



THE DEPARTMENT OF STUDENT SUPPORT

920 N. Highland • Memphis, TN 38122 • (901) 416-7622 • (901) 416-6318 Fax • www.scsk12.org

COMMUNITY PARTNER APPLICATION

Vendor Information

Date Submitted	Vendor	Contact Person
Address	City	State/Zip Code
Business Phone	Cell Phone	Email
Vendor Number	Business License Number	Qualifications for services to be rendered: 1. 2.

Program Information

Name of Activity/Program	Date of Activity/Program
Program Status <input type="checkbox"/> For-Profit <input type="checkbox"/> Non-Profit	Cost per child <input type="checkbox"/> Fees _____ <input type="checkbox"/> Grant _____

Target Population

☐ Primary (K-#3) ☐ Intermediate (4-6) ☐ Middle School (6-8) ☐ High School (9-12)

School where program will be implemented:

School	Principal

Mission

Vision

Services are not to start without an approval.

Program Philosophy and Purposes

Objectives

1. _____
2. _____
3. _____
4. _____
5. _____

Explanation of and objectives

Strategies

1. _____
2. _____
3. _____

Description of each strategy

Strategy Number _____

Strategy Number _____

Strategy Number _____

Duration of Program _____

Week(s): _____

Services are not to start without an approval.

Ratio ____ 2:1 ____ 4:1 ____ 6:1 ____ 8:1 ____ 10:1 ____ other

Cost Rationale

Roles and Responsibilities

Staff Member	Role	Responsibilities	Qualification

Program Implementation

Program Evaluation

The program conducts an evaluation process, which includes both process and outcome evaluation.

1. Process Evaluation

2. Outcome evaluation

Submitted By:

Date of Proposal

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To be completed by STUDENT SUPPORT

Checklist

- _____ Written application
- _____ Background check which includes
 - _____ Fingerprinting
 - _____ Sex offender registry check
 - _____ Child abuse registry check
 - _____ Local criminal history check
 - _____ BBB Check
- _____ Parent Consent forms

Signature _____

Date _____

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