

Employer Consortium Lead Entity Form

Name of Lead Entity:

Primary Contact (name):

Address:

City, State Zip:

Email:

Phone Number:

Total Number of Entities in the Consortium (including the Lead Entity):

Total Number of Employees (full-time, non-contract) in the Consortium:

Include a letter of commitment from each consortium member on their company letterhead that includes the primary contact information for each organization and describes the commitment being made ([Click here for Consortium Letter Template](#)).

Include the Employer Consortium Lead Entity Form and a copy of each consortium member letter in one PDF document and attach as part of the grant application.