AFFIDAVIT OF NOTICE OF FEE DISPOSITION

PURSUANT TO LA. R.S. 38:2196.1, any person or other entity that enters into any contract awarded without bidding with a state entity or local entity, or any contract with a local entity exceeding ten thousand dollars awarded with bidding, in which a commission, fee, or other consideration is paid to the contractor for the contractor to sell to or provide to the state entity or local entity any commodity, goods, brokerage service or other service of any kind, insurance, or anything of value, then the full disposition, splitting, or sharing of such commission, fee, or other consideration **shall be disclosed to the state entity or local entity by the contractor in writing** by an ***AFFIDAVIT OF NOTICE OF FEE DISPOSITION***.

☐**ORIGINAL FEE DISPOSITION** (DATE CONTRACT ENTERED: _____/_____/_____)

☐**AMENDMENT** (DATE FEE DISPOSITION AMENDED: _____/_____/_____)

NAME OF CONTRACTOR: _____

NAME OF AUTHORIZED AGENT (PRINT): _____

MAILING ADDRESS: _____

_____

NAME OF STATE OR LOCAL ENTITY _____

☐STATE CONTRACT WITHOUT BIDDING

☐LOCAL CONTRACT WITHOUT BIDDING

☐LOCAL CONTRACT WITH BIDDING (EXCEEDING $10,000)

VALUE OF COMMISSION, FEE, OR OTHER CONSIDERATION TO THE CONTRACT: $_____

PARTIES TO RECEIVE DISPOSITIONS, SPLITS, OR SHARES OF THE COMMISSION, FEE, OR OTHER CONSIDERATION

☐ **SCHEDULE A COMPLETED AND ATTACHED**

CERTIFICATE OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that this Notice shall be attached to and made a part of the contract for which the commission, fee, or other consideration is paid and shall be recorded in the public record.

_____

Signature (Authorized Agent)

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 20____

_____

Signature (Notary Public)

SCHEDULE A: PARTIES TO RECEIVE DISPOSITIONS, SPLITS, OR SHARES OF THE COMMISSION, FEE, OR OTHER CONSIDERATION

FULL NAME OF RECIPIENT (PRINT): _____

☐SPLITS: _____ ☐ FEE $_____ ☐COMMISSION SHARES: _____

☐ OTHER CONSIDERATION: _____

FULL NAME OF RECIPIENT (PRINT): _____

☐SPLITS: _____ ☐ FEE $_____ ☐COMMISSION SHARES: _____

☐ OTHER CONSIDERATION: _____

FULL NAME OF RECIPIENT (PRINT): _____

☐SPLITS: _____ ☐ FEE $_____ ☐COMMISSION SHARES: _____

☐ OTHER CONSIDERATION: _____

FULL NAME OF RECIPIENT (PRINT): _____

☐SPLITS: _____ ☐ FEE $_____ ☐COMMISSION SHARES: _____

☐ OTHER CONSIDERATION: _____

FULL NAME OF RECIPIENT (PRINT): _____

☐SPLITS: _____ ☐ FEE $_____ ☐COMMISSION SHARES: _____

☐ OTHER CONSIDERATION: _____

FULL NAME OF RECIPIENT (PRINT): _____

☐SPLITS: _____ ☐ FEE $_____ ☐COMMISSION SHARES: _____

☐ OTHER CONSIDERATION: _____