# Form 5. Partnership Chart – Compensated, Continued

List all partners that will contribute to the proposed services **with compensation**. Add additional lines as necessary. All compensated partners **must** be included in the Partnership Chart or costs associated with any unlisted partners may be disallowed. All compensated training partners/providers must be listed and be [MOHE compliant](https://www.ohe.state.mn.us/mPg.cfm?pageID=204) (or compliant with regulatory body with oversight as applicable), regardless of if they are vendors or sub-contractors.

**If a partner has a potential conflict of interest, such as providing donations to the applicant or sitting on the applicant’s board of directors, attach a letter of disclosure explaining the relationship of the partner to the applicant organization.**

| **Type of Organization *(e.g., employer, educational institution, non-profit, consultant, financial management services, etc.)*** | **Name and Address of Organization*****(If applicable: Indicate if trainer is MOHE compliant)*** | **Type of Commitment*****(Case Mgmt., Training, Accounting Time, Staff, Resources, Space, Referrals, etc.)*** | **Contact Person Email Address Telephone Number** | **Letter of Support Enclosed****Yes/No** | **Conflict of Interest Disclosure Letter****(If applicable)****Yes/No** | **Approximate Total Amount of Compensation from Grant** |
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