

# APPENDIX E

## PARTNERSHIP STATEMENT

### Tablet Technology: Training on the Go

1. Applicant Organization: Name of Your Library

2. Partner Organization Name and Location: Name of your Partner Organization

3. List the Partner's key roles and responsibilities in the project:

- Assist determining suitable days and times for classes in the Organization.
- Provide Name of Room for training classes free of charge.
- Assist in promoting the classes by distributing Your Library-provided flyers, word-of-mouth, and other existing Organization Name communication channels such as Facebook.

4. List partner's financial responsibility if applicable:

- In-kind contributions: donated training space (retail \$40/hour) provided to Name of Your Library Mobile Technology Lab

**We, the undersigned Partner organization, agree to the following:**

- We will carry out the activities described above and in the application narrative
- We will use any federal funds we receive from Applicant organization in accordance with applicable Federal laws and regulations as set forth in the program guidelines and the terms and conditions of the grant award.
- We assure that our facilities and programs comply with the applicable Federal requirements and laws as set forth in the program guidelines.

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Signature of Partner Authorizing Representative/Official

Date

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Name and Title of Partner and Partner Authorizing Representative/Official (Type or Print)