

2018 CIS Think Summer! Program
Enrichment Partner Profile
(Must be submitted with proposal)

Name of Organization or Individual & Contact information (please complete all information)

Legal Name of Organization:
Name and Position of Legal Signer of Contracts:
Name and Position of Primary Contact:
Primary Contact Phone Number:
Primary Contact E-mail:
Street Address:
City, State and Zip Code:

Organization Status (please check one)

- For-Profit
 Not-for-Profit (If Not-for-Profit, please provide evidence of this status.)

Program/Service Components (please check one)

<input type="checkbox"/> Literacy (Reading & Writing)	<input type="checkbox"/> STEM	<input type="checkbox"/> Healthy Living
<input type="checkbox"/> Social-Emotional Skills	<input type="checkbox"/> Science	<input type="checkbox"/> Sports
<input type="checkbox"/> Performing Arts	<input type="checkbox"/> Math	<input type="checkbox"/> College & Career
<input type="checkbox"/> Visual Arts	<input type="checkbox"/> Technology	<input type="checkbox"/> Leadership/Service

Grade Levels Intending to Serve (please check all appropriate)

- Kindergarten - 2 Grade 3 - 5 and/or Grade 6 – 8