**COLLABORATIVE AGREEMENTS, COMMUNITY PARTNERS**

**AND DOCUMENTATION OF SUPPORT**

**A. COLLABORATIVE AGREEMENTS** *Provide a copy of a Collaborative Agreement or comparable document you have with each planned service provider.*

**B. COMMUNITY PARTNERS AND DOCUMENTATION OF SUPPORT** *Using the form below, provide the names and other requested information, including original signatures, regarding all partners the applicant plans to have participate in the implementation of this program. (You do not need to provide the names of partners for which you have already attached copies of Collaborative Agreements or comparable documents referenced in Item A. above here.)*

**Partner #1:** *(name of organization)*

**Agrees to provide/participate as follows**: *(specify if participant and/or provider and indicate contributions to be made with and without cost)*

Name: Title:

Address (if different from above):

Phone: Fax: E-mail

By: Date:

(Signature in ink)

**Partner #2:** *(name of organization)*

**Agrees to provide/participate as follows**: *(specify if participant and/or provider and indicate contributions to be made with and without cost)*

Name: Title:

Address (if different from above):

Phone: Fax: E-mail

By: Date:

(Signature in ink)

**Note: Repeat the above information for each Community Partner you wish to recognize.**