

## 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](mailto: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: \_\_\_\_\_