**Invitation to Negotiate #016**

**Recovery Community Organizations**

**For Miami-Dade and Monroe Counties**

**Appendix M**

**PARTNER TABLE**

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **Partner**  **Name** | **Partner Agency Description Include expertise/ business history** | **Role in Program**  **Implementation and Resources Committed Specify what partner will do and concrete resources (dollars, staff, etc.) to be contributed** | **MOU (preferred) or LOA attached? (yes or no)** | **Is this a paid**  **subcontractor or in-kind service? (paid or in- kind)** |
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