**Community Partnership Agreement**

between:

Name of School

and

Name of Community Partner Organization (referred to as community partner)

1. **PURPOSE & SCOPE**

The purpose of this agreement is to clearly identify the roles and responsibilities of each party as they relate to providing educational programming for students at Name of School.

1. **RESPONSIBILITIES UNDER THIS AGREEMENT**
   1. Name of School and/or Lead Agency agree to:
2. Conduct the training necessary for the partner organization to successfully work with the school, teachers and staff, and students,
3. Provide access to necessary information including schedules and staff contact information (see Appendix 2)
4. Serve as a liaison between the community partner and the campus, and
5. Evaluate the success of the partnership using performance measures that are mutually agreed upon (see Appendix 1).

* 1. Community Partner Organization agrees to:

1. Provide engaging enrichment and/or after school programming for the School Name students:
   1. Focused on: subject or material as laid out in the attached Scope and Statement of Work
   2. For: number of students and their grade levels
   3. On: days of the week from time of class period
   4. From: contractual date range
2. Substitute policy:
   1. The community partner will provide a qualified, prepared, and trained substitute in event of regular instructor’s absence and notify School facilitator (000-000-0000) of this change by 7am the morning of the scheduled program. (See Request for Leave of Absence in Appendix 3)
3. Participate in \_\_\_\_\_ hour(s) of training required by Name of School and/or District including, but not limited to, the following topics:
   1. Name of School’s vision for community partnerships
   2. The school’s history and the community we serve
   3. Operational needs, school policies and procedures
4. Track student attendance and participation in programming
5. Participate in bimonthly partnership meetings
6. Cooperate with required background screenings
7. Complete and understand the student information confidentiality statement (see Appendix 4)
8. Complete a profile and submit all required data to the district’s Community Partnership System
9. Communicate biweekly with the Name of School staff about the progress of programming and reach out to advocacy teachers to discuss student concerns/successes
10. Participate in efforts to measure the success of the partnership
11. Provide at least 3 weeks advance notice if partnership needs to be discontinued for any reason
12. **FUNDING**

This agreement does notinclude the reimbursement of funds between the two parties.

1. **EFFECTIVE DATE AND SIGNATURE**

This agreement shall be effective upon the signature of the two parties’ authorized officials. It shall be in force from date to date.

Both parties indicate consent to this agreement by their signatures.

Signatures and dates:

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

Name of School Representative date Organization Representative date

Name of School  Name of Partner Organization

**APPENDIX 1: SCOPE AND STATEMENT OF WORK**

**Objective of the program:** Explain what you expect students to learn from this program

**Activities to be run with students:** List what students will be doing during your program

**Performance Measures:** We will know this partnership is successful if:

* Program facilitators show up on time for each scheduled program.
* Program facilitators successfully deliver the curriculum that they plan in conjunction with participating students.
* Student feedback indicates that students enjoyed the program.
* There is consistent and open communication between Name of School teachers and staff, and community partner organization.
* Please add any indicators that you think will demonstrate if our partnership has been successful.

**Organization’s Contact Information:**

Name/Phone/Email of organization contact

**Facilitator’s Contact Information**

Name/Phone/Email for program facilitator

**APPENDIX 2: PROGRAM STAFF CONTACT INFO & SPACE REQUEST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program** | **Individual/Volunteer Providing Services**  **(Name, Phone & Email)** | **Service Dates & Times** | **Requested Space and/or Classrooms** | **Other Facilities Needed** |
|  |  |  |  |  |
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**APPENDIX 3: REQUEST FOR LEAVE OF ABSENCE**

***Please complete and submit this Form to Name of School Facilitator at email at least 1 week from known date of planned absence***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **employee information** | | | | |
| **Volunteer Name/ Employee Name** | | | | |
| **Substitute Name** | **Date of Coverage** | | **Filled by Outside Staff:** | **Filled by In-Building Staff:** |
| **Program needed to be covered** |  | | | |
| **absence information** | | | | |
| This is a new request.  This is an update to an existing request. | | | | |
|  | | | | |
| Volunteer/Staff Signature: Date: | |  | | |
| School Facilitator Signature: Date: | |  | | |

\*Thank you to Kimberly O’Donnell at Pennington Elementary for providing the template for this resource

**APPENDIX 4: CONFIDENTIALITY AGREEMENT**

I, the undersigned, understand that during the course of my work, I may be given access to confidential, privileged, or proprietary student information by the District in order to perform my responsibilities in a manner that meets the District’s needs and enhances the delivery of service. By signing this document, I am agreeing to comply with all regulations and laws established to protect confidential information. I understand that accessing or releasing confidential information and/or records or causing this to occur outside the course of my assigned duties would constitute a violation of this agreement. I understand that proven violation of this agreement can result in termination of my access to information and may result in personal action being taken against me. “Confidential Information” means any and all information of either party disclosed or otherwise made available to or learned by the parties under this Agreement or performing the Services this Agreement requires, which is designated as “confidential” or “proprietary” or which, under all of the circumstances, ought reasonably to be treated as confidential, and includes, but is not limited to, Student Data and all District student records and personnel records.

I agree to:

• Maintain confidential information and not reveal it to clients, colleagues, or others with whom I interact without procuring the necessary releases or authorizations.

• Utilize information disclosed to me solely for the purpose of completing the scope of work set forth in Appendix 1 – Scope and Statement of Work.

Partner’s Employee\Agent:

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Adapted from the Denver Public School District Confidentiality Agreement