



Prepared By: _____
Completion Date: _____

Partnership Plan with AISD School and Community Partner

By completing the Partnership Plan, the Partner and AISD school/program agree to formalize the expectations and contributions of their Partnership. Plans that are returned to Austin Partners in Education will be recognized on the APIE website according to the level, duration and nature of their contribution. Partners are also eligible to be nominated for annual *Salute Awards*.

Directions:

The Point of Contact for the Partner and the Community Partnership Coordinator at the school should complete the Partnership Plan together. *Both the school and the partner must sign before this is submitted to APIE.*

The Plan should reflect the current or anticipated activities and/or contributions undertaken as part of the Partnership. **Please list needs or goals that are addressed by this Partnership and please list specific programs, activities and/or contributions that will be provided to the school or district program by the Partner as a result of this Partnership on a separate sheet with the Partnership name as a header.**

Please note: A separate Partnership Plan should be completed for each program or long-term project that the Partner plans to contribute to and may be revised each year.

School/District Program Information

School Name: _____ Partner Contact: _____

E-mail Address: _____ Direct Phone: _____

Community Partner Information

Partner Name: _____ Contact Name: _____

Job Title: _____ Mailing Address: _____

Phone: _____ Fax: _____ E-mail Address: _____

Preferred Method of Communication: phone e-mail other _____

Type of Business/Industry: _____ # of employees in your organization (local): _____

Annual Budget (local): _____

Would your organization like to publicize school needs or Partnership information?

in a company newsletter? Contact Person: _____ E-mail: _____

to a company volunteer group? Contact Person: _____ E-mail: _____

to community relations staff? Contact Person: _____ E-mail: _____

Financial Goals

Type of In-Kind Donations: _____ Monetary Value: _____

Cash Donations for: _____ Monetary Value: _____

Volunteer Goals

Total Number of Expected Volunteers: _____ Volunteer Interests: Classroom Coaching Mentoring General Volunteering One-Time Events Other _____

School Partner Coordinator	DATE	Partner Representative	DATE
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Please send completed form to School Connections at Austin Partners in Education.

E-mail: APIE@austinpartners.org or Fax: (512) 473-8636

Mail: through AISD mail to Austin Partners in Education, c/o School Connections