

# 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**