PRODUCTION NAME: ________________________________________________________________

PRE-AUDIT

☐ Did the production submit the St. Bernard Parish Questionnaire? (Date Submitted: ____________)
☐ Did the production lease office or soundstage space in St. Bernard Parish?

☐ Office Lease: Dates (mm/dd/yyyy) ____ /____ /_________ - ____ /____ /_________
Location of Lease (Physical Address)
________________________________________________________________________
________________________________________________________________________

☐ Soundstage Lease: Dates (mm/dd/yyyy) ____ /____ /_________ - ____ /____ /_________
Location of Lease (Physical Address)
________________________________________________________________________
________________________________________________________________________

☐ Did the production submit a Budget?
☐ Did the production submit a Distribution Plan?
☐ Did the production submit a Script Synopsis?

Budget for St. Bernard Parish spending? ________________________________

POST AUDIT

☐ Did the production submit an audit of St. Bernard Parish production costs?
☐ Did the production submit the Declaration of Residency Forms?
☐ Did the production include an end-credit or an alternative?
☐ Did the production submit a St. Bernard Parish payroll ledger?
☐ Did the production submit a St. Bernard Parish vendor ledger?

Amount spend in St. Bernard Parish? ______________
Amount of incentive rebate? ______________

☐ Date Film Incentive Review Panel completed final review: ____ /____ /_________

NOTES: (in office use)