

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: codataforms@la.gov

ECORTS FISCAL YEAR: _____ DATE: _____

ENTITY NAME: _____

PROJECT TITLE: _____

FP&C PROJECT #: _____ - _____ - _____

PERMANENT ID #: _____

PARISH: _____

PLEASE TYPE OR PRINT THE FOLLOWING:

1. ENTITY STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

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

3. PERSON AUTHORIZED TO SIGN CO-OP AGREEMENT:
FIRST NAME: _____ LAST NAME: _____
TITLE: _____
PHONE: _____ - _____ - _____ EMAIL: _____

4. ENTITY CONTACT PERSON:
FIRST NAME: _____ LAST NAME: _____
TITLE: _____
PHONE: _____ - _____ - _____ EMAIL: _____