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Partnership Form for Technical Assistance Providers

Please work with your Technical Assistance Provider to complete and submit this Partnership Form with your Grant Application to your County Conservation District by February 1, 2024.

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Technical Assistance Provider Information		
Name:		
Title:	Organization:	
Phone:	Email:	
•	in this Project chnical Assistance Provider will be involved with this se consider planning, implementation, and tracking	

Signature of Technical Assistance Provider:

Date:	