**COMMITMENT FORM**

Please use this template for the portion of the application requiring a signed commitment acknowledging roles and responsibilities of community collaboration and school districts if selected for the pilot project. Once completed upload to the online application.

|  |  |
| --- | --- |
| PILOT TEAM MEMBERS | |
| Team Member #1: Primary collaboration Convener/Coordinator/Staff | |
| Name: | Organization Affiliation: |
| Collaboration Role(s): | Title: |
| Email Address: | Organizational Mailing Address: |
| Phone: |
| # of years with collaboration: |
| What sector or Community Systems Development (CSD) effort does this team member represent? | |
| Anticipated Responsibility in Pilot: | |
| Signature: | |
| Team Member #2: | |
| Name: | Organization Affiliation: |
| Collaboration Role(s): | Title: |
| Email Address: | Organizational Mailing Address: |
| Phone: |
| # of years with collaboration: |
| What sector or CSD effort does this team member represent? | |
| Anticipated Responsibility in Pilot: | |
| Signature: | |
| Team Member #3: | |
| Name: | Organization Affiliation: |
| Collaboration Role(s): | Title: |
| Email Address: | Organizational Mailing Address: |
| Phone: |
| # of years with collaboration: |
| What sector or CSD effort does this team member represent? | |
| Anticipated Responsibility in Pilot: | |
| Signature: | |
| Team Member #4: | |
| Name: | Organization Affiliation: |
| Collaboration Role(s): | Title: |
| Email Address: | Organizational Mailing Address: |
| Phone: |
| # of years with collaboration: |
| What sector or CSD effort does this team member represent? | |
| Anticipated Responsibility in Pilot: | |
| Signature: | |

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| --- | --- |
| Team Member #5: | |
| Name: | Organization Affiliation: |
| Collaboration Role(s): | Title: |
| Email Address: | Organizational Mailing Address: |
| Phone: |
| # of years with collaboration: |
| What sector or CSD effort does this team member represent? | |
| Anticipated Responsibility in Pilot: | |
| Signature: | |

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| If chosen, two team members will serve as Local EDI Champions. Please identify one team member as the School Champion (must be a school district employee), and one team member as the Community Champion. Refer to the Appendix for a complete list of School and Community Champion tasks for the EDI pilot project. | |
| School Champion |  |
| Community Champion |  |

**SCHOOL DEMOGRAPHICS FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Name** | **School Type (i.e. Public, Private, Parochial, Charter, Other)** | **Total Number of Kindergarten Classrooms** | **Total Number of Kindergarten Teachers** | **Total Number of Kindergarten Students** |
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**PARTICIPATING ORGANIZATIONS IN THE COLLABORATION/COALITION AND MEMBERS FORM**

Please list all active members of the collaboration/coalition and their role and responsibilities.

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name** | **Member Name** | **Title** | **Collaboration Role/Responsibility** |
| Example: Parent Teacher Organization | Jane Doe | President | Co-Chair |
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