

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

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

Recipient: New Orleans Jazz Orchestra Grant #FY11-0206

- Indicate:**
- Cooperative Endeavor
 - Professional Services Contract
 - Personal Services Contract
 - Consulting Services Contract
 - Social Services Contract
 - Grant: Stabilization - Institution**
 - 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? (to be transmitted at a later date) |

Signatures:



Contract Monitor

10-05-2010

Date



Appointing Authority

10-5-10

Date

REVISED BUDGET for ATTACHMENT A

Grant: FY11-206 ST Dates: July 1, 2010 - June 30, 2011

Grantee: New Orleans Jazz Orchestra Amount: \$13,500

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.

INCOME

1. Admissions,Memberships,Subscriptions _____	\$0
2. Contracted Services Revenues[workshops,presentations] _____	\$314,391
TOTAL EARNED REVENUE _____	<u>\$314,391</u>
4. Corporate Support[Shell/Entergy] _____	\$50,000
5. Foundation Support[Wisner/Goldring-Woldenberg,ShellFound,PrudentialFound]	\$409,500
6. Other Private Support, Fundraising[Private Individuals/Mailing/Board/Fundraisers]	\$164,500
7. TOTAL CONTRIBUTED REVENUE _____	<u>\$624,000</u>
8.Federal Government Support[source] _____	\$0
9.Regional Gov't Support[source] _____	\$0
10.State Gov't Support[source] _____	\$0
11.Local/Parish Government Support[City of New Orleans] _____	\$110,000
12.Local Arts Agency Support _____	\$0
13. TOTAL GOVERNMENT SUPPORT _____	<u>\$110,000</u>
14. Applicant Cash other than above[source] _____	\$0
15. SUB-TOTAL _____	<u>\$1,048,391</u>
16. DOA Stabilization _____	\$13,500
17. Other DOA Program Grants (specify) _____	\$0
18. Total DOA GRANTS (add lines 16 through 18) _____	\$13,500
19. TOTAL CASH INCOME _____	<u>\$1,061,891</u>

EXPENSES (this grant only)	DOA Grant	Cash Match	Total
20. Salaries/Wages/Benefits-Adm	\$7,500	\$7,500	\$15,000
21. Salaries/Wages/Benefits-Artistic	\$2,100	\$2,100	\$4,200
22. Salaries/Wages/Benefits-Tech	\$ _____	\$ _____	\$ _____
23. Payroll Taxes	\$ _____	\$ _____	\$ _____
24. Professional Services-Artistic	\$2,100	\$2,100	\$4,200
25. Professional Fees and Services	\$ _____	\$ _____	\$ _____
26. Production	\$ _____	\$ _____	\$ _____
27. Occupancy /Utilities	\$ _____	\$ _____	\$ _____
28. Equipment Rental and Mainten.	\$1,800	\$1,800	\$3,600
29. Technology and Communication	\$ _____	\$ _____	\$ _____
30. Insurance	\$ _____	\$ _____	\$ _____
31. Supplies	\$ _____	\$ _____	\$ _____
32. Postage and Shipping	\$ _____	\$ _____	\$ _____
33. Marketing	\$ _____	\$ _____	\$ _____
34. Development	\$ _____	\$ _____	\$ _____
35. Travel/Mileage	\$ _____	\$ _____	\$ _____
36. Professional Development	\$ _____	\$ _____	\$ _____
37. Other Expenses	\$ _____	\$ _____	\$ _____
38. TOTAL EXPENSES	\$13,500	\$13,500	\$27,000
39. SURPLUS/DEFICIT	\$0	\$0	\$0
40. ACCUMLATED SURPLUS/DEFICIT	\$0	\$0	\$0
41. In-Kind Donations			\$25,000