

PARTNERSHIP AGREEMENT FORM

School Partner (Print)

Community Partner (Print - write address below)

Community Partner is:

- Business
 Faith-based group
 Other community group

Nature of partnership (Check as many as applicable):

- Staff support
 Administrative/clerical support
 Direct assistance to students
 Contribution of materials, equipment or funds. **Monetary value of contribution:** _____
 Other: _____

Please keep in mind that a partnership must produce an outcome that enhances the teaching/learning environment at your school.

Educational purpose of partnership: _____

State specific expectations for both partners. This should include roles and responsibilities of each.

School: _____

Community partner: _____

Monetary value of partnership (Required - please give best estimate): \$ _____

It is understood by both parties that this partnership will remain in place for the current school year and will continue under the same terms until terminated by either partner or modified by both parties.

School Representative (Sign) Date

(Print name)

Community Representative (Sign) Date

(Print name)

Communications and Public Relations Rep. (Sign) Date

Chris OBrion

(Print name)

Forward this form to **Chris OBrion** at HCPS Communications and Public Relations for approval. Two copies will be returned: One for school files and one for the community partner.