

## COALITION MEMBER COMMITMENT FORM

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

<b>Subcontractor Organization</b>	
<b>Coalition Member Name:</b>	<b>Subcontractor DBA Name, if different:</b>
<b>Employer Identification Number:</b>	<b>Year Incorporated/Founded:</b>
<b>Organization Website:</b>	<b>Annual Operating Budget:</b> \$
<b>Business Address:</b>	<b>Mailing Address, if different:</b>
<b>Contact Name &amp; Title:</b>	
<b>Contact Email:</b>	<b>Contact Phone Number:</b>
<b>Information</b>	
<b>Proposed Contract Amount:</b> \$	<b>Percent of Total Project Budget:</b>
<b>Certification</b>	
<p>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.</p>	
Signature of Authorizing Official	Date
Printed Name and Title	

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

Page \_\_\_\_\_ of \_\_\_\_\_