



Community Engagement Partnerships Data Collection Form University of Louisville

This form should be completed for each partnership or collaborative relationship. Unit coordinators will be able to add new data, edit or update previously entered data, save and print partnership listings. This system was developed with the support of the Office of Community Engagement, the Provost Office of Academic Planning & Accountability and Information Technology.

UofL Unit Information

Indicate the responsible unit(*college, school, or administrative area*): Select... Indicate the responsible department(s) or center(s):

(If more than one University Unit is involved, please click on "Insert Item" button below to add additional information.)

Partnership General Information

What is the name of the partnership project?

Who is the UofL contact or director?

E-mail:

Phone #:

Project Description/Purpose *(please no more than 300 words)*:

What state is the partnership located? Select...

If non-U.S, please list the country:

If located in KY, indicate the county(-ies):

- Not Applicable
- Adair
- Allen
- Anderson
- Ballard

Community Partner Information

Name of Community or External Partner:

Name of contact person:

Mailing address:

Phone #:

E-mail:

Web Address:

Categorize this partnership organization *(please select only one)*:

- Educational Institution
- For-Profit Business/Corporation
- Government Agency
- Non-profit Organization
- Professional Association
- Other

Health Care

(If more than one Community Partner is involved, please click on "Insert Item" button below to add additional information.)

Additional Partnership Information

Project Start Date:

Project End Date:

This project is on-going.

This project is renewable.

This project has a: Select...

Indicate if the project has a relationship to these university initiatives (please check all that apply):

Additional Notes/Information (optional):

- Ideas to Action
- Signature Partnership
- Sustainability/Green Projects

Project Category (Education/Research/Service)

Indicate the primary category this project falls under. If applicable, identify up to two additional categories.

Primary (required): Select...

If you selected "other," please provide a brief description of which this project fits:

Second (optional): Optional...

Third (optional): Optional...

If this partnership falls under "education", please identify the institution, system, organization:

If this partnership involves Jefferson County Public School district, please identify the school(s) involved:

JCPS Elementary School

JCPS Middle Schools

JCPS High Schools

JCPS Special Schools

<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Atkinson <input type="checkbox"/> Auburndale <input type="checkbox"/> Audubon Traditional	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Barret Traditional <input type="checkbox"/> Brown School <input type="checkbox"/> Carrithers	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Academy at Shawnee <input type="checkbox"/> Atherton <input type="checkbox"/> Ballard <input type="checkbox"/> Brown	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Ahrens Educational Resource <input type="checkbox"/> Audubon <input type="checkbox"/> Bellewood
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Funding Information

Is there funding associated with this project?

If yes, what's the amount of the funding?

Yes No

Is this funding renewable? Yes No

Funding Source(s)

Name of the Funding Agency:

(List the percentage of funding associated within the selected category. The total should equal 100%)

Non-Profit Organization: <input type="text"/>	Public/Neighborhood Organization: <input type="text"/>
Federal Government: <input type="text"/>	Corporate Gift: <input type="text"/>
State Government: <input type="text"/>	Private Foundation/Organization: <input type="text"/>
Local Government: <input type="text"/>	Self-Funded/Fee for Services: <input type="text"/>
University: <input type="text"/>	Other: <input type="text"/>

Total Funding Percentage: List percentage in the selected category. The total for all funding source should equal 100%

(If more than one Funding Agency is involved, please click on "Insert Item" button below to add additional information.)

Impact

Impact on UofL

(Please describe the impact this partnership has on the University of Louisville or your unit. Describe linkage to teaching, research or service mission and benefit to the unit. Below the box, please check the primary area of impact. No more than 300 words please.)

Teaching

Research

Service

UofL Involvement

(Please provide the number of unduplicated headcounts of all individuals, FT or PT, involved in this partnership.)

Faculty: Staff: Student(s):

Impact on Community Please categorize (select only one) the impact of this partnership: [Select...](#)

(Please describe the impact this partnership has on the community. Indicate issues being addressed, number of individuals served, and benefit to the community. No more than 300 words please.)

Submitted by:

Reviewed & Approved by Unit Coordinator

E-mail Address: