**Attachment C.1**

**HBCU Plan FY 2019 – FY 2021
Interagency Agreements**

**<<Agency Name>>**

**<<Date Submitted>>**

1. **Person Completing Plan**
* name, title:
* phone number:
* email:
1. **Person Responsible for Overseeing Implementation of Plan**
* name, title:
* phone number:
* email:
1. **Plan to achieve 5% HBCU goal on Interagency Agreements awarded to Higher Education Institutions FY19 – FY21**
*Please discuss efforts your Agency will make to maximize opportunities to partner with HBCUs. Your plan should include specific actions to be taken with an anticipated timeline. Please also note how efforts will be documented.*
2. **Controls to be Implemented to Monitor Agency Efforts to Achieve 5% HBCU Goal**
*Please provide an overview of controls that your Agency will put in place to assure that maximum effort is made to achieve the 5% goal. Please include how such controls and efforts to monitor will be documented.*
3. **List of Agreements Anticipated to be Awarded FY19-FY21**
*Please provide a list of Interagency Agreements your Agency anticipates awarding to Maryland Higher Education Institutions over the next three fiscal years on the attached spread sheet (Attachment C.2).*