



Milwaukee Public Schools

Partnership Grant Intent Form

PART I: MPS PRIMARY CONTACT INFORMATION

Last Name: First Name:
Email Address: Phone Number:
Department Name: School Name:
Site #: School Region:
Please check one: Central Services Staff School Staff

PART II: PARTNER PRIMARY CONTACT INFORMATION

Last Name: First Name:
Organization: Phone Number:
Address:
Email Address: Website:

PART III: FUNDING SOURCE INFORMATION

Please check one: Federal (CFDA # ) State Foundation/Corporation
Grant Name: Organization:
Office: Website:
Program Contact Last Name: First Name:
Address:
Phone Number: Email Address:
Application Release Date: Due Date:
Est. Total Amount Requested: Required Match:
Est. # of Awards: Focus Area:

PART IV: GRANT INFORMATION

Describe the project, including how it will benefit the district's students and staff (200 words):

Large empty rectangular box for describing the project.

**Milwaukee Public Schools**

**PART V: SIGNATURES**

**Partner Representative**

Signature	Date	Name	Title
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**MPS Staff**

**Submitted By** (Principal/Director)

**Approved By** (Regional Superintendent/Senior Staff)

Name	Title	Name	Title
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Signature	Date	Signature	Date
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**Director**

**Director**

Name	Title	Name	Title
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Signature	Date	Signature	Date
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