9676.3353.06302009

ATTACHMENT A - PLAN Act 19 of 2008 20-945	NAME OF CONTRACTING PARTY: Northeast Louisiana Sickle Cell Anemia Technical Resource Foundation, Inc.
	NAME AND BRIEF NARRATIVE OF PROGRAM: Sickle Cell Educational Program

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 provide comprehensive, holistic, culturally relevant, and respectful services to sickle cell patients and their families as well as be a resource to the 12 parishes we serve.

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. To provide at least 1 workshop or other activity that will focus on sickle cell and its effect to clients, family and the community by June 30, 2009.
2. $500 to be expended to maintain the facility owned van, including gas that will be used in transportation to/from all activities and other equipment on premises by June 30, 2009.
3. To provide $7,920 of salaries to two employees that will be leading activities as well as other aspects of their job by June 30, 2009.
4. $3,400 to publicize, purchase material and print material that will be given to the public about sickle cell by June 30, 2009.
5. To acquire a gate and security doors on facility grounds for security purposes by June 30, 2009.

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

- To set up at least 1 workshop or other activities in the community for educational knowledge about sickle cell.
- Use the van for transportation to/from various events and client contact and keep well maintained including gas as well as keep office equipment in good condition.
- Additional salary given to employees on a bi-monthly basis.
- Publicize in the media - newspaper, radio, TV about sickle cell and possible video as well as print and/or buy material for promotions.
- Install a security gate and doors.

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 and assess program impact and effectiveness.* ***A Performance Measure must be designated as a percentage, a specific dollar amount or a number).***

1. # of workshops or activities provided.
2. $ amount paid for maintaining van and other equipment.
3. $ amount paid of salaries.
4. $ amount expended for purchasing advertising, material and printing material.
5. Percentage completion of installing of security doors and gate for facility.

ATTACHMENT B

Page 1

Project Budget (2008-09)

Act 19 of 2008 **20-945**

Northeast Louisiana Sickle Cell Anemia Technical Resource Foundation, Inc

Anticipated Income or Revenue

Sources *(list all sources of revenue)*	**Amounts**
1. Act 19 State appropriations (1)	$ 13,718
2. Dept of Health and Human Resources	$ 49,500
3. United Way	$ 20,000
4. Act 19 State Appropriations (2)	$ 9,500
5. Contributions	$ 15,500
Total all sources	$108,218

Anticipated Expenses

Expense Categories	**Total Amount** *(see footnote 1 below)*	**Amount Line Item Appropriation** *(see footnote 2 below)*
Gross Salaries(See Attachment B, page 2)	$ 71,040	$ 7,920
Related Benefits (employer share)	$ 5,435	$ 606
Travel	$ 300	$
Operating Services:		
Advertising	$ 2,000	$ 1,500
Printing	$ 1,000	$ 400
Insurance	$	$
Maintenance of auto, movable property And gas	$ 1,440	$ 500
Maintenance of building and grounds	$ 2,000	$
Rentals	$	$
Software licensing	$	$
Assistance to Clients	$ 5,025	$ 4,500
Telephones and Internet Service	$ 2,200	$
Postage	$ 1,000	$ 524
Utilities	$ 4,000	$
Other Materials	$ 3,000	$ 1,500
Office Supplies	$ 2,000	$ 1,468
Professional & Contract Services (See Attachment B, page 3)	$	$
Other Charges (See Attachment B, Page 4)	$	$
Acquisitions & Major Repairs	$ 7,778	$ 4,300
Total Use of the Appropriation	$108,218	$ 23,218

(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 19 of 2008

20-945

Name of Contracting Party: Northeast Louisiana Sickle Cell Anemia Technical Resource Foundation, Inc.

Name of Program: Sickle Cell Educational Program

Name	Title	Total Annual Salary Amount	Total Salary Paid by Appropriation		Related Benefits	Full time or Part Time # of months
			Amount	Percentage		
LaSandre Starks	Executive Director	$ 25,000	$ 0	0%	$0	PT
Cheryl Minor	Registered Social Worker	$ 35,000	$ 6,000	17.14 %	$459	FT
Betty Jackson	Administrative Assistant	$ 11,040	$ 1,920	17.39 %	$147	PT All 12 months
Totals		$ 71,040	$ 7,920		$ 606	

ATTACHMENT B

Page 3

Schedule of Professional and Other Contract Services

Act 19 of 2008 **20-945**

Name of Contracting Party: Northeast Louisiana Sickle Cell Anemia Technical Resource Foundation, Inc

Name of Program: Sickle Cell Educational Program

Name and Address of Individual and/or Firm	Nature of Work Performed and Justification for Services	Total Contract Amount	Total Paid by Appropriation
N/A			

Totals $___0 _____ $_____0_____

ATTACHMENT B

Page 4

Schedule of Other Charges

Act 19 of 2008 **20-945**

Name of Contracting Party: Northeast Louisiana Sickle Cell Anemia Technical Resource Foundation, Inc

Name of Program: Sickle Cell Educational Program

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	

ATTACHMENT B-SUPPLEMENT

Business Plan

Narrative Justification for Plan B or Plan C

Act 19 of 2008 **20-945**

Northeast Louisiana Sickle Cell Anemia Technical Resource Foundation, Inc.

N/A