



**CHEROKEE COUNTY
CHAMBER OF COMMERCE**
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September 12, 2018

MEMORANDUM

TO: Partners In Education School Contact

FR: Brandy DeBord, Education & Workforce Specialist

RE: 2018-2019 PIE Agreement Template

Attached you will find the 2018-2019 “Partners In Education” partnership agreement template. Upon completion, please forward this agreement to:

**Barbara P. Jacoby
Chief Communications Officer
Cherokee County School District
P.O. Box 769
Canton, GA 30169**



AGREEMENT

COMPANY AND SCHOOL

COMPANY, on behalf of **COMPANY**, and **SCHOOL** enter into this agreement on **DATE** to provide assistance, support, and services to one another and to enhance the education of the students at **SCHOOL**.

COMPANY agrees to support **SCHOOL** with volunteer time and/or contributions to the following programs:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

Additionally, **COMPANY**, on occasion, can offer a new program of its own invention to **SCHOOL**. **SCHOOL** may, from time to time, have additional requests that **COMPANY** will individually review and consider.

SCHOOL agrees to support **COMPANY** by recognizing them in the following ways:

COMPANY agrees to support **SCHOOL** by recognizing them in the following ways:

This agreement will automatically renew each year for no more than three-years. However, either party may end the agreement at anytime by contacting the Chamber of Commerce at 770-345-0400. The agreement will be reviewed annually. Official "Partners In Education" business agrees to remain a member in good standing of the Cherokee County Chamber of Commerce.

The **SCHOOL** representative for the current school year is _____ and the **COMPANY** representative for the current school year is _____. If either of these contact people change, please contact the Chamber of Commerce at 770-345-0400.

We would like to request that an official "Partners In Education Certificate" be sent to our school and partner business (Please check yes or no).

- YES
- NO

**COMPANY REPRESENTATIVE
OFFICIAL TITLE**

**SCHOOL REPRESENTATIVE
OFFICIAL TITLE**

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Telephone Number: _____

Telephone Number: _____

Telephone Number: _____

X _____

X _____

Signature

Signature

A copy of this document will be submitted to the Cherokee County School District, P.O. Box 769, Canton, GA, 30169, and to the Cherokee County Chamber of Commerce, P.O. Box 4998, Canton, GA 30114.

SCHOOL DISTRICT APPROVAL

Barbara P. Jacoby
Chief Communications Officer
Cherokee County School District

CHAMBER OF COMMERCE APPROVAL

Brandy DeBord
Education & Workforce Specialist
Cherokee County Chamber of Commerce

X _____

X _____

Signature

Signature