

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 MeasureMe	Project Director's Name Theo. Count
Project Title Planning for Assessing the Environmental Literacy of Wisconsin's Students	Telephone Area/No. (151) 170-1923

PARTICIPATING ORGANIZATION(S)

Organization's Name Department of Public Instruction		Telephone Area/No. (800) 441-4563
Address (<i>Street, City, State, Zip</i>) 125 S. Webster Street, PO Box 7841 Madison WI 53707-7841		Supplying 1/3 or More of the Total Match? (If yes, then CEO must sign.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and Title Tony Evers, Superintendent	Signature <i>Tony Evers</i>	Date Signed 01/22/2010
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 CEO must sign.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Title	Signature >	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 CEO must sign.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Title	Signature >	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 CEO must sign.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Title	Signature >	Date Signed

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

WEEB (Rev.6/07)