

ATTACHMENT: PARTICIPATING STAFF

To be completed by an official at the agency requesting participation in the ParentingWell Learning Collaboration and signed by the Executive Sponsor or Chief Executive Officer.

Provider Name:

Adult Serving Program:

Please provide the names and contact information for the agency senior leader (e.g., CEO, Executive Director, Division Director, etc.) who will serve as executive sponsor for this initiative and the program, team, or unit supervisor who will be participating.

<i>Name</i>	<i>Position</i>	<i>Email</i>	<i>Phone#</i>
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Please provide the name and role of the staff member volunteers on your team/group who will participate in the ParentingWell Learning Collaborative.

<i>Name</i>	<i>Position</i>	<i>Email</i>	<i>Phone#</i>
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<i>Name</i>	<i>Position</i>	<i>Email</i>	<i>Phone#</i>
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Name and Title of Person Completing Form:

Signature of Person Completing Form:

Date:

Signature of Executive Sponsor/CEO:

Date:
