

Agriculture Producer Research Grant Program (APRGP) Partnership Agreement Form

Project Reference Name: _____

Applicant _____ **Agent** _____
(Educational Entity/Qualified Entity) (Representative)

CHAPTER 20

Section 1. **Authority.** Pursuant to authority vested in the Wyoming Department of Agriculture (WDA) by W.S. §11-2-208 the following regulations are hereby promulgated and adopted.

Section 2. **Purpose.**

- (a) To foster applied agriculture research through the WDA that focuses on practical results that can be implemented by Wyoming producers to enhance agriculture production in Wyoming.
- (b) To provide for a method of application review and approval and to govern the distribution of available funds for approved projects.

The following page contains the information for each partner's contribution. Each partner for the project should complete, sign, and include this form at the time application is made. This form confirms their commitment to participate in the project, if the project is approved for inclusion in the APRGP.

Project Reference Name: _____

Partner _____

Contact Name _____ Phone _____

Contact Address, City, State, Zip _____

Contact email _____

Partner's contribution to the project (May include any or all of the following or additional contribution: participation in design of project, establishment of appropriate quality controls, data collection, assessment participation, cash contribution, in-kind contribution, data acceptance, or data analysis.) This may be very specific to meet the applicant's needs or very general in nature. Each person/entity signing this agreement should outline to the level of detail of their commitment.

I understand this program is done with the voluntary cooperation and participation of all partners named in this agreement. By signing this form, as a duly authorized representative of the named partner, I commit to the agreed upon contribution to the APRGP, to participation with this project, to the rules of the program and understand the contributions of the other partners to this agreement.

Signature

Printed Name

Date

(Add additional partner information forms as needed.)