House of Representatives
Appropriation Bill
Supplemental Information Form
Fiscal Year 2008-2009

I. PREPARER INFORMATION:
Name: _____
Telephone number: _____
e-mail address: _____

II. THE NAME OF THE LEGISLATOR who is the requestor and, if different, the sponsor of the amendment on behalf of the recipient entity.
Requestor: _____
Sponsor: _____

The dollar amount to be appropriated by the amendment:_____

III. THE RECIPIENT ENTITY'S INFORMATION:
Full Legal Name:_____
Mailing address: _____
_____
Physical address: _____
_____

The type of entity (for instance, a nonprofit corporation):
_____

The last four numbers of the taxpayer's identification number of the recipient entity. _____

If the entity is a corporation, the names of the incorporators:
_____
_____
_____
_____

Completed forms should be faxed to 225-342-5045
e-mailed to: speera@legis.state.la.us
mailed to: P.O. Box 44281, Baton Rouge, Louisiana 70804
delivered to: Room G-106, State Capitol, Baton Rouge, LA

The name of each member of the recipient entity's governing board and officers.

_____
_____
_____
_____
_____

PART IV. PROGRAM/PROJECT DETAIL

The recipient entity's proposed detailed budget, including amounts budgeted for salaries, professional services, contracts, acquisitions, major repairs, and supplies:

_____
_____
_____
_____
_____
_____
_____

The recipient entity's public purpose sought to be achieved through the use of state monies: _____
_____
_____

A summary of the project or program to be used to achieve such purpose:

_____
_____
_____
_____
_____

The goals and objectives to achieve such purpose, described in a detailed manner sufficient to inform a reasonable citizen of the true nature of the purpose, the project or program, and the goals and objectives to achieve such purpose: _____
_____
_____
_____

_____

_____

The proposed length of time the recipient entity estimates is needed to accomplish the purpose. _____

V. IF ANY ELECTED OR APPOINTED STATE OFFICIAL OR AN IMMEDIATE FAMILY MEMBER of such an official is an officer, director, trustee, or employee of the recipient entity or holds any ownership interest therein:

The name and address of the official and the office held by such person.

_____

_____

The name and address of the immediate family member;
Name:_____
Address:_____

The name, address, and office of the official to whom the person is related; and the nature of the relationship.
Name: _____
Address: _____
Office held:_____
Relationship: _____

The percentage of the official's ownership interest in the recipient entity

_____

The percentage of the immediate family member's ownership interest in the recipient entity _____

The position held by the official in the recipient entity _____

_____

The position held by the immediate family member in the recipient entity.

_____

VI. IF THE RECIPIENT ENTITY HAS A CONTRACT with any elected or appointed state official or an immediate family member of such an official or with the state or any political subdivision of the state:

Contracts with an elected or appointed state official:
Official's name: _____
Official's address: _____
_____
Office held: _____

If the contract is with an immediate family member of an elected or appointed state official:
Name: _____
Address: _____
_____

For the official to whom the person is related:
Name: _____
Address: _____
_____
Office held: _____
Nature of the relationship: _____

If the contract is with the state or a political subdivision of the state

Name of the state entity or political subdivision:
_____
_____

Address of the state entity or political subdivision:
_____
_____

Nature of the contract: _____
_____

Value of the contract: _____

A description of the goods or services provided or to be provided pursuant to the contract: _____
_____
_____
_____