



TECHNICAL ASSISTANCE GRANT PROGRAM

State/Territory/Conservation Partnership/Tribal Signature Sheet
(to be submitted by *the Conservation Partnership to your NACD Region Rep*)

This form indicates to NACD that the applicant(s) listed have the support of their State/Territory or Tribal Conservation Leadership and are located in a priority area. Each applicant must submit an online application separately during the RFP's application period at: https://nacd.formstack.com/forms/tagrant_rfp_app.

Representatives of the Conservation Partnership in your state may complete this form once with all applicants listed, or multiple forms may be completed and submitted as additional applicants are given authorization to apply. For each applicant, please indicate the priority ranking that reflects your State/Territory/Tribal assessment (with 1 as the highest priority in the state), as indicated by your discussions at the state-level.

NACD respects that each State/Territory has a unique Conservation Partnership. For most States/Territories, these partnerships include representatives of a State/Territory's Association of Conservation Districts, NRCS, State Conservation Agency, Association of Conservation District Employees, and RC&D Association. All partnership representatives should sign to indicate support.

Tribal applications need a signature of the state-level Tribal Association (if applicable) and an NRCS State Conservationist signature and may be submitted by the tribal contact. Tribal Conservation District (TCD) applications also receive a separate set of rankings from other Conservation Districts, so please provide a separate list of priorities for any TCDs.

Completed forms should be emailed to your NACD Region Rep and NACD Projects and Partnerships Coordinator Meg Leader, meg-leader@nacdnet.org, before the RFP closes. You can find your Rep at <https://www.nacdnet.org/technical-assistance-grants/>

Technical Assistance Grants Funding Cycle: TA_____

State/Territory: _____

Primary State/Territory Association or Tribal Contact:

Name	Phone Number	Email Address



National Association of Conservation Districts

TA Grant Applicant	Primary Contact Name	Contact Phone No. and Email	Priority Ranking

(Please use additional pages if needed)

Please identify the state partnership members participating:

- State Agency Signature: _____
Office/Title: _____ Name: _____ Date: _____
- NRCS State Signature: _____
Office/Title: _____ Name: _____ Date: _____
- State Association of Districts Signature: _____
Office/Title: _____ Name: _____ Date: _____
- District Employees Association Signature: _____
Office/Title: _____ Name: _____ Date: _____
- RC&D Association Signature: _____
Office/Title: _____ Name: _____ Date: _____
- Other (please specify) Signature: _____
Office/Title: _____ Name: _____ Date: _____