

ATTACHMENT A - PLAN

Act 15 of 2014

Schedule 20

NAME OF CONTRACTING PARTY:
Madison Historical Society, Inc.NAME AND BRIEF NARRATIVE OF PROGRAM:
Operational Expenses of the Hermione Museum

Program Goals, Objectives, Expected Outcomes/Results Activities and Related Performance Measures (Duplicate pages as needed for each goal identified). What are the goals, objective(s), expected outcomes/results for this program: 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 (*Goals are the intended broad, long-term results. Goals are clear statements of the general end purposes toward which efforts are directed.*)

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) (*Objectives are intermediate outcomes--specific, measurable steps towards accomplishing the goal, that identify the expected outcomes and results. **The program objective must include a percentage, a specific dollar amount or a number***).

1. Pay \$9,646 toward the operational expenses and office supplies 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, 2015
2. Pay \$2,854 towards major repairs and acquisitions and professional services of the Hermione Museum in Madison Parish by June 30, 2015
3. Operate the museum four (4) days each week through June 30, 2015
4. Attract approximately 1,000 visitors to the museum by June 30, 2015

3. Relevant Activity (Activities) (*An activity is a distinct subset of functions or services within a program to meet the Program Objective.*)

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) (*Measure the amount of products or services provided or number of customers served. Specific quantifiable measures of progress, results actually achieved*)

1. Amount paid toward the operational expenses and office supplies of the Hermione Museum
2. Amount paid for major repairs and acquisitions and professional services
3. Number of days the museum operated each week
4. Number of visitors attracted to the museum

ATTACHMENT B
Page 1
Project Budget (2014-2015)
Act 15 of 2014

Schedule 20

Madison Historical Society, Inc.

Anticipated Income or Revenue

Sources *(list all sources of revenue)*

Amounts

| | |
|--------------------------|----------|
| 1. Act 15 Hotel/Motel | \$12,500 |
| 2. | \$ |
| 3. | \$ |
| Total all sources | \$ |

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 | \$ | \$ |
| Operating Services: | | |
| Advertising | \$500 | \$500 |
| Printing | \$ | \$ |
| Insurance | \$961 | \$961 |
| Maintenance of Equipment | \$ | \$ |
| Maintenance of Office and Grounds | \$2,000 | \$2,000 |
| Rentals | \$ | \$ |
| Software licensing | \$ | \$ |
| Dues and Subscriptions | \$35 | \$35 |
| Telephones and Internet Service | \$1,000 | \$1,000 |
| Postage | \$450 | \$450 |
| Utilities | \$4,000 | \$4,000 |
| Other | \$ | \$ |
| Office Supplies | \$700 | \$700 |
| Professional & Contract Services | \$900 | \$900 |
| (See Attachment B, Page 3) | | |
| Other Charges (See Attachment B, Page 4) | \$ | \$ |
| Acquisitions & Major Repairs | \$1,954 | \$1,954 |
| Total Use of the Appropriation | \$12,500 | \$12,500 |

(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 3

Schedule of Professional and Other Contract Services

Act 15 of 2014

Schedule 20

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 PO Box 821568 Vicksburg, MS 39182 | Certification of records for Madison Historical Society, Inc. and preparing an annual report to Louisiana State Auditor's Office. | \$900 | \$900 |
| | | | |

Totals

\$900

\$900

ATTACHMENT B
Page 4
Schedule of Other Charges
Act 15 of 2014

Schedule 20

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 |
|--|--|---------------------------------|
| 1.N/A | | |
| Total – Should agree with Attachment B, Page 1 | | |
| | | |