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:

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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.

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Company Official Signature Date