**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 | |
|---|---|---|
| ☑ | ☐ | **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:** _____ 5/6/14
**Contract Monitor** **Date**

_____ 5/16/14
**Appointing Authority** **Date**

**Transmittal to Louisiana Legislative Auditor of Comprehensive Budget Information**

**Transferring Agency: Office of the Lt. Governor/Department of Culture, Recreation & Tourism**

**Agency #:** DCRT **Program #:** CFMS 725798

FYE 2013-2014

**Receiving Agency or Entity**

| Name | Type | $ Amount |
|---|---|---|
| Greater Winn Development | Cooperative Endeavor | $24,430.87 |
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**Please attach email submission/documentation.**

**Submitted by:** Celestine Washington **Date Submitted:** 5/1/2014

# 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. $24,430.87
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.