



Chester Upland School District Request To Partner

Organization Name _____ Contact Name _____
Address _____ Phone number _____
City _____ State _____ Zip Code _____ Email address _____
Website _____ Number of years in existence _____

Please list any programs you have provided to CUSD.

Please list any programs you have provided to other school districts.

Name of program being proposed _____

Target population: Grade(s) _____ Proposed # of students _____ # of staff for program _____
Please indicate any specific student population this program must serve _____
Program start date _____ end date _____ Frequency ___times per week month
Program hours: from _____am/pm to _____am/pm
Available to students in ELL Special Needs other _____
Type of program/event *Please check all that apply*
afterschool before school during school day Saturdays summer
academic athletic cultural enrichment behavioral life skills
drug/alcohol prevention other prevention program other _____

If this program is implemented, please check the items you would need from the CUSD

classrooms auditorium gym lists of students student grades
school announcements supplies building liaison security
transportation funding letter of support
other (please list)

Please list the major objectives of your program (what will students achieve)

- 1.
2.
3.

Please list the outcomes for students (how will students demonstrate their achievement)

- 1.
2.
3.

Please explain how your program will measure students' achievement

Please respond to the following:

- All program staff have completed criminal, child abuse and FBI record check requests []yes []no []n/a
This program has an insurance rider covering CUSD and its students []yes []no []n/a
Attendance is taken daily and records are available for regular inspection []yes []no []n/a
Staff with CPR and/or first aid training is available on site []yes []no []n/a
This program requires grant funding which is pending []yes []no []n/a

Which school(s) are you interested in partnering with? Please check all that apply

- []Chester High School []Columbus []CUSA []Main Street []Science & Discovery/Allied Health
[]Stetser []The Village @ Chester Upland []Toby Farms

Have you worked in the school(s) in previous years? []yes []no

If so, which years: _____

Please list any other restrictions, limitations, special needs or special requirements of this program that CUSD would need to know.

Please be prepared to submit the following documents if this program becomes a partner of CUSD:

- IRS Determination Letter
• List of Board Members with addresses and phone numbers
• Copy of organization mission
• Details of program components and budget
• Final report (including achievements, outcomes, attendance, etc.)
• Copies of criminal, child abuse and FBI record checks for all program staff

Chester Upland School District (title)

Executive Director

Date _____

Date _____