# 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.