

<b>ATTACHMENT A - PLAN</b> <b>Act 14 of 2013</b> <b>20-901</b>	NAME OF CONTRACTING PARTY:  Madison Historical Society, Inc.
	NAME AND BRIEF NARRATIVE OF PROGRAM:  Operational Expenses of the Hermione Museum
<b>Program Goals, Objectives, Expected Outcomes/Results Activities and Related Performance Measures (Duplicate pages as needed for each goal identified). <u>What are the goals, objective(s), expected outcomes/results for this program:</u></b> Indicate the goals/objectives for this program. Indicate the expected outcomes/results for each goal. Explain how each goal, objective, outcome/result is measured. Identify activities that will be implemented to achieve expected outcomes, the person(s) responsible for implementing the activity, and the expected completion date.	
1. Program Goal ( <i>Goals are the intended broad, long-term results. Goals are clear statements of the general end purposes toward which efforts are directed.</i> )  To maintain the Hermione Museum as a functioning museum that houses local history with pictures and stories to promote, preserve and present Madison Parish history.	
2. Program Objective(s) ( <i>Objectives are intermediate outcomes--specific, measurable steps towards accomplishing the goal, that identify the expected outcomes and results. <b>The program objective must include a percentage, a specific dollar amount or a number.</b></i> ) 1. Pay \$12,500 toward the operational expenses of the Hermione Museum in Madison Parish in order for it to operate as a functioning museum for local citizens and tourists by June 30, 2014 2. Operate the museum four (4) days each week through June 30, 2014 3. Attract approximately 1,000 visitors to the museum by June 30, 2014	
3. Relevant Activity (Activities) ( <i>An activity is a distinct subset of functions or services within a program to meet the Program Objective.</i> ) 1. Promote the Hermione Museum through advertising 2. Operate a booth at the Christmas Festival to promote the history of Madison Parish 3. Open and man the Hermione Museum four (4) days a week.	
4. Performance Measure(s) ( <i>Measure the amount of products or services provided or number of customers served. Specific quantifiable measures of progress, results actually achieved and assess program impact and effectiveness. <b>A Performance Measure must be designated as a percentage, a specific dollar amount or a number.</b></i> ) 1. Amount paid toward the operational expenses of the Hermione Museum 2. Number of days the museum operated each week 3. Number of visitors attracted to the museum	

**ATTACHMENT B**  
Page 1  
**Project Budget (2013-2014)**  
Act 14 of 2013

20-901

Madison Historical Society, Inc.

**Anticipated Income or Revenue**

**Sources** *(list all sources of revenue)*

**Amounts**

1. Act 14 Hotel Motel Sales Tax	\$12,500
2.	\$
3.	\$
<b>Total all sources</b>	<b>\$12,500</b>

**Anticipated Expenses**

**Expense Categories**

**Total Amount**

**Amount Line Item  
Appropriation**

*(see Footnote 1 below)*

*(see Footnote 2 below)*

Gross Salaries(See Attachment B, Page 2)	\$	\$
Related Benefits (Employer share)	\$	\$
Travel	\$	\$
<b>Operating Services:</b>		
Advertising	\$ 300	\$ 300
Printing	\$ 600	\$ 600
Insurance	\$ 535	\$ 535
Maintenance of auto, movable property	\$	\$
Maintenance of building and grounds	\$ 5,000	\$ 5,000
Rentals	\$	\$
Software licensing	\$	\$
Dues and Subscriptions	\$ 65	\$ 65
Telephones and Internet Service	\$ 900	\$ 900
Postage	\$ 200	\$ 200
Utilities	\$ 3,300	\$ 3,300
Other	\$	\$
Office Supplies	\$ 600	\$ 600
Professional & Contract Services	\$ 1,000	\$ 1,000
(See Attachment B, Page 3)		
Other Charges (See Attachment B, Page 4)	\$	\$
Acquisitions & Major Repairs	\$	\$
<b>Total Use of the Appropriation</b>	<b>\$12,500</b>	<b>\$12,500</b>

*(Budget categories listed above reflect a typical budget and may be adjusted by the agency and recipient to reflect actual categories necessary for each individual program. Salaries and Professional & Other Contract Services and Other Charges shall be detailed using Pages 2, 3 and 4 of Attachment B).*

*All numbers must be rounded to the nearest dollar..*

Footnote (1) This column represents expenditures by category and **MUST** equal total sources listed above.

Footnote (2) This column represents the portion of expenditures by category funded by the state appropriation provided by this Cooperative Endeavor Agreement.

# ATTACHMENT B

Page 2

## Staffing Chart

Act 14 of 2013

20-901

Name of Contracting Party: Madison Historical Society, Inc.

Name of Program: Operational Expenses of Hermione Museum

Name	Title	Total Annual Salary Amount	Total Salary Paid by Appropriation		Related Benefits	Full time or Part Time # of months
			Amount	Percentage		
N/A						

Totals

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_

# ATTACHMENT B

Page 3

## Schedule of Professional and Other Contract Services

Act 14 of 2013

20-901

Name of Contracting Party: Madison Historical Society, Inc.

Name of Program: Operational Expenses of Hermione Museum

Name and Address of Individual and/or Firm	Nature of Work Performed and Justification for Services	Total Contract Amount	Total Paid by Appropriation
May & Company 1609 Felicia Drive Tallulah, LA 71282	Audit and certification of record	\$1,000	\$1,000

Totals

\$1,000

\$1,000

# ATTACHMENT B

**Page 4**  
**Schedule of Other Charges**  
 Act 14 of 2013

**20-901**

Name of Contracting Party: Madison Historical Society, Inc.

Name of Program: Operational Expenses of Hermione Museum

Provide a description of the intended use of the funds listed in Other Charges and the dollar amount. Each use should be listed separately. Do not budget funds in Other Charges that can be placed in another expenditure category.	List dollar Amount for each use
N/A	
	Total – Should agree with Attachment B, Page 1