



PARTNERSHIP AGREEMENT FORM



School Partner (Print)

Community Partner (Print)

_____ **Business** _____ **Faith-Based Group** _____ **Other Community Group**

Nature of Partnership (check as many as are 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 parties. This should include roles and responsibilities of each.

School:

Community Partner:

Estimated Monetary Value of Partnership \$ _____

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/Print)

Date

Community Representative (Sign/Print)

Date

Henrico Education Foundation - Susan F. Stanley

Date

Forward this form to the **Henrico Education Foundation** for approval. Two copies will be returned (1) for school files and (1) for the community partner.