PARTNER VERIFICATION FORM
Electronic versions available on website

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

WI DNR FORESTER (NOT REQUIRED FOR ALL PROJECTS)

Submitting in the school forest category and the **proposal includes <u>any</u> type of forest management activities** (e.g., removing invasive species, harvesting and/or planting, updating a management plan), the local DNR forester must sign the consortium verification page even if s/he will not be directly involved in the project

Organization's Name		Telephone Area/No.
Address *(Street, City, State, Zip)*		Supplying 1/3 or More of the Total Match? (If yes, then ***CEO*** must sign.) ☐ Yes ☐ No
Name and Title	Signature ➢	Date Signed

PARTICIPATING ORGANIZATION(S)

Organization's Name		Telephone Area/No.
Address *(Street, City, State, Zip)*		Supplying 1/3 or More of the Total Match? (If yes, then ***CEO*** must sign.) ☐ Yes ☐ No
Name and Title	Signature ➢	Date Signed
Organization's Name		Telephone Area/No.
Address *(Street, City, State, Zip)*		Supplying 1/3 or More of the Total Match? (If yes, then ***CEO*** must sign.) ☐ Yes ☐ No
Name and Title	Signature ➢	Date Signed
Organization's Name		Telephone Area/No.
Address *(Street, City, State, Zip)*		Supplying 1/3 or More of the Total Match? (If yes, then ***CEO*** must sign.) ☐ Yes ☐ No
Name and Title	Signature ➢	Date Signed

Use a duplicate of this form if there are more than four participating organizations.