

**STATE OF LOUISIANA**  
**DEPARTMENT OF EDUCATION**  
**PURCHASING AND CONTRACTS MANAGEMENT**

*Not required for Interagency Agreements, Cooperative Endeavor Agreements, Memorandum of Understanding Agreements*

Post Office Box 94064

Baton Rouge, Louisiana 70804-9064

Street Address: 1201 N. 3rd Street,

**DECLARATION OF CONTRACTUAL OBLIGATIONS**

The Louisiana Department of Education (LDOE) and the State Board of Elementary and Secondary Education (SBESE) require the declaration of any prior contractual involvements by a potential contractor. Before engaging in the contract now under consideration, we need your declaration.

Complete this form and return it to the LDOE, Purchasing and Contracts Management. **NO CONTRACT WILL BE APPROVED UNTIL THIS FORM HAS BEEN COMPLETED, SIGNED, SUBMITTED AND DETERMINED BY LDOE TO BE COMPLETE.**

Are you a member of the Louisiana Teachers' Retirement System? YES \_\_\_\_\_ NO \_\_\_\_\_

If your answer is **YES**, you must complete the Form TRSL Form 15 "Retiree Return to Work Notification".

In the last 24 months, have you or any firm in which you hold an interest been involved with any professional service contract or subcontract with the LDOE or the SBESE or any SBESE-operated school, in the capacity of a contractor, subcontractor, or employee of a contractor or subcontractor?

YES \_\_\_\_\_

NO \_\_\_\_\_

If your answer to the above question is **NO**, please sign in the space provided below. You must also provide your social security number and/or tax identification number in the space provided.

If your answer is **YES**, you must provide the following information. **(Separately list each contract in which you are involved.)**

Contracting Agency/School	Contractor Name as it Appears on the Contract	Term of Contract (Begin/End Dates)	Dollar Amount of Contract	Description of Work Performed under Contract	Amount of Time Dedicated to Contract (Ex: Hours/Week)

(If additional space is needed, use the back of this sheet; provide information in the same format as set out above.)

**AFFIDAVIT: By signing below, I certify that the information provided above is complete and accurate, to the best of my knowledge. I understand that any intentional misrepresentation on my part will be grounds for voiding any contractual obligations or commitments and that the LDOE and/or the SBESE may pursue any remedies provided under law.**

Contractor's Name (Typed or Print)

Address and Telephone Number

( )

Signature of Potential Contractor

Social Security # and/or Tax Identification #

Date