



**GREAT LAKES**  
Stewardship Initiative

*Expanding classrooms. Strengthening communities.*

## *Memorandum of Partnership*

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Name of Applicant: \_\_\_\_\_

Name of Partnering Organization: \_\_\_\_\_

*Please provide the following information about the partnering organization.*

### **A. K–12 School**

Name of the school building \_\_\_\_\_

Name of the local school district \_\_\_\_\_

**Type of school:** (Check **all** that apply.)

Elementary School

Middle/Jr. High School

High School

Number of students enrolled in the school building: \_\_\_\_\_

Number of students participating in the Initiative: \_\_\_\_\_

Number of teachers employed in the school building: \_\_\_\_\_

Number of teachers participating in the Initiative: \_\_\_\_\_

### **B. Community-Based, Regional or Statewide Organization**

*Please check one of the following:*

Community-Based

Regional Organization

Statewide Organization

Name of the organization: \_\_\_\_\_

Briefly describe the mission of organization: \_\_\_\_\_

Briefly describe the organization's service area: \_\_\_\_\_

### Statement of Partnership

Summarizing both the applicant's and the partner's understanding of the roles, responsibilities, and benefits of their collaboration.

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### Itemization of In-Kind or Leveraged Funds (if applicable)

Item/Source	Amount (\$)	Cash	In-Kind
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

### Signature(s)

**Schools** (Note: signatures from the superintendent, principal and at least one teacher are *required*.)

**Superintendent:**

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Signature Full name (please type) Phone number

**Building Principal:**

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Signature Full name (please type) Phone number

**Teacher(s):**

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Signature Full name (please type) Phone number

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Signature Full name (please type) Phone number

### Other Organizations

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Authorized Signature Full name (please type)

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Title Phone number