



2020-2021 CSP Partner Agreement Form

Your Name: _____

Name of Organization: _____

I am a community member/individual and do not represent a specific organization

Phone: _____ Email: _____ Website: _____

Alternate contact (if I am unable to fulfill commitment): Name _____ Email: _____

I... **My organization** will join the Partnership for the 2020-2021 school year as a(n) (check one):

Information Sharing Partner (Please skip to General consents on opposite page)

Partner in Action (Please complete the following)

As a Partner in Action, I My organization will participate in the following Partnership initiative(s):

Attendance Campaign Career Fairs Job Shadowing

As a Partner in Action, I My organization would like to learn more about serving as a lead Partner for the following initiative(s):

Attendance Campaign Career Fairs Job Shadowing

As a Partner in Action, I My organization is willing to provide the following specific resources related to the Partnership agenda and understand that we will be contacted by the lead agencies to discuss further details.

Program (ex. direct student based programming related to the common agenda)

Please describe: _____

Process support (ex. experience in building and evaluating systems/initiatives)

Please describe: _____

Project expertise (ex. marketing support for attendance campaign)

Please describe: _____

Funding/Financial Support (ex. community grants that support student workforce development programming)

Please describe: _____

As a Partner in Action, I My organization am willing to share information with United Way for the purpose of an annual Partnership evaluation.

Yes No I'm not sure, tell me more about the expectations



General Consent

_____ I agree to be listed on the United Way Website and collateral materials of the Partnership as a Partner.

_____ I agree to share my name, title, organization, and email on the Partner Roster (via Basecamp).

_____ I have reviewed this document with the leadership in my organization. I have the authority to sign this document on behalf of my organization, if not, that person has signed below my name.

_____ I understand that my commitment to the Partnership is through June 2021. I also understand that, although representative of my goodwill commitment to the work of the Petersburg City + Schools Partnership, this document is not legally binding and does not obligate or make legally liable the signer, their organization or lead agencies.

_____ I am the correct organizational representative to have access to Basecamp. If not, please list the person(s) who should receive Basecamp access: _____

Name: _____

Signature: _____

Supplemental Signature: _____

Name: _____

Today's Date: _____

For Administrative Use Only:

School Contact Name: _____ Email: _____

Partnership Priority: ATTENDANCE High School → Workforce Trauma Responsive

Partner Data: _____ Corresponding Data: _____

Frequency of data collection: Monthly Quarterly Annually Other _____

Data Submitted: Monthly: Sep Oct Nov Dec Jan Feb Mar Apr May June / Eval (_____)

Quarterly: 1 2 3 4 / Eval: (_____)

Annual: / Eval (_____)