

**Indiana Finance Authority**

*LSL Inventory Funding Program January 2024*

Scope of Work Certification Form

I certify that I am an Authorized Representative for the utility named below and I approve of the Scope of Work summarized below and submitted with IFA’s LSL Inventory Funding Program Application. I further certify the Service Provider below has been selected by the utility to perform the work set forth in our utility’s grant application. Our utility will collaborate with the Service Provider to ensure the project is completed within 6 months/12 months as required by the IFA.

|  |  |
| --- | --- |
| **Utility Name** |  |
| **Utility PWSID** |  |
| **Name of Authorized Representative** |  |
| **Title of Authorized Representative** |  |
| **Phone:** | **Email:** |

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I am an Authorized Representative of the company/firm named below and I approve of the Scope of Work briefly described below and submitted in IFA’s LSL Inventory Funding Program Application, which I have reviewed. If the project is awarded, I agree to enter into a Professional Services Agreement (PSA) with the IFA and can complete the Scope of Work briefly outlined below and included in the Community’s application within 6 months/12 months of executing the PSA.

|  |  |
| --- | --- |
| **Company Name** |  |
| **Name of Authorized Representative** |  |
| **Title of Authorized Representative** |  |
| **Brief Description of Scope of Work, *including the requested funding amount*:** | |
| **Phone:** | **Email:** |

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_