

Please complete this form using **ADOBE ACROBAT 9** or a later version. ([downloadable here](#))

Additional Community Partnerships

If your Mosaic project has more than 4 community partnerships, please submit this form as an attachment to the [Mosaic Worksheet](#).

Project details

Host National Association:	
Host Chapter:	
Programme reference code:	

Project coordinator details

Given name:	
Surname:	
E-mail address:	

Community Partners

An online [Partner Organization Evaluation](#) is also available for your partner(s) to complete and submit.

	Partner Name	E-mail Address	Website	Primary role of partnership	Secondary role of partnership	How successful was the partnership?
1						
2						
3						
4						
5						
6						
7						

	Partner Name	E-mail Address	Website	Primary role of partnership	Secondary role of partnership	How successful was the partnership?
8						
9						
10						

Please provide any comments on the partnership/s: