



THE RAPIDES FOUNDATION

Partner Agreement Form

This form must be completed and signed by each partner.

Organization Name		
Organization Address		
Contact Name & Position		
Contact Email & Phone Number		
Type of Organization	<input type="checkbox"/> Education <input type="checkbox"/> Healthcare <input type="checkbox"/> Community Member <input type="checkbox"/> Business <input type="checkbox"/> Government	<input type="checkbox"/> Youth <input type="checkbox"/> Faith <input type="checkbox"/> Other (please describe): _____
Purpose & Goals Describe the role of your organization in the proposed grant activities. Please explain the resources/skills/knowledge/activities that your organization is committing to work on during the grant term.		
Duration Our organization is committing to the activities described above for the duration marked (please check all years that apply).	<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3	
Printed Name		
Signature & Date		