

PARTNERSHIP STATEMENT

Complete one of these forms for each formal partner.

Legal name of applicant organization (5a from Face Sheet): _____

1. Legal name of partner organization: _____

2. Partner DUNS number: _____

3. Mailing address

Street1: _____ Street2: _____

City: _____ State: _____ Zip+4: _____

4. Partner Web address: http:// _____

5. Partner project contact name: _____

Title: _____

Telephone number: _____ E-mail: _____

6. Governing control of partner (choose one):

- | | |
|---|--|
| <input type="checkbox"/> State Government | <input type="checkbox"/> Nonprofit with 501(c)3 IRS Status (Other than Institution of Higher Education) |
| <input type="checkbox"/> County Government | <input type="checkbox"/> Nonprofit without 501(c)3 IRS Status (Other than Institution of Higher Education) |
| <input type="checkbox"/> City or Township Government | <input type="checkbox"/> Private Institution of Higher Education |
| <input type="checkbox"/> Special District Government | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Regional Organization | <input type="checkbox"/> For-Profit Organization (Other than Small Business) |
| <input type="checkbox"/> U.S. Territory or Possession | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Independent School District | <input type="checkbox"/> Hispanic-serving Institution |
| <input type="checkbox"/> Public/State-Controlled Institution of Higher Education | <input type="checkbox"/> Historically Black Colleges and Universities (HBCUs) |
| <input type="checkbox"/> Indian/Native American Tribal Government (Federally Recognized) | <input type="checkbox"/> Tribally Controlled Colleges and Universities (TCCUs) |
| <input type="checkbox"/> Indian/Native American Tribal Government (Other than Federally Recognized) | <input type="checkbox"/> Alaska Native and Native Hawaiian Serving Institutions |
| <input type="checkbox"/> Indian/Native American Tribally Designated Organization | <input type="checkbox"/> Nondomestic (non-U.S.) Entity |
| <input type="checkbox"/> Public/Indian Housing Authority | <input type="checkbox"/> Other (specify) _____ |

7. What is the partner organization's mission? [500 characters]

8. Describe the partner organization's service area (audience served, including size, demographic characteristics, and geographic area). [500 characters]

9. List the partner's key roles and responsibilities in the project. [1000 characters]

Please note:

- A. Submission of this application by the authorized representative of the applicant organization reflects the partner organization's agreement with the following statements:
- We will carry out the activities described above and in the application narrative.
 - We will use any federal funds we receive from the applicant organization in accordance with applicable federal laws and regulations as set forth in the program guidelines and the terms and conditions of the grant award.
 - We assure that our facilities and programs comply with the applicable federal requirements and laws as set forth in the program guidelines.
- B. Prior to submission of the application, the applicant will ensure that the partner organization has provided to the applicant a signed original of this Partnership Statement for the applicant's records. Such original will be made available to IMLS, if requested by IMLS.