

Paul Blaustein, Chair Person

Mercedes Witowsky, Executive Director

## FY-2019 Partner Agreement

Proposal for:

Lead Applicant/  
Organization:

Partner Organization/  
Person:

### Partner Contact Information

Address:

Street  City  State  Zip

Contact Name:

Telephone:

Fax:

E-Mail:

### I Confirm the Following Partner Role:

Provide a brief abstract of your role in the proposed project (1500 Character Limit)

I certify that this application is devoid of any conflict of interest or illegal or inappropriate solicitation practices on the part of the partner entity and that the above is a true representation of the role to be played in the project by the partner entity.

\_\_\_\_\_  
Signature  
Partner Organization Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Please complete as many copies of this form as are required; one for each partner.