**Partnership Identification Form**

**Mathematics and Science Partnerships Grant**

|  |  |
| --- | --- |
| **Partner Institution:**  | **Brief Description of Partnership (Expanded description should be given in narrative form in the Partnerships section of Program Narrative). Attach a formal MOU or letter of commitment for each partnership with this partner identification form.** |
| **Department:**  |
| **Primary Contact Name:**  |
| **Primary Contact Title:**  |
| **Address:**  |
| **Phone Number:**  | **Fax Number:**  |
| **Email Address:**  |

**Type of Organization (Check all that apply.)**

**[ ]** Local Educational Agency

[ ] Institution of Higher Education

STEM Department: [ ]  Science [ ]  Technology [ ]  Engineering [ ]  Mathematics

Other Department: [ ]  Teacher Training

**[ ]** DCPS Public School

**[ ]** Charter School

[ ] Private School

[ ] Business

**[ ]** For-Profit

[ ] Non-Profit

[ ] Other

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**Print Name and Title (if different from primary contact)**

**Signature of Authorized Organization/Institution Official Date**