

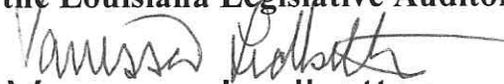
**Office of Lt. Governor/
Department of Culture, Recreation & Tourism
Funding Agreement Checklist**

Agency/Program: Office of Cultural Development/Louisiana Division of the Arts

Recipient: Louisiana Folk Roots

- Indicate:**
- Cooperative Endeavor
 - Professional Services Contract
 - Personal Services Contract
 - Consulting Services Contract
 - Social Services Contract
 - Grant: Indicate Specific Program Special Initiative
 - Line Item Appropriation
 - Letter of Agreement

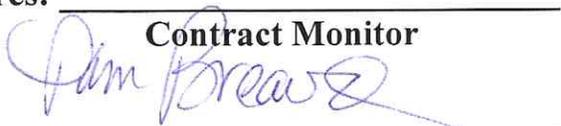
- | Yes | No | |
|-------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the agreement include budget worksheet? |
| <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: 
Vanessa Ledbetter

 Contract Monitor

2/24/2011

 Date



 Appointing Authority

2-25-11

 Date

REVISED BUDGET for ATTACHMENT A

Grant: FY10-478 SS Dates: July 1, 2009-June 30, 2010
 Grantee: Louisiana Folk Roots Amount: \$25,000

Provide a revised budget incorporating the exact grant amount. Unless an amendment is approved, categories in the Final Report Budget will not be allowed to exceed those in this budget.

CASH INCOME (this program only)

1. Admissions,Memberships,Subscriptions _____	\$ _____
2. Contracted Services Revenues[workshops,presentations] _____	\$ _____
3. Other Revenues[list source] _____	\$ _____
4. Corporate Support[source] _____	\$ _____
5. Foundation Support[source] _____	\$ _____
6. Other Private Support, Fundraising[source] _____	\$ _____
7. Applicant Cash other than above[source] _____	\$ _____

GOVERNMENT SUPPORT

8a.Federal Government Support[source] _____	\$ _____
8b.State/Regional Gov't Support[source] _____	\$ _____
8c.Local Government Support[source] _____	\$ _____
9. SUBTOTAL [Cash Income lines 1-8] _____	\$ _____
10. DOA GRANT AWARDED _____	\$ <u>25,000.00</u>
11. TOTAL CASH INCOME [lines 9-10] _____	\$ <u>25,000.00</u>

EXPENSES (this grant only)

	DOA Grant	Cash Match	Total
12.Personnel-Admin _____	\$ _____	\$ _____	\$ _____
13.Personnel-Artistic _____	\$ _____	\$ _____	\$ _____
14.Personnel-Tech/Prod _____	\$ _____	\$ _____	\$ _____
15.Fiscal Agent Fees _____	\$ <u>2,000.00</u>	\$ _____	\$ <u>2,000.00</u>
16.Outside Prof.Serv.-Artist _____	\$ _____	\$ _____	\$ _____
17.Outside Prof.Serv.-Other _____	\$ <u>23,000.00</u>	\$ _____	\$ <u>23,000.00</u>
18.Space Rental _____	\$ _____	\$ _____	\$ _____
19.Travel _____	\$ _____	\$ _____	\$ _____
20.Marketing[Promot'n,Print] _____	\$ _____	\$ _____	\$ _____
21.Rentals of Equipment _____	\$ _____	\$ _____	\$ _____
22.Supplies and Materials _____	\$ _____	\$ _____	\$ _____
23.Utilities _____	\$ _____	\$ _____	\$ _____
24.Postage _____	\$ _____	\$ _____	\$ _____
25.Insurance Fees _____	\$ _____	\$ _____	\$ _____
26.Shipping Costs _____	\$ _____	\$ _____	\$ _____
27. SUBTOTALS [lines 12-26] _____	\$ <u>25,000.00</u>	\$ _____	\$ _____
28. TOTAL EXPENSES [must equal lines 12-26] _____	\$ _____	\$ _____	\$ <u>25,000.00</u>