



2018/2019 School Year Business Partnership Plan
River City Science Academy Mandarin Campus

Please complete all sections.

Section 1:

School Name: River City Science Academy Mandarin		Partnering Organization:	
Contact/Title:		Contact/Title:	
Mailing Address/Zip:		Mailing Address/Zip:	
Phone:	Email:	Phone	Email:

Section 2:

As a partner, you are committing yourself/company to:

___ Contribute \$_____ to a selected academy program

CIRCLE LEVEL

EARTH

SOLAR SYSTEM

MILKYWAY GALAXY

Section 3: Renewal:

Yes

No

Start date:

End date:

Review meeting date:

Please complete the appropriate box below.

Number of Volunteer hours:
(Up to 99 hours)

Estimated donation:

\$

Number of Volunteers:

Estimated value of in-kind donation:

\$

Partnership Summary (Provide a brief explanation of the designated donations noted above (e.g, specific allocation of funds), volunteer services (e.g., number of volunteers in each role) and/or in-kind donations (e.g., number of each item and/or services) to be provided):

District/School Responsibilities:

- 1.
- 2.
- 3.
- 4.
- 5.

Section 4:

The partner and school/district department listed above do hereby agree to a district/school-based partnership which will benefit students, schools, and the community by ensuring the quality of education, strengthening the future workforce, and enhancing economic growth through community support.

Signatures:

Principal/School Designee

Date

Partner Representative

Date

MANDARIN