



Attachment C
STRATEGIC PARTNERSHIPS STATEMENT

PROJECT NAME: _____

PROJECT YEAR: _____

PARTNER NAME & TITLE	PARTNER AGENCY	PARTNERSHIP TYPE	SPECIFY THE ROLES & RESPONSIBILITIES OF EACH PARTNER AS IT PERTAINS TO ACHIEVING SUCCESS OF PROGRAMMATIC ACTIVITIES.	SIGNATURE(S)
		<input type="checkbox"/> Leveraged Funding <input type="checkbox"/> Coordinated Service Delivery <input type="checkbox"/> Shared Staffing <input type="checkbox"/> Other (Please clearly define): _____		
		<input type="checkbox"/> Leveraged Funding <input type="checkbox"/> Coordinated Service Delivery <input type="checkbox"/> Shared Staffing <input type="checkbox"/> Other (Please clearly define): _____		
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