

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

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

**Recipient:** University of New Orleans  
2000 Lakeshore Drive  
New Orleans, LA 70148

- Indicate:**
- Cooperative Endeavor
  - Professional Services Contract
  - Personal Services Contract
  - Consulting Services Contract
  - Social Services Contract
  - Grant: Indicate Specific Program –Road Home (CDBG)
  - 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:** *Jammie Bridges*  
Contract Monitor

*8/9/12*  
Date

*Pam Brewer*  
Appointing Authority

*8-13-12*  
Date

UNIVERSITY OF NEW ORLEANS  
GREATER NEW ORLEANS REGIONAL ARCHAEOLOGY PROGRAM

BUDGET

January 1, 2010 – June 30, 2012

	GRANT FUNDS	TOTAL
<b>Personnel</b>		
Regional Archaeologist (100% of time for 30 mths.)	125,002	125,002
Fringe Benefits	40,952	40,952
<b>Other Personnel</b>		
Student Worker Wages	5,500	5,500
Grad Student Additional Compensation	19,500	19,500
<b>Travel</b>		
Mileage (6,970 miles @ \$.51/mile)	3,555	3,555
Lodging (15 nights @ \$85/night)	1,275	1,275
Meals (15 days @ \$48/day)	720	720
Airfare	500	500
<b>General Expenses</b>		
Supplies	6,050	6,050
Printing & Copying	2,766	2,766
Registration & Training	2,440	2,440
<b>Equipment</b>		
Computer	2,740	2,740
<b>TOTALS</b>	<b>211,000</b>	<b>211,000</b>

FEDERAL GRANT AMOUNT 211,000  
TOTAL PROJECT COSTS 211,000

*Travel will be reimbursed in accordance with state travel regulations, PPM-49 revised.*



ENTER FUNCTION: TRANS: VENC  
COMMON VENDOR TABLE (KEY IS VENDOR CODE)

DATE: 08/09/12  
TIME: 13:35:54  
TERM: \$DLH

VENDOR CODE.: 720702000 00  
NAME.....: UNIVERSITY OF NEW ORLEANS  
NAME2.....: SPONSORED PROGRAMS  
ADDRESS.....: LAKEFRONT CAMPUS  
ADDRESS2....: CERM 460  
CITY/ST/ZIP.: NEW ORLEANS LA 70148  
PARISH.....: 36 : ORLEANS  
COUNTRY.....: US : UNITED STATES  
CONTACT.....: DAVID MUSCARELLO  
PHONE.....: 504 - 280 - 3307 - 0000  
EMAIL.....:  
FAX NUMBER..: - -

-----REMIT-TO-ADDRESS-----  
CERM BLDG RM 460  
2000 LAKESHORE DR  
NEW ORLEANS LA 70148  
36 : ORLEANS  
US : UNITED STATES  
DAVID MUSCARELLO  
504 - 280 - 3307  
- -

FEIN/SSAN...: 720702000 PRIMARY VENDOR IND: N  
1099 VENDOR IND..: N MASTER VEND IND: N  
BACKUP-WITHOLDING: N PREVENT DELETION: N  
REQUESTING AGENCY: 661 : OFFICE OF STUDENT FINANCIAL ASSIST EPAY IND: N  
STATUS CODE....: 1 : ACTIVE ACTIVATE (Y/N/C/P/S)..: