**Industry Partnership Intermediary Services Plan**

**Grant Title:**

**Fiscal Agents:**

**Instructions:** Please complete a separate line for each intermediary service the partnership plans to administer in the 2016-2017 fiscal year. The cells will expand as needed.

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| **Intermediary Service** | **Cost ($)** | **Time and Work Plan of Intermediary Service** | **Explanation for Intermediary Service** |
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|  | Enter total $ |  |  |

*\*Please calculate the total cost and enter into the appropriate cell.*