



### Partnership Agreement 2018-2019

By completing the agreement, the partner and the school agree to formalize a partnership that is beneficial to both parties. Partners will be recognized according to the school's partner plan. Please complete this form and return to your school PIE contact for processing.

School Name: \_\_\_\_\_  Gainesville School  Hall County School  
School Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Does the school have a newsletter? \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_  
Type of Business/Industry: \_\_\_\_\_  
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: \_\_\_\_\_

Partner Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Partner Contract Signature: \_\_\_\_\_  
School PIE Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_  
School PIE Contact Signature: \_\_\_\_\_  
Principal's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal's Signature: \_\_\_\_\_  
Greater Hall Chamber of Commerce Contact Name: Andi Harmon Date: \_\_\_\_\_  
Greater Hall Chamber of Commerce Contact Signature: \_\_\_\_\_

AGREEMENT CONTINUES ON NEXT PAGE...

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

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**Please list contributions that will be provided to the school by their Business Partner:**

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**Please list ways the school will recognize their Business Partner:**

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**Does your business offer an educator discount? \_\_\_\_\_ Details:**

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**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: \_\_\_\_\_**

