



Indiana Finance Authority

LSL Inventory Funding Program

Spring 2023

Scope of Work Certification Form

I certify that I am an Authorized Representative for the utility named below and I approve of the Scope of Work summarized below and submitted with IFA’s LSL Inventory Funding Program Application. I further certify the Service Provider below has been selected by the utility to perform the work set forth in our utility’s grant application. Our utility will collaborate with the Service Provider to ensure the project is completed within 6 months as required.

Utility Name	
Utility PWSID	
Name of Authorized Representative	
Title of Authorized Representative	
Phone:	Email:

Signature: _____ **Date:** _____

I certify that I am an Authorized Representative of the company/firm named below and I approve of the Scope of Work briefly described below and submitted in IFA’s LSL Inventory Funding Program Application, which I have reviewed. If the project is awarded, I agree to enter into a Professional Services Agreement (PSA) with the IFA and can complete the Scope of Work briefly outlined below and included in the Community’s application within 6 months of executing the PSA.

Company Name	
Name of Authorized Representative	
Title of Authorized Representative	
Brief Description of Scope of Work:	
Phone:	Email:

Signature: _____ **Date:** _____