

	<b>CONSORTIUM VERIFICATION FORM</b> <i>Electronic versions available on website</i>	
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Each of the undersigned certifies that they will participate in this project, that the specified obligations and responsibilities in this project will be met, and that the project will be administered by the public agency or corporation designated.

**ADMINISTERING ORGANIZATION**

Organization's Name	Project Director's Name
Project Title	Telephone Area/No.

**PARTICIPATING ORGANIZATION(S)**

Organization's Name		Telephone Area/No.
Address ( <i>Street, City, State, Zip</i> )		Supplying 1/3 or More of the Total Match? <small>(If yes, then <b>CEQ</b> must sign.)</small>
Name and Title	Signature	Date Signed
Organization's Name		Telephone Area/No.
Address ( <i>Street, City, State, Zip</i> )		Supplying 1/3 or More of the Total Match? <small>(If yes, then <b>CEQ</b> must sign.)</small>
Name and Title	Signature	Date Signed
Organization's Name		Telephone Area/No.
Address ( <i>Street, City, State, Zip</i> )		Supplying 1/3 or More of the Total Match? <small>(If yes, then <b>CEQ</b> must sign.)</small>
Name and Title	Signature	Date Signed
Organization's Name		Telephone Area/No.
Address ( <i>Street, City, State, Zip</i> )		Supplying 1/3 or More of the Total Match? <small>(If yes, then <b>CEQ</b> must sign.)</small>
Name and Title	Signature	Date Signed

In order to conserve paper, you may cut and paste signatures from multiple organizations onto the consortium page.  
Use a duplicate of this form if there are more than four participating organizations. WEEB (Rev. 6/09)