



Partnership Agreement 2017-2018

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: _____	<input type="checkbox"/> Gainesville School	<input type="checkbox"/> 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: <u>Andi Harmon</u>	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:

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

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: _____

