| Lead Applicant | | Round 7 | |
|---|---|---|---|
| Project Name | | Type of Request | Grant |

| Additional Partners |
|---|
| Please use the following space to list each collaborative partner who is participating in the project and is providing BOTH a resolution of support for the Local Government Innovation Fund application and has signed the partnership agreement. |

| Collaborative Partner # 14 | |
|---|---|
| Mailing Address: | Name: |
| | Street Address: |
| | City: |
| | Zip: |

| Collaborative Partner # 15 | |
|---|---|
| Mailing Address: | Name: |
| | Street Address: |
| | City: |
| | Zip: |

| Collaborative Partner # 16 | |
|---|---|
| Mailing Address: | Name: |
| | Street Address: |
| | City: |
| | Zip: |

| Collaborative Partner # 17 | |
|---|---|
| Mailing Address: | Name: |
| | Street Address: |
| | City: |
| | Zip: |

| Collaborative Partner # 18 | |
|---|---|
| Mailing Address: | Name: |
| | Street Address: |
| | City: |
| | Zip: |

| Collaborative Partner # 19 | |
|---|---|
| Mailing Address: | Name: |
| | Street Address: |
| | City: |
| | Zip: |

| Lead Applicant | | Round 7 | |
|---|---|---|---|
| | | Type of Request | Grant |

| Collaborative Partner # 20 | |
|---|---|
| Mailing Address: | Name: |
| | Street Address: |
| | City: |
| | Zip: |

| Collaborative Partner # 21 | |
|---|---|
| Mailing Address: | Name: |
| | Street Address: |
| | City: |
| | Zip: |

| Collaborative Partner # 22 | |
|---|---|
| Mailing Address: | Name: |
| | Street Address: |
| | City: |
| | Zip: |

| Collaborative Partner # 23 | |
|---|---|
| Mailing Address: | Name: |
| | Street Address: |
| | City: |
| | Zip: |

| Collaborative Partner # 24 | |
|---|---|
| Mailing Address: | Name: |
| | Street Address: |
| | City: |
| | Zip: |

| Collaborative Partner # 25 | |
|---|---|
| Mailing Address: | Name: |
| | Street Address: |
| | City: |
| | Zip: |

| Collaborative Partner # 26 | |
|---|---|
| Mailing Address: | Name: |
| | Street Address: |
| | City: |
| | Zip: |