



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
OFFICE OF COMMUNITY INVOLVEMENT  
**eBusiness Partnership Agreement**

Fiscal Year  
2024-2025

Complete the following agreement, and select "Submit" in the drop down menu and then press "Go."  
All Business Partners acknowledge and agree to comply with policy 2.531 and that the Partnership Agreement can be terminated by the District without penalty as stated in the policy.

Business/Organization Name \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Contact Title \_\_\_\_\_  
 Address (street, city, state, zip) \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**TYPE OF PARTNERSHIP (select one)**  Renewal  New Number of Renewal Years \_\_\_\_\_  
 School or Department Name Select One ▼  
 Business Industry Select One ▼

**SCOPE OF PARTNERSHIP (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 presenter, 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
- Memorandum of Agreement - Describes intent of engagement in more detail
- Donor / Sponsorships - Donate supplies or equipment, scholarships, sponsor events or field trips
- Estimated Monetary Value of Partnership \_\_\_\_\_
- Other \_\_\_\_\_

Forms related to a Memorandum of Agreement (MOA) must have the MOA attached.

**RECIPROCAL ACTIVITY (check all that apply)**

- Communication of school events  Recognition Select One ▼
- Assist with company special events  Invitations to special school programs
- Appreciation programs  Specific feedback regarding impact of partnership on students and school
- Free tickets to school/department events & programs
- 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.) **Requires signature of Principal AND Regional Superintendent.**
- 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 \_\_\_\_\_

Region Select ▼

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

*If "Display" was chosen, your Regional Superintendent signature is required to complete the final processing.*

Signature of Principal or  
Department Head

Signature of Regional  
Superintendent