

**NH Conservation Districts Climate Resilience Grant**

**Partnership Form**

**for Technical Assistance Providers**

Please work with your Technical Assistance Provider to complete and submit this Partnership Form with your Grant Application to your County Conservation District by February 1, 2024.

**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.

**Signature of Technical Assistance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**