ALTERNATIVE DISPUTERESOLUTION PROGRAM



Colorado Federal Executive Board PO Box 25567 Denver CO 80225 303 202 4588

Agency Agreement to Participate

Γhe		(Agency Name) is requesting	
oarti	icipation in the Colorado Federal Executive Board (Cl	FEB) ADR Program, a shared neutrals exchange	
_	gram. If the request is accepted and executed by the greement between the Agency and Program.	ECFEB ADR Program, this form also constitutes	
3y si	gning below, I affirm that I have the authority to repr	resent the Agency and agree to:	
•			
	CFEB ADR Program.	s for other rederal agencies participating in the	
3) F	· · · · · · · · · · · · · · · · · · ·		
Program and/or assist mediators in obtaining appropriate facilities for meetings with the disp 4) Abide by principles of confidentiality, as outlined in the Administrative Dispute Resolution Ac			
•	U.S.C. 584 §4 (as amended from time to time), and th	•	
	understood that by signing this document the Agency		
	ontrol the work schedule of any employee who is ac ompensation is given for participation in this progran		
	ompensation is given to participation in this program		
AGEN	CY NAME (Department, Agency)		
AGEN	CY MAILING ADDRESS	CITY / STATE / ZIP	
NI ITU	ODIZED DIDECTOR NAME	TITLE	
40 I FI	ORIZED DIRECTOR NAME	IIILE	
MAIL		PHONE	

DATE

APPLICATION INSTRUCTIONS

- 1. Complete and digitally sign this fillable .pdf form on your computer
- 2. Save As Agency Agreement to Participate YOUR AGENCY NAME
- 3. Email Form to Gay Page | gpage@colorado.feb.gov

AUTHORIZED DIRECTOR SIGNATURE (Digital Signature Required)