

Appendix C: Partner Contributions and Commitments

Partnership Contributions and Commitments – Form A

Name of Grant Program:	Mathematics and Science Partnership Program (MSP)
Applicant:	

Project Title:	
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A. Core Partner – Institute of Higher Education
Mathematics, Science, or Engineering Department of an Institution of Higher Education

Institution	
Department	
Full Name of Contact	
Position/Title	
Email Address	
Telephone Number	
Fax Number	
Mailing Address	
City, State, Zip Code	

Describe what supports the institution will provide to enhance partnership activities, such as: faculty to plan and present the professional learning; on-site support for teachers during the school year, etc.

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Institution of Higher Education	
Department Name:	
Type Name of Chairperson of the Mathematics, Science or Engineering Department of Partner Institution(s):	
Authorized Signature of Chairperson:	

Partnership Contributions and Commitments – Form B

Name of Grant Program:	Mathematics and Science Partnership Program (MSP)
Applicant:	

Project Title:	
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B. High–Need School District (Duplicate this page for each High–Need School District partner.)

District	
Full Name of Contact	
Position/Title	
Email Address	
Telephone Number	
Fax Number	
Mailing Address	
City, State, Zip Code	

Describe how the high–need district will support the partnership activities, such as; assisting with identifying and recruiting teachers; providing administrative support by allowing time for teachers to meet and plan; linking MSP professional learning to individual teachers’ professional development plans; etc.

High–Need School District (LEA)	
District Name:	
Typed Name of Superintendent:	
Authorized Signature of Superintendent:	

Partnership Contributions and Commitments – Form C

Name of Grant Program:	Mathematics and Science Partnership Program (MSP)
Applicant:	

Project Title:	
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C. Core Partner – Educational Service District

Institution	
Department	
Full Name of Contact	
Position/Title	
Email Address	
Telephone Number	
Fax Number	
Mailing Address	
City, State, Zip Code	

Describe what supports the educational service district will provide to enhance partnership activities, such as: facilitators to present professional learning workshops; onsite support for and observation of teachers during the school year, etc.

Educational Service District	
Department Name:	
Typed Name of Superintendent of Educational Service District:	
Authorized Signature of Superintendent:	

Partnership Contributions and Commitments – Form D

Name of Grant Program:	Mathematics and Science Partnership Program (MSP)
Applicant:	

Project Title:	
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D. Additional Partners (Duplicate this form for each additional partner.)

District	
Full Name of Contact	
Position/Title	
Email Address	
Telephone Number	
Fax Number	
Mailing Address	
City, State, Zip Code	

Describe the role of this partner and describe specific ways that this partner will support the partnership activities.

Additional Partners

Additional partners may include: engineers, mathematicians, or scientists from institutions of higher education; teacher training department of institutions of higher education; educational service districts; additional school districts; private schools; business partners; and/or non-profit or for-profit organizations of demonstrated effectiveness in improving the quality of mathematics and science teachers.

Name of Person or Institution:	
Typed Name of Authorized Signatory:	
Signature of Authorized Signatory:	