

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

Agency/Program: DCRT-OSM-14-01

Recipient: Greater Winn Development Corporation - FYE 2014

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



Contract Monitor

7/18/14
Date



Appointing Authority

7/16/14
Date

CONTRACT FISCAL INFORMATION SHEET

PLEASE COMPLETE THIS FORM AND ATTACH TO CONTRACT WHEN IT IS TIME TO ROUTE CONTRACT FOR APPROVALS AND SIGNATURES.

CONTRACTOR'S NAME: Greater Winn Development Corporation

CONTRACTOR'S ADDRESS: 499 East Main Street, Winnfield, LA 71483

CONTRACTOR'S FEDERAL EMPLOYER ID#: 72-1226621

CONTRACTOR'S SOCIAL SECURITY #:

CONTRACTOR'S TELEPHONE #: 318-628-5928

CONTRACT AMOUNT: \$100,000.00

CONTRACT PERIOD: From: 7/1/2013 thru 6/30/2014

SOURCE OF FUNDS: State x Percent 100%
Federal Percent
Self-Generated Percent

Organ. 263 Object 6345 Sub Object 3650 Reporting Cat Amt. \$25,765.20
Organ. Object Sub Object Reporting Cat. Amt.

BRIEF DESCRIPTION OF SERVICES:

The Contracting Party shall conduct the business and affairs of the Louisiana Political Museum and Hall of Fame for the purposes of providing a resource and archive of the political science, history, education, and culture of Louisiana for the citizens and visitors of the state.

