Partnership Agreement



Contact Information			
Name of School:			
Principal:			
Address:			
Phone:			
Email:			
Partnership Coordinator:			
Name of Organization:			
Please select type:	Business 🖵 Civi	c 🔲 Faith-based 🗖 I	Non-profit 🛚 Higher Ed 🖵
Contact Person:			
Address:			
Phone:			
Email:			
		nership Goals	
Student Involvement:	College/Career Fair Mentor □	· □ Guest Speaker 〔 Tutor □	☐ Internship ☐
(please check)			ct datails on port line)
Increase Engagement:	raientai 🗕 💢 CC	ommunity 🗖 Other 🗖 (lis	st details on next line)
(please check) Teacher/Staff Involvement:	Professional Develo	opment Appreciation	Other (list details)
_	FIGIESSIONAL DEVELO	Appreciation =	Other (list details)
(please check) Supported School Strategic Plan Initiative(s) — List below			
Supported School Strategic Plan Initiative(s) – List below 1.			
2.			
Organization's Contribution (please check) Monetary Assistance □ Material Assistance □ Time and Talent Assistance □			
List details of how the organization will support the initiatives:			
List details of now the organization win support the initiatives.			
Resources (Note: all facilities use must be approved by the appropriate department)			
Resources the school will provide:		Resources the Organization will provide:	
1.		1.	P
2.		2.	
3.		3.	
Communication and Monitoring			
Communication Schedule		Monitor and Evaluate Progress	
☐ Monthly		☐ Monthly	
☐ Quarterly		☐ Quarterly	
☐ Annually		☐ Annually	
☐ Other:		☐ Other:	
Additional Information:		Additional Information:	
		Signatures	
Project Coordinator's Signature		Signatures	Date
Project Coordinator's Signature		Signatures	Date
Project Coordinator's Signature		Signatures	Date
	?	Signatures	Date
Project Coordinator's Signature Organization's Contact Person'	?	Signatures	Date Date
	?	Signatures	
	?	Signatures	
	?	Signatures	