

Appendix B

MONITORING REPORT

Date: _____

Contracting Party: St. Charles Parish

LaGov No. 2000426714

Project Title: “St. Charles Parish Local Coastal Program Implementation”

Invoice No. _____ Invoice Amount: _____

Total Contract Amount: \$ _____ Balance: \$ _____

Total invoiced to date: \$ _____

I. WORK COMPLETED TO DATE (ACCORDING TO TYPE CONTRACT):

- A. Percentage of work completed [include percentage completed and/or milestones accomplished (give dates)].
- B. Hourly (include services performed and number of hours worked).
- C. Scope of Services Outlined by Tasks (include tasks completed or portion of task completed to date).
- D. Actual Costs Incurred
- E. Fee Schedule

II. FOR EACH PROJECT A NARRATIVE OF IMPLEMENTATION PROGRESS INCLUDING:

A. Tasks and/or milestones accomplished (give dates)

B. Tasks and/or milestones not accomplished with explanation or assessment of:

- 1. Nature of problems encountered:

2. Remedial action taken or planned:

3. Whether minimum criteria for measure can still be met:

4. Likely impact upon achievement:

III. DELIVERABLES

IV. OTHER DISCUSSIONS OF SPECIAL NOTE

Contracting Party _____ Date _____

Approval _____ Date _____

Jon Truxillo, Project Manager

APPENDIX C

MAIL TO: Department of Natural Resources
Office of Coastal Management
P.O. Box 44487
Baton Rouge, LA 70804-4487

REQUISITION FOR PAYMENT

CONTRACTING PARTY St. Charles Parish

LaGov No. 2000426714

PROJECT NAME "St. Charles Parish Local Coastal Program Implementation"

REQUISITION PERIOD _____ ESTIMATE NO. _____

TOTAL AMOUNT AUTHORIZED _____ ESTIMATED % COMPLETE _____

BUDGET ITEMS	TOTAL AUTHORIZED AMOUNT	PREVIOUS REQUESTS	AMOUNT DUE THIS ESTIMATE	CUMULATIVE TO DATE
TOTAL	\$	\$	\$	\$

I certify that charges reflected are supported by the attached cost documentation which is available in the Contracting Party's and contractor's records.

I certify that the above statement is just and correct and payment has not been received.

SIGNATURE OF CONTRACTING PARTY REPRESENTATIVE

APPROVED: _____
JON TRUXILLO, DNR PROJECT MANAGER

APPENDIX D

MAIL TO: Department of Natural Resources
Office of Coastal Management
P.O. Box 44487
Baton Rouge, LA 70804-4487

CASH OR IN-KIND CONTRIBUTION REPORT

LaGov No. 2000358001

PROJECT NAME “St. Charles Parish Local Coastal Program Implementation”

REQUISITION PERIOD _____ ESTIMATE NO. _____

BUDGET ITEMS	TOTAL AUTHORIZED AMOUNT	PREVIOUS REQUESTS	AMOUNT DUE THIS ESTIMATE	CUMULATIVE TO DATE
TOTAL	\$	\$	\$	\$

APPROVED BY

DATE

TITLE