# Part IC: Education Attainment Partnership Signature Page

If applying as an education attainment partnership, provide contact information for each required partner for the proposed program. One of the partners must be the lead applicant.

If applying as a workforce partnership, do not complete this page and do not submit it with your application.

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| **Adult Education Provider** | | | |
| **Adult Education Provider Type (select only one checkbox)** | | | |
| Community-Based Nonprofit Agency or Organization  Indian Tribe or Nation  Library  Literacy Council or Other Literacy Institute | | Business Or Business Association  Volunteer Literacy Organization  Local Work Force Board  One-Stop Partner | |
| **Organization Name** |  | | |
| **Mailing Address** |  | | |
| **Website** |  | | |
| **Lead Applicant?** | Yes, Lead Applicant  No, Not Lead Applicant | | |
| **Primary Contact Information** | | | |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
| **Signature** |  | | |

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| **Other Education Provider** | | | |
| **Other Education Provider Type (select only one checkbox)** | | | |
| Elementary School  Secondary School  Charter School  School District | | Board of Cooperative Services  State Institution of Higher Education  Local District College  Area Technical College | |
| **Organization Name** |  | | |
| **Mailing Address** |  | | |
| **Website** |  | | |
| **Lead Applicant?** | Yes, Lead Applicant  No, Not Lead Applicant | | |
| **Primary Contact Information** | | | |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
| **Signature** |  | | |

**Note:** If the grant application is approved, funding will not be awarded until all signatures are in place. Please attempt to obtain all signatures before submitting the application. The signatures on this page may be original, electronic or with attached email approval.