



2019/2020 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**