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Request for
Partnership Evaluation

We would like to request the assistance of the Colorado Noxious Weed Management Team (CNWMT) in providing evaluation and review of the _____ _____ weed management area, county, location, or problem area.

Does a partnership exist? If so, who are the members? If not, who are the potential members?

What specific weed management concerns could be addressed by improved coordinated actions by the partners? In other words, what is the problem needing attention?

Is concern for this problem shared by others within your organization or other partners?

What steps have already been taken to resolve this problem? Supporting materials may be included.

As a result of involving CNWMT, what is your expected outcome?

Sender's Contact Information:	**Submit this form to:**
Name: Organization: Address: Phone: E-mail:	Kelly Uhing State Weed Coordinator 700 Kipling Street, Suite 4000 Lakewood, CO 80215-8000 Kelly.uhing@ag.state.co.us

Weed Partnership Enhancement Program
Colorado Noxious Weed Management Team

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