

**CONSORTIUM 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 <b>Sitka School District</b>	Project Director's Name <b>Sue McWilliams</b>
Project Title <b>An Educational Plan for Foxwood School Forest</b>	Telephone Area/No. <b>(222) 333-4444</b>

**PARTICIPATING ORGANIZATION(S)**

Organization's Name <b>Leaning Experience and Activities in Forestry (LEAF)</b>		Telephone Area/No. <b>(715) 346-4907</b>
Address ( <i>Street, City, State, Zip</i> ) <b>110 College of Natural Resources, UW-Stevens Point, 800 Reserve Street, Stevens Point WI 54481</b>		Supplying 1/3 or More of the Total Match? (If yes, then <b>CEO</b> must sign.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name and Title <b>Gretchen Marshall, WI School Forest Education Specialist</b>	Signature <i>&gt; Gretchen Marshall</i>	Date Signed <b>12/19/2008</b>
Organization's Name <b>Wisconsin Department of Natural Resources: Sitka Service Station</b>		Telephone Area/No. <b>(608) 222-9999</b>
Address ( <i>Street, City, State, Zip</i> ) <b>1515 Forest Lane, Sitka WI 55555</b>		Supplying 1/3 or More of the Total Match? (If yes, then <b>CEO</b> must sign.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name and Title <b>Joe Maple, DNR Forester</b>	Signature <i>&gt; Joe Maple</i>	Date Signed <b>12/20/2008</b>
Organization's Name		Telephone Area/No.
Address ( <i>Street, City, State, Zip</i> )		Supplying 1/3 or More of the Total Match? (If yes, then <b>CEO</b> must sign.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Title	Signature <i>&gt;</i>	Date Signed
Organization's Name		Telephone Area/No.
Address ( <i>Street, City, State, Zip</i> )		Supplying 1/3 or More of the Total Match? (If yes, then <b>CEO</b> must sign.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Title	Signature <i>&gt;</i>	Date Signed

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