

Partner Identification Form

Mathematics and Science Partnerships Grant RFA #-092313/2B

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