# Part IC: Education Attainment Partnership Signature Page

If applying as an education attainment partnership, provide contact information for each partner of the proposed program. Additional boxes and pages may be added as needed.

If applying as a workforce partnership, please leave this blank.

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| **Education Attainment Partner Organization Information** |
| **Partner Type (select only one checkbox)** |
| **Adult Education Provider**[ ]  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[ ]  Consortium of Adult Education Providers[ ]  Other (if so, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_) | **Other Education Provider**[ ]  Elementary School[ ]  Secondary School [ ]  School District[ ]  Board of Cooperative Services[ ]  Public Higher Education Institution[ ]  Private Higher Education Institution[ ]  Local District College[ ]  Area Technical College [ ]  Other (if so, describe: \_\_\_\_\_\_\_\_\_\_\_) |
| **Organization Name** | ­­ |
| **Mailing Address** |  |
| **Website** |  |
| **Education Attainment Partner 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.