

COOPERATIVE ENDEAVOR AGREEMENT DATA FORM

Complete one form for each project in the Capital Outlay Act and return to:

Facility Planning and Control
Capital Outlay Section
Post Office Box 94095
Baton Rouge, LA 70804-9095
Phone: (225) 342-0823 FAX: (225) 342-7624
E-mail: capitaloutlay@la.gov

DATE: _____

PROJECT NAME: _____

PARISH _____ FP&C PROJECT # _____ - _____ - _____

PLEASE TYPE OR PRINT THE FOLLOWING:

1. ENTITY NAME/ADDRESS: _____

2. FEDERAL IDENTIFICATION NUMBER/TAX ID NUMBER: _____ - _____

3. PERSON AUTHORIZED TO SIGN CO-OP AGREEMENT: (Name and Title)

Phone: _____ FAX: _____
EMAIL: _____

4. CONTACT PERSON: (Name and Title) _____
Phone: _____ FAX: _____
EMAIL: _____

5. ATTACH THE FOLLOWING INFORMATION, IF APPLICABLE:
- PROOF THAT MATCHING FUNDS HAVE BEEN RECEIVED AND PLEDGED
 - VERIFICATION OF 501 C (3) STATUS

FOR OFFICE USE ONLY *Date received and initial*

- MATCHING FUNDS VERIFIED _____
- 501C3 STATUS VERIFIED _____
- RESOLUTION RECEIVED _____