

**Data Collection Form:
Collaborative Partners**



*Please fill out as many fields as possible.
Fields marked with an asterisk (*) are required.*

***Partner Organization Name:** _____

***Partner Type (select one):**

Key Partner

Informal Partner

***Select the Category That Best Describes This Partner (select one):**

Advocacy/Awareness Group or Organization

Mental Health/Substance Abuse Treatment

Civic/Business Community

Providers

Community Center or Coalition

Prosecutors

Embassy or Consulate

Schools/Educational Institutions

Faith-based Organizations/Religious Institutions

Social Services Provider

Federal Agencies Other Than Law Enforcement

State and Local Government Agencies Other

Federal Law Enforcement

Than Law Enforcement

Financial Institutions

State/Local Law Enforcement

Housing/Shelter

Task Force

Immigrant/Ethnic Service Providers

Trade/Professional Affiliation Associations

Legal Providers

Victim Service Providers

Legislators/Lawmakers

Vision/Dental Providers

Media Outlet

Youth Services Provider

Medical/Public Health Providers

Other (specify): _____

***Date partner first began to work with the OVC Project:** _____