

**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)

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 \_\_\_\_\_