**ATTACHMENT 4: Linkage Agreement Form**

**RFP TITLE: ECHOES PROGRAM: Be Ready Project RFP PIN: 78113P0001**

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| Proposer: |  |

**INSTRUCTIONS:** This agreement is demonstration of a commitment to integrate service delivery through working relationships with other organizations. It is not a consultant agreement. Provide one Linkage Agreement for each organization with which you will be working. Duplicate this form as needed.

Pursuant to the proposal submitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Proposing Organization)

In response to the ECHOES Program Request for Proposals from the Department of Probation and the Center for Economic Opportunity, the proposer, if funded, will establish programmatic linkage with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in the form and manner described below. (Linked Organization)

Describe the proposed programmatic linkage, including how referrals and follow-up services for individuals will be maintained.

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| Proposing Organization: |  | Linked Organization: |
|  |  |  |
| Authorized Representative |  | Authorized Representative |
|  |  |  |
| Title |  | Title |
|  |  |  |
| Signature |  | Signature |
|  |  |  |
| Date |  | Work Address |
|  |  |  |
|  |  | Work Telephone Number |
|  |  |  |
|  |  | Date |