**Next Generation Industry Partnerships**

**FY17-17 Partnership Development Plan**

**Partnership Name:**

**Fiscal Agent:**

**Instructions:** Please complete a separate line for each proposed partnership development service for the 2017-2018 fiscal year.

|  |  |  |
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| **Partnership Development Service** | **Cost ($)** | **Time and Work Plan of Partnership Development Service** |
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|  | Enter total $      |  |

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