



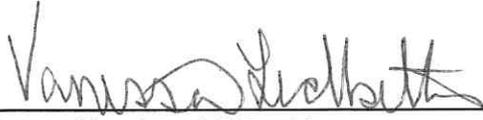
**Office of Lt. Governor/  
Department of Culture, Recreation & Tourism  
Funding Agreement Checklist**

**Agency/Program:** DCRT/ Office of Cultural Development

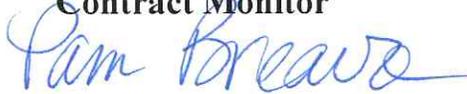
**Recipient:** St. Tammany Parish Government

- 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

5/25/11  
Date

  
Appointing Authority

5/26/11  
Date

**"ATTACHMENT B"**

**Page 1**

**Project Budget (2010-11)**

Name of Contractor

Anticipated Income or Revenue

<u>Sources (list all sources of revenue)</u>	<u>Amounts</u>
Line-item appropriation from the State of Louisiana DCRT	\$50,000.00
<b>TOTAL</b>	<b>\$50,000.00</b>

Anticipated Expenses

<u>Expense Categories</u>	<u>Total Amount</u>	<u>Amount of Line Item Appropriation</u>
Salaries	\$2,000	\$2,000 .
Related Benefits	\$	\$
Travel	\$	\$
Operating Services	\$	\$
Advertising	\$	\$
Printing	\$	\$
Maintenance of Equipment	\$	\$
Maintenance of Office	\$	\$
Rentals	\$	\$
Dues and Subscriptions	\$	\$
Telephones	\$	\$
Postage	\$	\$
Utilities	\$	\$
Other	\$	\$
Office Supplies	\$	\$
Professional & Contract Services	\$45,000	\$45,000 .
Other Charges	\$3,000	\$3,000 .
Acquisitions & Major Repairs	\$	\$
<b>Total Use of the Appropriation</b>	<b>\$50,000</b>	<b>\$50,000</b>

*(Budget categories listed above reflect a typical budget and may be adjusted by the agency and recipient to reflect actual categories necessary for each individual program. Salaries and Professional & Other Contract Services shall be detailed using pages 2 and 3 of Attachment B).*