

**COLLABORATION REQUEST**

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Describe your organization name and mission:** \_\_\_\_\_

**How does your proposed program support the ESB-MACC mission?** \_\_\_\_\_

**Why do you want to collaborate with the city?** \_\_\_\_\_

**Give a brief description of your proposed program:** \_\_\_\_\_

What are the dates, times, & duration of your program? \_\_\_\_\_

What is the expected participation in the program? \_\_\_\_\_

What are the participant age and grade ranges? \_\_\_\_\_

Will the program be available to children/adults from low-income households? \_\_\_\_\_

What outreach methods will be used to recruit participants? \_\_\_\_\_

How will the work necessary to support the program be divided between the collaborator and the city? \_\_\_\_\_

What is the collaborating organization providing through in-kind services? \_\_\_\_\_

What is the City of Austin requested to provide through in-kind services? \_\_\_\_\_

Does the collaborator carry liability insurance? Yes  No

**For ESB-MACC Staff Use Only:**

Review Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Comments: