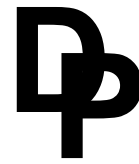


# DADE PARTNERS PARTNERSHIP PROPOSAL



**Name of Business:**

**Date Partnership Began:**

**Partner Liaison Information**

**Job Title:**

**Title (Mr./Ms./Dr.):**

**Phone:**

**First Name:**

**Fax:**

**Middle Initial:**

**CEO/Owner:**

**Last Name:**

**E-mail:**

**Suffix (Sr., Jr., III):**

**Web Site:**

**Partner Address: (Include Street, City, State, Zip Code)**

**Type of Business/Organization:**

**Size of Business/Organization:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Aviation Technologies  | <input type="checkbox"/> Professional Services                       | <input type="checkbox"/> Small (1-49 employees)        |
| <input type="checkbox"/> Biomedical             | <input type="checkbox"/> Retail                                      | <input type="checkbox"/> Medium (50-499 employees)     |
| <input type="checkbox"/> Film & Entertainment   | <input type="checkbox"/> Telecommunications & Information Technology | <input type="checkbox"/> Large (500 or more employees) |
| <input type="checkbox"/> Financial Services     | <input type="checkbox"/> Visitor Industry                            |  |
| <input type="checkbox"/> Health Care Services   | <input type="checkbox"/> Other (please specify)                      |  |
| <input type="checkbox"/> International Commerce | _____  |  |

**Please estimate the annual cost of this project.**

Monetary contributions are direct monies or payment of bills for goods and services.

In-Kind contributions are human resources, materials, equipment or products donated.

Grant Contributions are monies received specifically from grants.

**Monetary**

**In-Kind**

**Grant**

**Contributions: \$**

**Contributions: \$**

**Contributions: \$**

**How many employees in the business or organization participate in the project per year?**

- 0    Less than 10    11-20    21-50    51-100    More than 100

**Work Location Name: (If adopting more than one school or Dade Partner, please complete for each partnership.)**

**Work Location Mail Code:**

**Work Location Liaison:**

**Work Location Address: (Include street, city, and zip)**

**Work Location  
Supervisor:**

**Work Location Phone:**

**Please complete both sides of this form and return to: School Mail: 9619, Suite 202  
for assistance, please call the Dade Partners office at 305-995-1857.**

**M-DCPS District Goals: (Check all that apply)**

Goal I: School-To-Career

Students will be prepared for graduation, employment, postsecondary education, and to become responsible citizens and lifelong learners.

Goal II: Effective Learning Environment

Enhance the safety of students and staff, and increase the quality of the learning environment.

Goal III: Efficient Management Practices

Ensure that the school system operations conform to the highest business and professional standards of effectiveness and efficiency.

**Partnership Summary:**

**Partnership Activities:**

<b>School-Based</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	Assist students in exploring career options
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Assist schools in establishing rigorous academic and performance standards
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Assist schools in linking school activities with activities in the workplace
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Work with schools in curriculum development or revisions
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Establish teacher internships
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Provide professional development activities for students or teachers

<b>Work-Based</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	Act as a mentor for students
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Provide job shadowing opportunities
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Assist in creating school-based enterprises
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Provide pre-apprenticeship and youth apprenticeships
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Structure a planned program of training for students, including individualized learning plans
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Design, develop and provide student internships
<input type="checkbox"/> No <input type="checkbox"/> Yes	Help students with interviewing, job search and resume development skills	

<b>Connecting</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	Provide assistance to students in finding jobs or continuing their education
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Refer and link students to other community services necessary for successful transition
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Target groups such as: low income youth, limited English speakers, youth with disabilities, academically talented youth, and nontraditional employment for women to provide services
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Assist in matching students and their interests with employers
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Provide transportation or underwrite the cost of a school initiative

**Student Data:**

**Number of Assisted Students by Component:**

**School-Based**

**Work-Based**

**Connecting**

**Total Students Assisted**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**District Use Only:**

**Submitted by:**

**Work Location #**

This form registers your organization as a business partner with Miami-Dade County Public Schools and the Florida Department of Education, and the information may be shared with other agencies/foundations in order to obtain grants and/or special resources for the district.