# 21st CCLC Statement of Collaboration and Partnership

We have participated in the planning and design of this project and agree to support and participate in the activities outlined in this application. Copy the form as needed.

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| --- | --- |
| Name of Partner Group/Organization:Click or tap here to enter text. | **Description of Services and/or Support to be provided.** |
| Address:Click or tap here to enter text. |
| Phone: Click or tap here to enter text. |
| Fax: Click or tap here to enter text. |
| Email: Click or tap here to enter text. |
| Printed Name:Click or tap here to enter text. |
| Signature: |
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