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Nomination Form
Outstanding Weed Management Partnership

I (We) believe the efforts of _____
(partnership or weed management group) in our area is significantly contributing to weed management efforts in our part of Colorado. I would like to recommend this group be considered for a Partnership Award based on the following information:

****

Who are the members of the partnership? (landowners, counties, state or private agencies, conservation groups) When was the partnership formed? What are the goals or objectives?

Describe challenges the partnership has faced. Discuss successful accomplishments and how this work has been important locally or regionally.

Has the partnership implemented innovative approaches such as outreach to members, creative funding strategies, etc? Please describe.

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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