

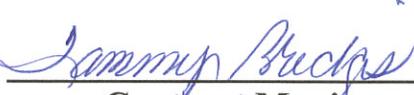
**Office of Lt. Governor
Department of Culture, Recreation & Tourism
Funding Agreement Checklist**

Agency/Program: DCRT/OCD/Division of Historic Preservation/Main Street

Recipient: City of Hammond
P. O. Box 2426
Hammond, LA 7044

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

11/6/14
Date


Appointing Authority

11-7-14
Date

**CITY OF HAMMOND
CERTIFIED LOCAL GOVERNMENT
HISTORIC DISTRICT DESIGN GUIDELINES UPDATE
HAMMOND, LOUISIANA**

BUDGET

July 1, 2014 – June 30, 2015

	GRANT FUNDS	CASH MATCH	IN-KIND MATCH	TOTAL
Personnel				
Project Investigator (5% of time @ an annual salary rate of \$16,500)			825	825
Consultant Fee (100 hours @ \$45/hour)	2,250	2,250		4,500
Printing & Copying			25	25
TOTALS	2,250	2,250	850	5,350
FEDERAL GRANT AMOUNT	\$ 2,250			
CASH/IN-KIND MATCH		\$ 3,100		
TOTAL PROJECT COST		\$ 5,350		

Travel expenses will be reimbursed according to the revised state travel regulations listed in PPM-49.