

HEAL NY Phase 2: Capital Restructuring Initiatives
RGA Number: 0604261035

MULTIPLE PROVIDER / PARTICIPANT CONSENT FORM

***REQUIRED FOR APPLICATIONS WITH MULTIPLE PARTICIPANTS IN
GRANT APPLICATION***

Lead Applicant in Grant Application

- Lead Applicant has requested and received consent from the participants listed below to fully participate and assist in the implementation of all aspects of the capital restructuring project submitted. Lead Applicant understands that it will be asked to sign a Grant Disbursement Agreement relating to the entire project should the application lead to an award.

Lead Applicant Name: _____ (please type)

Lead Applicant Authorized Signature: _____

Date: _____

Participants in Grant Application (Please list all participants)

- Participant understands all aspects of the capital restructuring project described in the grant application submitted by the Lead Applicant (above) and consents to its inclusion therein.
- If the grant is awarded, Participant agrees to fully cooperate in the implementation of the capital restructuring project described in the grant application and consents to Lead Applicant executing a Grant Disbursement Agreement in connection therewith.

Participant Name: _____ (please type)

Participant Authorized Signature: _____

Date: _____

Participant Name: _____ (please type)

Participant Authorized Signature: _____

Date: _____

Participant Name: _____ (please type)

Participant Authorized Signature: _____

Date: _____