

**Community Engagement Partnerships Data Collection Form  
University of Louisville**

**Step-by-step form instructions**

Please follow these instructions to complete each section of the form. If you have any questions, please do not hesitate to contact Emily Noonan at 502-852-5095 or emily.noonan@louisville.edu

1.

**UofL Unit Information**

- Select the unit responsible for the partnership from the drop-down menu provided. (Examples—College of Business, College of Arts and Sciences, or Provost)
- Enter the department or center responsible for the partnership. (Examples—Philosophy, Biostatistics, or Urban Studies Institute)

2.

**Insert Item function**

- Throughout this form, you can add additional information by selecting the “Insert Item” button. Your partnership may involve several units, departments, community partners, or funding sources. Add as many items as necessary to provide complete information on your partnership.

3.

**Partnership General Information**

- In this section, provide general information about your partnership: Name of project, UofL contact or director and his or her contact information, description of the project, and location(s).
- Location: If your partnership is located in the U.S., select the state from the drop-down menu. If your partnership is not located in the U.S. enter the country in which it is located. If your partnership is located in Kentucky, please select the county (-ies) in which it is located. You may select multiple counties.

4.

**Community Partner Information**

- In this section, provide specific information about the Community or External Partners involved: Name, contact person and his or her contact information, and type of partnership.
- Partnership organization type: select only one of the options that best describes your partner. For example, if your partner is Metro Louisville Health and Wellness, select Government Agency. If your partner is a public school, select Educational Institution.
- You have the option to add additional partners by selecting the “Insert Item” button.

5.

#### Additional Partnership Information

- In this section, please provide additional information about your partnership.
- Provide the start and end dates. If there is no set end date, then the project is on-going.
- Under the date fields, you are asked if your partnership involves a memorandum of agreement or understanding, or a contract. Select the appropriate option from the drop-down menu.
- Use the “Additional Notes/Information” box to add information about your partnership or to clarify any of your responses.
- UofL is involved in several university-wide initiatives: Ideas to Action, Signature Partnership, and Sustainability/Green Initiatives. If applicable, select the appropriate boxes. If your partnership is not part of any of these initiatives, do not check any boxes.

6.

#### Project Category

- Select the primary category your project falls under from the drop-down menu.
- If your project falls under more than one category, select one primary category (the category that best describes your project), and up to two additional categories.
- If you select “other” as a category, describe this in the box provided.

7.

#### Education Projects

- If your project falls under any of the education categories, we need some additional information. If your project does not fall under the category of education, you may skip this section.
- Enter the educational institution, system, or organization.
- If your project involves JCPS, select all schools involved. You may select multiple schools.

8.

#### Funding Information

- If your project received funding, please complete this section. If your project receives no specific funding, you may skip this section.
- Provide the amount of funding, and the name of the funding agency.
- Next, list the percentage of funding associated with each category. For example, your project might receive
  - 25% from United Way (non-profit)
  - 25% from the Department of Health and Human Services (federal government)
  - 50% from UofL (University)

You would enter these percentages in the appropriate boxes, and enter 0% in the other boxes. Total the percentages from all of your sources. The total must equal 100%.

- You have the option to add additional funding agencies by selecting the “Insert Item” button. If you add agencies, you need not complete the percentages section more than once.

9.

#### Impact

- Describe the impact your project has on UofL.
- Check the box that best describes your projects primary area of impact at UofL: teaching, research, or service.
- Provide the number of faculty, staff, and students involved in the partnership. Count each individual, regardless of their status as part-time or full-time.
- Describe the impact your project has on the community.
- If there are other individuals involved in the project and are not counted as UofL faculty, staff, and students, please report that number here and identify type. Ex. Alumni, board members, adjuncts, gratis, etc.
- Select the geographical level of impact from the drop-down menu.

10.

#### Submission

- Provide the name and contact information of the person completing this form.
- If your unit has someone coordinating this effort, check the box provided once he or she has approved the submission. If your unit has no such coordinator, do not check this box.

Thank you!

If you have any questions, please contact Emily Noonan at 502-852-5095 or [emily.noonan@louisville.edu](mailto:emily.noonan@louisville.edu)



**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** (1)

Indicate the responsible unit(*college, school, or administrative area*): Indicate the responsible department(s) or center(s):  
Select... (2)

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

**Partnership General Information** (3)

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** (4)

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 5

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) 6

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...

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

### Funding Information 8

Is there funding associated with this project?

Yes  No

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

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 9

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.)*

10

Submitted by:

Reviewed & Approved by Unit Coordinator

E-mail Address: