

**Vendor Information for
Cooperative Endeavor Agreements or Intergovernmental Contracts**

The following information is needed to start a draft Cooperative Endeavor Agreement or Intergovernmental Contract. Please note that the Vendor name and address should be the same across all entity profiles.

1. **Vendor Name** (as it should be listed in the agreement/contract):

2. **Vendor Address** (as it should be listed in the agreement/contract):

3. **LaGov Vendor Number:** Please provide your LaGov Vendor Number (**starts with 31***).
 - <https://wwwcfprd.doa.louisiana.gov/osp/lapac/vendor/VndPubMain.cfm>
 - If you have any questions about your profile or if you need to register, contact Office of State Procurement (OSP) directly at (225) 342-8010 or send an email to vendr_inq@la.gov._____
4. **Federal Tax ID Number:**

5. **Contact person for draft agreement/contract:** Please indicate the person to contact for this draft agreement/contract. It does not need to be the person with signature authority, but should be the person readily available for questions during this process.
Name: _____
Email: _____
Phone: _____
6. **Agreement/Contract Draft Review:** Please describe the process needed for your office to review the draft agreement/contract before it is signed. (e.g.: legal staff only, council meeting/vote, etc.)

7. **Signature Person:** Please provide the name and title of the person who has signature authority to sign the agreement/contract.
Name: _____
Title: _____
8. **Signature Option:** Please select the preferred signature option:
(a) Electronic Signature (DocuSign) ☐ **or (b) PDF provided by email** ☒
- 8.(a) (i) If Electronic Signature (DocuSign) – Please provide the email address of the person who has signature authority;
Email: _____

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- (ii) Does your office require anyone other than the signature authority to sign electronically (i.e. witness signature, legal review, etc.)?

Yes ☐ or No ☐

If yes, please list name, title, and email address of each person that needs to sign

Name: _____

Email: _____

Phone: _____

- 8.(b) (i) If PDF provided by email – Please indicate the person the agreement/contract should be send to for processing. Your office will print, sign, and witness two (2) copies of the agreement/contract, and then return the hard copies to DEQ.

Name: _____

Email: _____

Phone: _____

9. **Other Information:** This space is provide to include any additional information, as needed.
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