

NESTIP Company Commitment **Form B**

Company Name _____ Federal Tax No. _____

Company Address _____ City, State Zip _____

Project Supervisor Name and Title _____

Phone Number _____ E-Mail _____

Project Description:

Project Starting Date _____ Ending Date _____

Student Name _____

Student's Hourly Rate _____

Subsidy % Requested _____ Total Amount of Subsidy Requested \$ _____

The Company or the student may stop participating in the program at any time by notifying the EPSCoR office in writing.

Printed Company Official Name and Title

Company Official Signature

Date