



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
OFFICE OF COMMUNITY INVOLVEMENT

Fiscal Year

2020-2021



eBusiness Partnership Agreement

Complete the following agreement, and select "Submit" in the drop down menu and then press "Go."

Business Name	<u>National Council of Jewish Women Palm Beach Section</u>		
Contact Name	<u>Sarah Rothschild</u>	Contact Title	<u>Co VP Kids Community Closets</u>
Address (street, city, state, zip)	<u>P.O. Box 540414, Greenacres, FL 33464</u>		
Phone Number	<u>764 79 0176</u>	Email	<u>sarahrosekr@gmail.com</u>
TYPE OF PARTNERSHIP: (Select one) ☐ Renewal ☐ New			
School or Department Name	Select One		
Industry of Business Engagement	Select One		

BUSINESS PROJECT OR ACTIVITY

What type(s) of partnership support will this partnership provide (check all that apply)

- ☐ Increase Academic Achievement - Read to students, tutor, provide technical expertise, display student work
- ☐ Enhance the Learning Environment - Mentor students, provide time for employees to volunteer, field trips
- ☐ Career Awareness - Offer job shadowing, internships, career fair or career day, career materials
- ☐ Take an Advisory Role - Be a member of a School Advisory Council, participate on a curriculum committee
- ☐ Faculty or Staff Development - Invite teachers to in-house training seminars, provide job shadowing for teachers
- ☐ Donor / Sponsorships - Donate supplies or equipment, scholarships, sponsor events or field trips

☒ Other Provide new uniforms, socks, underwear, sweatshirts + any other needed items to students who need it.

RECIPROCAL ACTIVITY

What type(s) of school mutual activities would you like this partnership to provide (check all that apply)

- | | |
|---|--|
| ☒ Press Release | ☒ Recognition <u>Select One</u> |
| ☐ District Marketing Opportunities | ☐ District News <u>Select One</u> |
| ☐ Communication of school events | ☐ Invitations to special school programs |
| ☐ Assist with company special events | ☐ Free tickets to school events & programs |
| ☐ Appreciation programs | ☒ Specific feedback regarding impact of partnership on students and school |
| ☐ Display of recognition fence screen consistent with policy 7.151. (By signing below, the business partner acknowledges receipt of a copy of policy 7.151, represents that he/she has read and understood it and specifically acknowledges and agrees to comply with and governed by all the provisions of Policy 7.151.) | |
| ☐ Other _____ | |

Yes ☐ No ☐ I understand that selecting "Yes" to this statement, typing my name below, and pressing Submit that I am the representative of the above business (organization), and do hereby agree to create an educational partnership with the above named school or department which will enhance and improve the quality of education and meet the needs of the students, educators, and community.

Officer or Business Partner Signature _____

Name of School or Department Liaison _____

If the originator is not the principal, once completed route to principal for signature

Signature of Principal or
Department Head

How to Attach

PSD 1570-formal (Rev. 7/31/2020) ORIGINAL- School Office COPY-Business Partner



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Officer or Business Partner Signature

Rona Sterling

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