**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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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