Share Grantee Share

Section I. Program Operating Costs

A. Personnel Expenses	99,680	76,467	23,213
B. Personnel Fringe Benefits	7,467	4,600	2,867
C. Travel			
Staff Travel	4,787	0	4,787
Member Travel	22,100	0	22,100
Total	\$26,887	\$0	\$26,887
D. Equipment			
E. Supplies	49,036	0	49,036
F. Contractual and Consultant Services			
G. Training			
Staff Training			
Member Training	3,690	0	3,690
Total	\$3,690	\$0	\$3,690
H. Evaluation			
I. Other Program Operating Costs			
Travel to CNCS-Sponsored Meetings	0	0	0
Total	\$0	\$0	\$0
Section I Subtotal	\$186,760	\$81,067	\$105,693

Section I Percentage

43% 57%

Section II. Member Costs

A. Living Allowance			
Full Time (1700 hrs)	0	0	0
1-Year Half Time (900 hours)	43,200	34,560	8,640
Reduced Half Time (675 hrs)	0	0	0
Quarter Time (450 hrs)	0	0	0
Minimum Time (300 hrs)	36,000	28,800	7,200
2-Year Half Time (2nd Year)	0	0	0
2-Year Half Time (1st Year)	0	0	0
Total	\$79,200	\$63,360	\$15,840

B. Member Support Costs

FICA for Members	6,059	4,800	1,259
Worker's Compensation	5,544	4,415	1,129
Health Care	0	0	0
Total	\$11,603	\$9,215	\$2,388

Section II. Subtotal

\$90,803 \$72,575 \$18,228

Section II. Percentages

80% 20%

Section III. Administrative/Indirect Costs

A. Corporation Fixed Percentage			
Corporation Fixed Amount	26,400	0	26,400
Commission Fixed Amount	1,614	1,614	0
Total	\$28,014	\$1,614	\$26,400

B. Federally Approved Indirect Cost Rate

Section III. Subtotal \$28,014 \$1,614 \$26,400

Section III Percentage

6% 94%

Section I + III. Funding Percentages

39% 62%

Budget Totals	\$305,577	\$155,256	\$150,321
Budget Total Percentage		51%	49%
Required Match		38%	
# of years Receiving CNCS Funds		7	