|  |  |
| --- | --- |
|  |  |
| A | Community Partner Organization Contact Information  |
|  | Name of Organization |  |
|  | Primary Contact Name & Title |  |
|  | Street Address |  |
|  | Mailing Address |  |
|  | Telephone No. & Email Address  |  |
|  | Secondary Contact Name & Title |  |
|  | Street Address |  |
|  | Mailing Address |  |
|  | Telephone No. & Email Address |  |
|  | Additional Comments |  |
| B | SCU Contact Information |
|  | Please list the SCU individual, organization, or group that maintains the partnership:  |  |
|  | SCU Contact Name |  |
|  | Contact’s Title & Department |  |
|  | Campus Address |  |
|  | Telephone No. & Email Address |  |
|  | Additional Comments |  |
| C | Memorandum of Understanding (MOU) with Community Partner Organization |
|  | MOU currently on file (Yes or No) |  |
|  | If “Yes”, please provide the following information. If “No”, skip to Section D.  |
|  | MOU Expiration Date |  |
|  | MOU Signatory Contact Name |  |
|  | MOU Signatory Contact’s Title |  |
|  | Street Address |  |
|  | Mailing Address |  |
|  | Telephone No. & Email Address |  |
| D | Please List All of the Programs/Activities at the Community Partner Organization with which SCU Students Will Engage: |
|  | 1.  |
|  | 2. |
|  | 3.  |
|  | If needed, please continue list on back of this form. |
| E | For Each Program/Activity Listed Above, Please Describe Briefly What SCU Students Will Do in Each Engagement (in 1-2 sentences for each):  |
|  | 1. |
|  |  |
|  | 2.  |
|  |  |
|  | 3.  |
|  | If needed, please continue descriptions on back of this form. |
|  |  |

Please provide the following information. Only complete Section C if you and your community partner have a MOU currently on file.