

**Business/Community Agency Partnership Agreement**  
**Hinds County School District**

**Business Name** \_\_\_\_\_ **Owner /CEO** \_\_\_\_\_

**Address** \_\_\_\_\_

**Contact** \_\_\_\_\_ **Title** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Partnership Goal:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ACTIVITIES AND TARGET DATES (Who, what):**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

**Will the EVALUATION take place before the end of the current school year? YES NO**

**If NO, when will the evaluation take place?** \_\_\_\_\_

**EVALUATION: The partnership goal was met? YES NO**

**Comments/suggestions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Business/Community Agency Partnership Agreement Hinds County School District

District Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

**Education Goals:** Check all that apply

- Goal 1: Highest Student Achievement                       Goal 3: Skilled Workforce and Economic Development  
 Goal 2: Seamless Articulation and Maximum Access                       Goal 4: Quality Efficient Graduates

**Target Audience:** (Primary group(s) benefiting from this project.)

- Elementary School Students/Teachers    Middle/Junior School Students/Teachers    High School Students/Teachers  
 Adult Education Students/Teachers    Alternative Education Schooling    Other (please specify below)

Specify: \_\_\_\_\_

Special group or population targeted?    Yes    No    If "Yes", please specify: \_\_\_\_\_

**Estimate how many students will participate in the project per year**

**Estimate how many employees from the business or organization will participate in the project per year**

**Estimate the annual cost of this project. \$ \_\_\_\_\_**

Monetary contributions are direct monies or payment of bills for goods and services. In-Kind contributions are human resources, materials, equipment or products donated.

**Business/Organization Commitment**

Will a Monetary Contribution be made?    YES    NO

Will an In-Kind Contribution be made?    YES    NO

If yes, please estimate amount:    Monetary \$ \_\_\_\_\_                      In-Kind \$ \_\_\_\_\_

**District Site/District Program**

Will a Monetary Contribution be made?    YES    NO

Will an In-Kind Contribution be made?    YES    NO

If yes, please estimate amount:    Monetary \$ \_\_\_\_\_                      In-Kind \$ \_\_\_\_\_

Comments:

\_\_\_\_\_  
Signature of Business Partner                      Date                      Signature of District Liaison                      Date

**NOTE TO BOOKKEEPERS:** If a monetary donation comes in from the Business Partner, **PLEASE** notify the district's department partner coordinator when the donation is received.