



CCHSRSTS-E

SafeRoutes

City and County of Honolulu
Safe Routes to School



PARTNER CONTACT INFORMATION FORM

Partners are organizations that are contributing to the success of a SRTS project. Partnerships are optional but highly encouraged. Applicants should have each partnering organization complete this form and a letter of agreement to include it in the mini-grant application.

Partnering Organization

Contact Name: _____

Organization: _____
(check one) School PTA/PTSA Non-Profit For-Profit Other

Mailing Address: _____

City, State, Zip: _____

Best Phone # to Call: _____ Contact E-mail: _____

Attached is a letter of agreement that documents our support of the project(s) and identifies in detail what our roles and responsibilities are to develop and implement a successful project.

Representing the _____
(Name of Organization)

Signature

Date

Print Name

Title