



Community Partnership Application

Organization Information

Name: _____ Date: _____

Address: _____
Street Address *Suite #*

_____ _____ _____
City *State* *ZIP Code*

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Supervisor Name: _____ Supervisor Direct Number: _____

Supervisor Title: _____ Supervisor E-mail: _____

Who is completing this Community Partnership Application on behalf of your organization?

Type of Organization:

- | | | |
|---|---|---|
| <input type="checkbox"/> Domestic Violence Services | <input type="checkbox"/> Senior Services | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Parenting Classes | <input type="checkbox"/> Special Needs Services | <input type="checkbox"/> Accounting/Finance |
| <input type="checkbox"/> Recreational Services | <input type="checkbox"/> Educational Services | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Mentoring Services | <input type="checkbox"/> Vocational Services | <input type="checkbox"/> Law |
| <input type="checkbox"/> Church | <input type="checkbox"/> Personal Development | <input type="checkbox"/> Synagogue |
| <input type="checkbox"/> Mosque | <input type="checkbox"/> After School Program | <input type="checkbox"/> Other |
| <input type="checkbox"/> Violence Protection | <input type="checkbox"/> College/University | _____ |
| <input type="checkbox"/> Youth Services | <input type="checkbox"/> Training | _____ |

Organization Plans & Partnership

Your Organization's Mission and Brief Description of Core Programs/Services:

Strategic vision for partnership:

Please describe your vision for the partnership between your agency/organization and the City of Chester? For Example: what do you want to achieve in this year? How long are you interested in maintaining the partnership beyond this year? (You may also attach a separate letter or proposal describing this vision)

