

# Community Partnership Proposal

Date:

---

Submitted by (Organization/Group):

---

Contact Name:

---

Contact Email:

---

Contact Phone:

---

## 1. Partner Organization Information

Organization Name:

---

Mission Statement:

---

Website (if any):

---

## 2. Proposal Overview

Brief Summary of the Partnership Proposal:

---

## 3. Goals & Objectives

---

---

---

## 4. Partnership Activities

---

---

---

## 5. Roles & Responsibilities

Partner Organization:

---

Our Organization:

---

## 6. Timeline

---

## 7. Measurement of Outcomes

---

## 8. Resources Required

---

---

---

## 9. Additional Comments / Notes

---

## Signatures

---

Signature (Partner Organization)

---

Signature (Our Organization)

---

Date