New Community Partnership Proposal

Please complete the following information and return to Student Services at 12033 SE 256th Street, Suite A-300, Kent, WA 98033, or via email to ann.minckler@kent.k12.wa.us.

Partner Information

Name: _____   **Position:** _____

Address: _____   **Phone:** _____

Description of Partnership Proposal:

Please include a detailed description about the work you wish to conduct. Include the schools where you want to work, the times and days when you will be in the schools and any facilities you will need to use. If you have a point-of-contact within the district with whom you have discussed this work, please name that individual(s). Also, please include fiscal information regarding budgets, and who is paying for what.

Scope of Work: Detailed description of the services that will be provided, when, by whom (who from the partner organization and who from the school partner) will participate, and how many students and/or adults will be served by the program. Include the schools/site where the work will be completed.

Indicators of Success: List 1-3 indicators of success. These should be determined jointly between the school and community partner and should align with the district's strategic goals. They should also be measurable and directly relate to the scope of work.

Community Partner Will Need: List things that the community partner needs in order to successfully implement the program. (regular communication with teachers about student progress, staff person to attend meetings, etc.) Please identify any community partner provided technology resources that you will use while at any KSD site/school, and devices that will require connection to the KSD network and/or Internet access through the District's K-20 Network, and any specialized software that will be used on these devices while connected to the District's network. Please identify any websites (URLs) that the community partner will require access to via the District network.

School Site or District Will Provide: List things that the school or district needs to provide to successfully implement the program (space, point of contact, access to professional development, etc. If student data is needed, the types of information should be listed here. Remember, in order to share protected student information, a data sharing agreement will need to be completed.)

Communication: How frequently will there be meetings about the partnership and work, and how will communication happen between those meetings. Who is expected to attend these meetings?

KSD PROCESS (for office use only)

○ Program Review

    ○ Board of Directors   ○ Legal   ○ Administration/Principal

○ Approval

    ○ Board of Directors   ○ Legal   ○ Administration/Principal

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ADMINISTRATION APPROVAL

○ Reviewed by: _____

○ Superintendent   ○ Chief Officers   ○ School Improvement Officers

○ Executive Directors   ○ Principal(s)   ○ Other: _____

POLICIES & PROCEDURES

○ Review key policies & procedures

List: _____

FUNDING SOURCE

○ Grant   ○ Donation   ○ Other: _____

Name of funding organization: _____

Contact Name: _____ Phone/email: _____

DOCUMENTS

○ Program proposal   ○ MOU   ○ Proof of Insurance

○ Parent/Guardian Consent Form ○ Disclosure Form ○ Fingerprints/Background Check

○ Facilities Use Form   ○ Compliance Form (HB 1824)

○ Evaluation Metric   ○ Other: _____

FINAL APPROVAL

○ Yes   Date: _____   Signature: _____

○ No