

ATTACHMENT E-1
Disclosure and Certification Statement

Contracting Party: New Orleans & Company

Name of Program: New Orleans & Company

Sub-Contractor's Name:

Sub-Contractor's Mailing Address:

Organization Type:

Private entities required to register with the Secretary of State's office must be in good standing with that office.

Names and Addresses of all officers and directors, including Executive Director, Chief Executive Officer or any person responsible for the daily operations of the entity:

Names and Addresses of all key personnel responsible for the program or functions funded through this agreement:

List any person receiving anything of economic value from this agreement if that person is a state elected or appointed official or member of the immediate family of a person who is a state elected or appointed official. Include the amount of anything of economic value received and the position held within the organization. Identify the official and the public position held.

☐ **I hereby certify that this organization has no outstanding audit issues or findings.**

☐ **I hereby certify that this organization has outstanding audit issues or findings and is currently working with the state to resolve such issues or findings.**

I hereby certify that I have reviewed the above information, it is true and correct to the best of my knowledge, and I am the duly authorized representative of the organization.

Signature of Subcontractor (*Authorized person*)

Print Name and Title

Date