



Partnership Agreement 2009-2010

By completing the agreement, the Partner and the school agree to formalize a partnership that is beneficial to both parties. Partner's will be recognized according to the school's Partner plan.

Please complete this form and return to your school PIE contact for processing.

Business/Organization Name: _____	
Contact Person: _____	Title: _____
Business Mailing Address: _____	
City, State, Zip Code: _____	Approximate Number of Employees: _____
Phone: _____	Fax: _____
Email: _____	
Web Address: _____	Does the company have a newsletter? _____
Newsletter—Contact Person name and information: _____	
Partnership Coordinator: _____	Phone: _____
Fax: _____	Email: _____

School Name: _____	<input type="checkbox"/> City of Gainesville	<input type="checkbox"/> Hall County School
School Contact Name: _____	Phone: _____	
Email: _____	Does the school have a newsletter? _____	

TYPE OF BUSINESS/INDUSTRY

- | | |
|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Manufacturers & Processors |
| <input type="checkbox"/> Attorneys | <input type="checkbox"/> Media |
| <input type="checkbox"/> Automobile Dealer | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Builder/Contractor | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Construction/Developer | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Restaurant/Catering |
| <input type="checkbox"/> Faith Based Organization | <input type="checkbox"/> Poultry |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Retail/Wholesale |
| <input type="checkbox"/> Government | <input type="checkbox"/> Transportation & Trucking |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Other _____ |

PLEASE SELECT YOUR AREAS OF INTEREST

- | | |
|--|---|
| <input type="checkbox"/> Mentor | <input type="checkbox"/> Student Motivation and Achievement |
| <input type="checkbox"/> Tutor | <input type="checkbox"/> Assist Graduation Coaches/Drop -Out Prevention |
| <input type="checkbox"/> Guest Speaker | <input type="checkbox"/> Staff and Faculty Appreciation |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Technical |
| <input type="checkbox"/> Field Day Activities | <input type="checkbox"/> Partner Appreciation and Recognition |
| <input type="checkbox"/> New/Used Equipment/Computers | <input type="checkbox"/> General Volunteer |
| <input type="checkbox"/> Direct Financial Support/Grants | <input type="checkbox"/> After School Program |
| <input type="checkbox"/> Job Shadowing | <input type="checkbox"/> Landscaping/Building Upkeep |

Other (please be specific) _____

Please list needs or goals that have been agreed on by both partners:

Please list contributions that will be provided to the school:

Please list ways the school will recognize their Business Partner:

Does your business offer an educator discount? _____ Details: _____

Does anyone in your organization have grant writing experience and would be willing to work on writing grants for your school Partner? Yes No

If Yes...contact: Name: _____

Phone: _____ Email: _____

Partner Contact Name: _____ Date: _____

Partner Contract Signature: _____

School PIE Contact Name: _____ Date: _____

School PIE Contact Signature: _____

Principals Name: _____ Date: _____

Principals Signature: _____

Greater Hall Chamber of Commerce Contact Name: _____ Date: _____

Greater Hall Chamber of Commerce Contact Signature: _____



A CENTURY OF BUSINESS VISION

