NH Conservation Districts Climate Resilience Grant

Partnership Form

Note: Contact your provider about this form at at least 3 weeks before application due date or as early as possible.

Please work with your Technical Assistance Provider to complete and submit this Partnership Form with your Grant Application to your County Conservation District

Farm Name:

Technical Assistance Provider Information Name:

Title: Organization:

Phone: Email:

Role of Technical Assistance Provider in this Project

Please provide information on how the Technical Assistance Provider will be involved with this grant project if selected for funding. Please consider planning, implementation, and tracking metrics of success.

☐ I have been consulted in the development process of this application.

☐ I have reviewed the plans associated with this application, and believe, when completed, it will address climate mitigation and/or adaption needs at the site.

☐ I have completed a site visit.

☐ If selected for funding, I anticipate working with the applicant/grantee to ensure project completion.

Signature of Technical Assistance Provider: _____

Date: _____