



Partnership Agreement 2019-2020

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:

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: _____

