

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

**Agency/Program:** Louisiana Serve Commission/AmeriCorps

**Recipient:** Operation REACH

- Indicate:**
- Cooperative Endeavor
  - Professional Services Contract
  - Personal Services Contract
  - Consulting Services Contract
  - Social Services Contract
  - Grant: Indicate Specific Program 09ACHLA001-0003
  - 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

**Operation REACH, Inc.**  
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Application ID: 10AC108527

Budget Dates: 09/01/2010 - 08/31/2011

	Total Amt	CNCS Share	Grantee Share
<b>Section I. Program Operating Costs</b>			
A. Personnel Expenses	145,000	105,000	40,000
B. Personnel Fringe Benefits	13,332	8,032	5,300
C. Travel			
Staff Travel	2,616	0	2,616
Member Travel	1,200	0	1,200
<b>Total</b>	<b>\$3,816</b>	<b>\$0</b>	<b>\$3,816</b>
D. Equipment			
E. Supplies	10,400	0	10,400
F. Contractual and Consultant Services	20,300	9,800	10,500
G. Training			
Staff Training	5,000	0	5,000
Member Training	6,000	0	6,000
<b>Total</b>	<b>\$11,000</b>	<b>\$0</b>	<b>\$11,000</b>
H. Evaluation	5,000	5,000	0
I. Other Program Operating Costs	57,700	2,150	55,550
Travel to CNCS-Sponsored Meetings	0	0	0
<b>Total</b>	<b>\$57,700</b>	<b>\$2,150</b>	<b>\$55,550</b>
<b>Section I. Subtotal</b>	<b>\$266,548</b>	<b>\$129,982</b>	<b>\$136,566</b>
<b>Section I Percentage</b>		<b>49%</b>	<b>51%</b>
<b>Section II. Member Costs</b>			
A. Living Allowance			
Full Time (1700 hrs)	70,800	70,800	0
1-Year Half Time (900 hours)	99,360	99,360	0
Reduced Half Time (675 hrs)	0	0	0
Quarter Time (450 hrs)	74,520	74,520	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
<b>Total</b>	<b>\$244,680</b>	<b>\$244,680</b>	<b>\$0</b>
B. Member Support Costs			
FICA for Members	18,718	18,718	0
Worker's Compensation	2,447	2,447	0
Health Care	13,860	13,860	0
<b>Total</b>	<b>\$35,025</b>	<b>\$35,025</b>	<b>\$0</b>
<b>Section II. Subtotal</b>	<b>\$279,705</b>	<b>\$279,705</b>	<b>\$0</b>
<b>Section II. Percentages</b>		<b>100%</b>	<b>0%</b>
<b>Section III. Administrative/Indirect Costs</b>			
A. Corporation Fixed Percentage			
Corporation Fixed Amount	16,182	16,182	0
Commission Fixed Amount	4,302	4,302	0
<b>Total</b>	<b>\$20,484</b>	<b>\$20,484</b>	<b>\$0</b>
B. Federally Approved Indirect Cost Rate			
<b>Section III. Subtotal</b>	<b>\$20,484</b>	<b>\$20,484</b>	<b>\$0</b>
<b>Section III Percentage</b>		<b>100%</b>	<b>0%</b>
<b>Section I + III. Funding Percentages</b>		<b>52%</b>	<b>48%</b>
<b>Budget Totals</b>	<b>\$566,737</b>	<b>\$430,171</b>	<b>\$136,566</b>
Budget Total Percentage		<b>76%</b>	<b>24%</b>
Required Match		<b>24%</b>	
# of years Receiving CNCS Funds		<b>2</b>	