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

Agency/Program: Louisiana Serve Commission/AmeriCorps

Recipient: Catholic Charities Diocese of New Orleans

Indicate:

- ○ **Cooperative Endeavor**
- ○ **Professional Services Contract**
- ○ **Personal Services Contract**
- ○ **Consulting Services Contract**
- ○ **Social Services Contract**
- ◉ **Grant: Indicate Specific Program** 06AFHLA001-0024
- ○ **Line Item Appropriation**
- ○ **Letter of Agreement**

Yes	No	
☑	☐	**Does the agreement include budget worksheet?**
☑	☐	**Does the agreement include anticipated uses?**
☑	☐	**Does the agreement include estimated duration of the project?**
☑	☐	**Does the agreement include goals, objectives, and measures of performance?**
☑	☐	**Does the agreement indicate requirement of written progress report every six (6) months?**
☑	☐	**Does the agreement notify the recipient of Louisiana Audit Law (R.S.24:513)? (See attached schedule)**
☑	☐	**Has the comprehensive budget been approved by the appointing authority?**
☑	☐	**Has the comprehensive budget been properly transmitted to the Louisiana Legislative Auditor?**

Signatures: Patrick L. Rogue — 9-16-10

Contract Monitor — **Date**

_____ — _____

Appointing Authority — **Date**

September 16, 2010 2:59 PM

Civic Justice

Catholic Charities Diocese New Orleans

Application ID: 10AC119596

		Budget Dates:		
		Total Amt	**CNCS Share**	**Grantee Share**
Section I. Program Operating Costs				
A. Personnel Expenses		112,460	51,405	61,055
B. Personnel Fringe Benefits		18,085	0	18,085
C. Travel				
Staff Travel		4,500	2,000	2,500
Member Travel		13,500	0	13,500
	Total	$18,000	$2,000	$16,000
D. Equipment				
E. Supplies		2,800	0	2,800
F. Contractual and Consultant Services				
G. Training				
Staff Training				
Member Training		6,700	0	6,700
	Total	$6,700	$0	$6,700
H. Evaluation		6,000	0	6,000
I. Other Program Operating Costs		41,600	0	41,600
Travel to CNCS-Sponsored Meetings		0	0	0
	Total	$41,600	$0	$41,600
Section I. Subtotal		**$205,645**	**$53,405**	**$152,240**
Section I Percentage			**26%**	**74%**
Section II. Member Costs				
A. Living Allowance				
Full Time (1700 hrs)		0	0	0
1-Year Half Time (900 hours)		85,000	85,000	0
Reduced Half Time (675 hrs)		0	0	0
Quarter Time (450 hrs)		60,804	60,804	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
	Total	$145,804	$145,804	$0
B. Member Support Costs				
FICA for Members		11,154	11,154	0
Worker's Compensation		1,592	1,592	0
Health Care		0	0	0
	Total	$12,746	$12,746	$0
Section II. Subtotal		**$158,550**	**$158,550**	**$0**
Section II. Percentages			**100%**	**0%**
Section III. Administrative/Indirect Costs				
A. Corporation Fixed Percentage				
Corporation Fixed Amount		6,383	0	6,383
Commission Fixed Amount		2,241	2,241	0
	Total	$8,624	$2,241	$6,383
B. Federally Approved Indirect Cost Rate				
Section III. Subtotal		**$8,624**	**$2,241**	**$6,383**
Section III Percentage			**26%**	**74%**
Section I + III. Funding Percentages			**26%**	**74%**
Budget Totals		**$372,819**	**$214,196**	**$158,623**
Budget Total Percentage			**57%**	**43%**
Required Match			**24%**	
# of years Receiving CNCS Funds			**2**	