

**2013-2014 Adult Education Grant Application
Form 4 – Consortium Partnership Agreement Form**



_____ (name of proposing agency) has submitted a proposal on behalf of the Adult Education Consortium for the Economic Growth Region _____. We would like to enter into a partnership agreement as a member of the Adult Education Consortium for this grant.

Organization Name:	
Organization Categorization (check one):	
<input type="checkbox"/> Local Education Agency	<input type="checkbox"/> Regional Employer
<input type="checkbox"/> Workforce Innovation Board	<input type="checkbox"/> Community Organization
<input type="checkbox"/> Postsecondary Institution	<input type="checkbox"/> Other, please describe
Main Organization contact:	
Name:	Phone :
Email:	
Secondary Organization contact:	
Name:	Phone:
Email:	
Contact responsible for assets acquired under this grant (if different than those listed):	
Name:	Phone:
Email:	
Signature of responsible party:	

Objectives/Metrics: Briefly state the objectives of participation in this partnership as it relates to the provision of adult education in your particular Economic Growth Region and as it relates to your organization’s goals. Describe the specific activities and/or support to be provided by your organization for this application. Use a second page if necessary.

Please provide information on any the monetary or in-kind contributions that your organization will contribute. State what portion, if any, will be used for maintenance of effort (MOE). Use another page if necessary.

Description of Contribution	Cash or In-kind	Amount
		\$
		\$
		\$
		\$
TOTAL		\$