

Arkansas BEAD Partnership Declaration

This letter serves as a commitment between *[List partnership entities]* to form a partnership for the purpose of the Arkansas BEAD Program.

All parties certify that the partnership shall last, at a minimum, for the duration of the BEAD application process and understand that the State of Arkansas reserves the right to keep the partnership intact for the life of the subgrant.

Signatures

By signing below, we hereby confirm that all entities within the partnership have separately qualified and certify that the partnership will adhere to all requirements set forth by the State of Arkansas.

(Name) (Date)

(Name) (Date)

(Name) (Date)

(Name) (Date)

Arkansas BEAD Partnership Information

List of Entities

Please list all entities participating in the partnership below:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Point of Contact

Please provide the name and contact information for the main point of contact for the partnership:

Name _____

Email _____

Roles and Responsibilities

Please provide the role(s) that each entity will play within the partnership. Applicants may specify geographic regions or specific capabilities (i.e., operational, financial, etc.) that each entity will contribute to the partnership.

ISP Name	Partnership Role