# COOPERATIVE ENDEAVOR AGREEMENT DATA FORM

**Complete form and return to:**

Facility Planning and Control
Capital Outlay Section
Post Office Box 94095
Baton Rouge, LA 70804-9095

Telephone: (225) 342-0823
Fax: (225) 342-7624
Email: capitaloutlay@la.gov

**Please type or print the following:**

Date: _____

Project Name:

Parish(es): _____

FP&C Project #: _____ Act #: _____ Year: _____ Page: _____

Entity Name: _____

Entity Address:

Federal Identification Number: _____

Person authorized to sign Cooperative Endeavor Agreement (Name and Title):

_____

Telephone: _____ Fax #: _____

Contact Person (Name and Title):

_____

Telephone: _____ Fax #: _____ E-Mail: _____

**Please attach the following, if applicable:**

- Proof that funds have been pledged and set aside to meet match requirement
- Verification of 501(C)(3) status