



https://bit.ly/C-0-G_Form2024

Local Project Agreement

Council of Governments

- Date: _____
- Please identify the Legislator sponsoring the project: _____
- Please indicate the Council of Governments/Regional Planning District receiving this appropriation: _____
- Please state the amount being requested by the sponsor for appropriation for expenditure over two (2) fiscal years. (For example: \$200,000): _____
- Please state the county/counties that will receive the appropriation.

- Please state the specific locality that will receive the appropriation. _____

IMPORTANT:

The following questions require a response from an administrative representative of the Council of Governments/Regional Planning District receiving the appropriation. This will acknowledge managerial responsibility for disbursing the appropriation, maintaining oversight of the appropriation, and reporting on the appropriation. Completing this form will serve as confirmation of said responsibility.

- The Council of Governments agrees to receive, manage/oversight, and report outcomes for each appropriation as intended by the sponsor.
- The Council of Governments agrees that all local appropriations are subject to the statewide procurement process.
- The Council of Governments agrees to coordinate with the project sponsor in the design of the Pilot Project.
- COGs retain the ability to reject an appropriation if it determines at a later date that it is unable or unwilling to expend the appropriation as intended by the sponsor.
- **I have read and acknowledged the terms of the appropriation, and I accept responsibility for the management and disbursement and reporting of funds on behalf of the Council of Governments identified above. All appropriations received through this mechanism are subject to and contingent upon the passing of the Government Accountability Expendable Trust Act or similar legislation.****

Name: _____

Title: _____

Phone Number: _____

Email: _____

Signature of COG official: _____