**CAB Program: County Evaluation Team Members Form (Optional)**

Through submission of this Evaluation Team Members Form, County requests to have the following individuals represent them in evaluation of the scope of work responses for the Completing Access to Broadband (CAB) program. (Counties may elect not to participate in the evaluation process and let NCDIT keep them informed regarding proposals received and selected project(s).)

Evaluation Team Member 1

Name:

Title:

Phone:

Email:

Evaluation Team Member 2

Name:

Title:

Phone:

Email:

*Evaluation Team Members Form Completed by:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number

*This form should be completed and submitted to* *CABprogram@nc.gov* *by Sept. 9.*