



**United States Department of the Interior
National Indian Programs Training Center
1011 Indian School Road NW, Suite 254
Albuquerque, New Mexico 87104
(505) 563-5400**



Project Owner Sign Off

Project Owner: _____

Project Name: _____	Project Reference Number: _____
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Pilot Product Delivery Date: _____

Project Owner Name: _____ (please print) _____ Signature	Date: _____
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SME Name: _____ (please print) _____ Signature	Date: _____
---	-------------

NIPTC Lead: _____ (please print) _____ Signature	Date: _____
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Final Product Accepted Date: _____

Project Owner Name: _____ (please print) _____ Signature	Date: _____
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SME Name: _____ (please print) _____ Signature	Date: _____
---	-------------

NIPTC Lead: _____ (please print) _____ Signature	Date: _____
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