**Emerging Opportunities Program**

**CO-FUNDING SUPPORT FORM**

**Note: Each co-funding organization providing cash to the project payable directly to WRF must complete a separate Emerging Opportunities Co-Funding Support Form and include it in the proposal.**

Co-Funding Organization:

Type of Organization: \_\_\_\_ partner organization \_\_\_water utility \_\_\_\_consulting firm \_\_\_\_ manufacturer \_\_\_\_other (describe)

Cash co-funding amount being provided by your organization (in USD) $

Person responsible for contract matters for your organization:

Name:

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address (no P.O. boxes please):

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:

Person responsible for accounting matters for your organization:

Name:

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address (no P.O. boxes please):

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:

What approvals, if any, will be required in order for your funds to be released to WRF? (e.g., Board, City Council, Board of Commissioners)

Have these approvals been obtained? \_\_\_\_ Yes \_\_\_\_ No

Can approvals be obtained and co-funding agreements be signed within 120 days of award? \_\_\_\_\_Yes \_\_\_\_\_No

(**Note:** 120 days after award notification WRF may cancel the award if funding has not been received.)

Does the co-funding expire? \_\_\_\_ Yes \_\_\_\_ No If yes, what date does the co-funding expire? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your organization require a Purchase Order (PO) number on the invoice in order to pay this co-funding? \_\_\_\_\_Yes \_\_\_\_\_No (Note: this question must be answered by the appropriate financial contact for your organization. Provide the point of contact information below.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any conditions of WRF project funding agreement that would prevent you from signing it as it is currently worded? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: (attach additional pages if required)

Has your organization’s legal counsel reviewed the agreement template? \_\_\_\_\_\_ Yes \_\_\_\_No

The person signing below acknowledges they are authorized to commit their organization to the proposed work.

Signature Print Name

Title Organization

Date Phone

Mailing Address