

Community Partnership Agreement

To ensure the effective implementation of the Community Connectors program throughout the state, applicants are required to partner with education stakeholders from the faith, business, and nonprofit communities. Each applicant must identify its partners and include description of each respective partner's roles and responsibilities in question 14 of the grant application.

A partner agrees to provide human and material assets or access to academic and administrative resources to the grant applicant to develop or execute a Community Connectors grant application. However, in partnership, only the grant applicant is responsible for ensuring the grant is developed and executed according to the terms of the grant agreement.

Each member of the partnership is responsible for the following assurances:

1) Be knowledgeable about the applicant's Community Connectors grant proposal and application, including advocacy of the Community Connectors program.
2) Maintain a familiarity with the partner's services to enhance the proposal, including specific goals and practices.
3) Demonstrate a commitment to clear roles and responsibilities of each partner as it relates to the grant proposal and application.
4) Sustain consistent communication among partners and stakeholders with a shared vision of the goals of the grant proposal. This includes participating in regularly scheduled meetings for project management and identifying areas for improvement.
5) Ensure partners have appropriate access to data for purposes of grant program improvement and evaluation in accordance with state and federal law.

Lead Organization
Name:_____

Authorized Representative:_____ **Title:**_____

Signature:_____**Date:**_____

Community Organization
Name:_____

Authorized Representative:_____ **Title:**_____

Signature:_____**Date:**_____



Additional Community Partners (If needed)

Community Organization
Name:_____

Authorized Representative:_____ **Title:**_____

Signature:_____**Date:**_____

Community Organization
Name:_____

Authorized Representative:_____ **Title:**_____

Signature:_____**Date:**_____

Community Organization
Name:_____

Authorized Representative:_____ **Title:**_____

Signature:_____**Date:**_____

Community Organization
Name:_____

Authorized Representative:_____ **Title:**_____

Signature:_____**Date:**_____