

ATTACHMENT B: COLLABORATION PLAN FOR FY 2009/10

Instructions: Please type your responses. If you need additional space, insert extra pages. Also, remember you can use the section included in your CHSP application which addresses this same program area. However, please conform this section to contract standards by utilizing the exact format (items A & B) listed on this page, and remove the old numbering and page titles from the CHSP application.

- A. List the **Legal Name** of the Agency as listed with the **Florida Division of Corporations**:

- B. **Utilizing your 2009/10 CHSP application**, describe the specific types of collaborative approaches that your agency will use to increase its effectiveness in providing quality services and meeting stated program goals and objectives. Identify your agency's collaborative partners, including community-based resources, and explain how you will work together to address the needs of the program's target population.