

Partnership Agreement



Contact Information

Name of School:

Principal:

Address:

Phone:

Email:

Partnership Coordinator:

Name of Organization:

Please select type:

Business

Civic

Faith-based

Non-profit

Higher Ed

Contact Person:

Address:

Phone:

Email:

Partnership Goals

Student Involvement:

(please check)

College/Career Fair

Mentor

Guest Speaker

Tutor

Internship

Increase Engagement:

(please check)

Parental

Community

Other (list details on next line)

Teacher/Staff Involvement:

(please check)

Professional Development

Appreciation

Other (list details)

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:

Resources (Note: all facilities use must be approved by the appropriate department)

Resources the school will provide:

1.

2.

3.

Resources the Organization will provide:

1.

2.

3.

Communication and Monitoring

Communication Schedule

Monthly

Quarterly

Annually

Other:

Additional Information:

Monitor and Evaluate Progress

Monthly

Quarterly

Annually

Other:

Additional Information:

Signatures

Project Coordinator's Signature

Date

Organization's Contact Person's Signature

Date