



Henrico County Public Schools Community Partnership Agreement Form

Name of HCPS school or department _____ Name, address and contact information of community partner _____

Community partner is: A business A faith-based group Another community group

Nature of partnership (Check as many as applicable):

- Staff support
- Administrative/clerical support
- Direct assistance to students
- Contribution of materials, equipment or funds — Monetary value of contribution: \$ _____
- Support for event or outreach
- Service opportunity
- Other: _____

Term of partnership (dates and duration): _____

Strategic goal or purpose of partnership: _____

State specific expectations for both partners (This should include roles and responsibilities of each):

The school or department will: _____

The community partner will: _____

Impact of partnership: Talent Time Treasure

Total monetary value of partnership (Required. Please give best estimate): \$ _____

Partnerships will be evaluated annually. It is understood by both parties that the partnership will remain in place for the current school year and will continue under the same terms until terminated by either partner or modified by both parties. The Henrico School Board reserves the right to terminate the agreement without penalty at any time if it determines that the agreement is having an adverse impact on the educational experience of students.

Principal, or HCPS school or department representative (sign) Date (Print name)

Community partner representative (sign) Date (Print name)

HCPS Family and Community Engagement representative (sign) Date (Print name)

Send completed agreement form to the HCPS Office of Family and Community Engagement for approval. Once the form has been signed by the community partnerships and resources coordinator, the partner will be added to HCPS' partnership database and an official copy will be returned to the school or department to share with the community partner for their records.

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