

**Minnesota Department of Health
 Community HIV Health Education and Risk Reduction Project
Partners Chart**

(10 point value)

Applicant Agency: _____ Project Name: _____

Target Population: _____

The MDH emphasizes the importance of people working together in communities. The MDH wants to know what partnerships are proposed, what experience exists in working together, what role those partners have in the project, and who was contacted about this proposed project. Use the grid below to provide information on the partnerships proposed in this project. (Hint: Partners may appear on each other's Partners Charts.) Complete this chart only if partnerships make sense in the planning, development, and/or implementation of the proposed project. Examples of partnerships may include collaborations, mentoring, and clinic referral. This chart is not limited to one page, **you may add rows as needed, however please do not exceed two pages.**

Name of Partner Agency, Organization, Group, or Individual	Describe existing partnership experiences	Describe the partner's role in the proposed project	Key Partner Contact Person

Note: Please DO NOT submit letters of support as they will not be forwarded to the Review Committee.

Note: If there is a COLLABORATIVE that is more elaborate than this form captures, please attach a 1-2 page description.

<p>Criteria for Scoring Proposals: The Partners Chart section of the application will be reviewed and scored according to the following criteria (10 Points):</p>
<ul style="list-style-type: none"> • Cooperative relationships with other community organizations appear to be in place and are appropriate.