ATTACHMENT B
COALITION MEMBER COMMITMENT FORM

INSTRUCTIONS: Applicants must complete and submit a Coalition Member Commitment Form for each proposed coalition member under this project.

Subcontractor Organization	
Coalition Member Name:	**Subcontractor DBA Name, if different:**
Employer Identification Number:	**Year Incorporated/Founded:**
Organization Website:	**Annual Operating Budget:** **$**
Business Address:	**Mailing Address, if different:**
Contact Name & Title:	
Contact Email:	**Contact Phone Number:**
Information	
Proposed Contract Amount: **$**	**Percent of Total Project Budget:**
Certification	
As the Authorizing Official for the coalition member included in this application, I am supportive of this application and commit my organization to fully engaging in the work plan provided in this application. _____ Signature of Authorizing Official Date _____ Printed Name and Title	

☐ **Please check if additional forms are attached.**