
Termination: This CCS may be terminated by either party with termination to be effective on any successive renewal date by giving written notice to the other party no later than 30 days prior to automatic renewal in accordance with Section 4(a) of the Interlocal Participation Agreement.

Coordinator: The Fund Member is required to designate a Program Coordinator (Coordinator) with express authority to represent and bind the Fund Member in all UC program matters. If a Coordinator's name and contact information is not provided below, the currently designated Coordinator and contact information will remain in effect.

_____		_____
Name of Coordinator		Coordinator title
_____		_____
Coordinator address		City, state, and zip
_____		_____
Coordinator phone	Coordinator fax	E-mail address

Fund Member:

I certify that this information is correct. I affirm that I am duly authorized to sign this Contribution & Coverage Summary. Furthermore, I certify that I have read and agree to this Contribution & Coverage Summary and the Interlocal Participation Agreement.

_____	_____
Authorized signature	Date
_____	_____
Printed name	Title

TASB Risk Management Fund:

_____	_____
James B. Crow, Secretary	Date