

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

Agency/Program: Louisiana Serve Commission/AmeriCorps

Recipient: Shreveport Green/ShrevCoprs

- Indicate:**
- Cooperative Endeavor
 - Professional Services Contract
 - Personal Services Contract
 - Consulting Services Contract
 - Social Services Contract
 - Grant: Indicate Specific Program 06AFHLA001-0018
 - 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

ShrevCORPS Shreveport Green

Application ID: 10AC108922

Budget Dates:

	Total Amt	CNCS Share	Grantee Share
Section I. Program Operating Costs			
A. Personnel Expenses	86,000	65,680	20,320
B. Personnel Fringe Benefits	8,230	5,024	3,206
C. Travel			
Staff Travel	3,920	0	3,920
Member Travel	6,950	0	6,950
Total	\$10,870	\$0	\$10,870
D. Equipment			
E. Supplies	117,477	0	117,477
F. Contractual and Consultant Services	8,320	0	8,320
G. Training			
Staff Training			
Member Training	5,089	0	5,089
Total	\$5,089	\$0	\$5,089
H. Evaluation			
I. Other Program Operating Costs	16,750	0	16,750
Travel to CNCS-Sponsored Meetings	0	0	0
Total	\$16,750	\$0	\$16,750
Section I. Subtotal	\$252,736	\$70,704	\$182,032
Section I Percentage		28%	72%
Section II. Member Costs			
A. Living Allowance			
Full Time (1700 hrs)	0	0	0
1-Year Half Time (900 hours)	36,000	30,000	6,000
Reduced Half Time (675 hrs)	0	0	0
Quarter Time (450 hrs)	0	0	0
Minimum Time (300 hrs)	40,000	32,800	7,200
2-Year Half Time (2nd Year)	0	0	0
2-Year Half Time (1st Year)	0	0	0
Total	\$76,000	\$62,800	\$13,200
B. Member Support Costs			
FICA for Members	5,814	1,050	4,764
Worker's Compensation	5,320	0	5,320
Health Care	0	0	0
Total	\$11,134	\$1,050	\$10,084
Section II. Subtotal	\$87,134	\$63,850	\$23,284
Section II. Percentages		73%	27%
Section III. Administrative/Indirect Costs			
A. Corporation Fixed Percentage			
Corporation Fixed Amount	0	0	0
Commission Fixed Amount	1,413	1,413	0
Total	\$1,413	\$1,413	\$0
B. Federally Approved Indirect Cost Rate			
Section III. Subtotal	\$1,413	\$1,413	\$0
Section III Percentage		100%	0%
Section I + III. Funding Percentages		28%	72%
Budget Totals	\$341,283	\$135,967	\$205,316
Budget Total Percentage		40%	60%
Required Match		42%	
# of years Receiving CNCS Funds		8	