



Appl. #

Partnership Details

Nominated Principal Applicant/Candidate

Last Name

First Names

Project Title

Partner Details

Name of Partner

Acronym Name of Partner (if applicable)

Contact Last Name

Contact First Names

Telephone

Email

Full Mailing Address

Fax

Website Address

Expected Period of Support : ___ Year(s) ___ Month(s)

	Partner Contribution	
	Cash	In-Kind
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		
TOTAL		
Total Cash + In-Kind =		

Non - Leveraged Contribution (if applicable)	
Year 1	
Year 2	
Year 3	
Year 4	
Year 5	
TOTAL	
Total Non-Leveraged =	

Signature of Responsible Partner Officer:

The responsible Partner Officer has the authority to bind the Partner to the final support of the grant and/or award.

Surname

Given Name(s)

Title

Date

Signature