MILWAUKEE PUBLIC SCHOOLS

Office of Innovation & Information
Division of Grant Development & Planning
5225 W. Vliet Street, Milwaukee, WI 53208
(414) 475-8260 ▪ grants@milwaukee.k12.wi.us

Partnership Intent Form

PART I: MPS PRIMARY CONTACT

Last Name: _____   First Name: _____

Site #: _____   Email Address: _____ @milwaukee.k12.wi.us

School/Dept: _____   Region/Office: _____

PART II: PARTNER PRIMARY CONTACT

Last Name: _____   First Name: _____

Organization: _____   Title: _____

Phone: _____   Email Address: _____

PART III: FUNDING SOURCE INFORMATION

Grant Type: ☐ Federal (CFDA _____) ☐ State ☐ Foundation/Corporation

Funder/Organization: _____

Grant Name: _____

Web Link: _____

Application Release Date: _____   Application Due Date: _____

Funds Requested: $ _____   Required MPS Match: $ _____ ☐ N/A

Program dates if awarded: _____ - _____   Focus Area: _____

MPS Signature needed: ☐ No ☐ Yes   If yes, type: ☐ LOS ☐ MOU ☐ Other: _____

Eight Big Idea Alignment (select all that apply): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

PART IV: EXECUTIVE SUMMARY

Describe the project in 1-2 paragraphs including overall programs activities, anticipated outcomes, location(s), number and type of participants involved, and the specific role of MPS.

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Start. Stay. Succeed.
Comienza. Quédate. Triunfa.

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PART V. CONDUCTING RESEARCH IN MPS

Any individual or organization interested in conducting a research study or evaluation in Milwaukee Public Schools, or receiving data from the district, must apply to conduct research prior to beginning data collection. For more information, please visit the Division of Research & Evaluation webpage or email at a representative with questions at mpsresearch@milwaukee.k12.wi.us.

PART VI: SIGNATURES

District-based Grant Approval:

Box 1	Submittal (MPS Primary Contact)	Box 2	Approval (Director/Regional Superintendent)

Name: _____ Name: _____

Title: _____ Title: _____

Signature: _____ Signature: _____
               (Date)   (Date)

Box 3	Approval (Chief)	Box 4	Approval

Name: _____ Name: _____

Title: _____ Title: _____

Signature: _____ Signature: _____
               (Date)   (Date)

Box 5	Approval	Box 6	Approval

Name: _____ Name: _____

Title: _____ Title: _____

Signature: _____ Signature: _____
               (Date)   (Date)