*{Instructions: Complete one form for each Partner by replacing highlighted text to customize as needed. Delete these instructions}*

**This Acknowledgement of Partnership is between**

**[Insert name of potential ICAPP Contractor] (ICAPP CONTRACTOR)**

**and**

**[Insert name of local Partner such as School District or Agency] (LOCAL PARTNER)**

**Background**

The Iowa Child Abuse Prevention Program (ICAPP) is an initiative of the State of Iowa aimed at reducing child maltreatment by targeting services to address risk factors most closely correlated with abuse and neglect.

**Purpose**

As a *potential* recipient of ICAPP grant funding, award anticipated by July 1, 2020 through the Iowa Department of Human Services, thepotential **ICAPP CONTRACTOR** *may* be positioned to provide services towards this goal through a partnership with local organizations to provide donated facility space and/or connecting with target audiences. If funded, prospective ICAPP services may include:

* Insert proposed brief description or type of activity
* Insert proposed brief description or type of activity (or delete this line)
* Insert proposed brief description or type of activity (or delete this line)

**Partnership**

At the time of signing, the **LOCAL PARTNER**is interested in the following partnership arrangement: (please select and initial one)

|  |  |
| --- | --- |
| *Initials* | Committed to partnering with our local ICAPP Agency Provider to support the provision of child abuse prevention services in our community with details to be agreed upon at a later date; or |
| *Initials* | Willing to consider a partnership arrangement once more information is available; or |
| *Initials* | Not willing to consider a partnership arrangement at this time. |
| *Initials* | Other: Describe proposed partnership arrangement here. |

This Acknowledgement of Partnership is non-binding and is in effect to express general support of ICAPP services and a potential partnership in the delivery of no-cost services to the community. If ICAPP funds are not awarded to the potential ICAPP CONTRACTOR, this Acknowledgement is no longer valid. By signing below, parties acknowledge authorization to represent their respective agencies. Parties also accept the Acknowledgement of Partnership is limited to a declaration of willingness to partner an in no way is a guarantee of entitlement to future services or action on behalf of either entity.

**Partner Information:**

**LOCAL PARTNER**

|  |  |
| --- | --- |
| **Agency Name:** |  |
| Signature: | Date: |
| Name: |  |
| Title: |  |
| Address: |  |
| Telephone: |  |
| E-mail: |  |
| **Potential ICAPP CONTRACTOR** | |
| **Agency Name:** |  |
| Name: |  |
| Signature: | Date: |
| Title: |  |
| Address: |  |
| Telephone: |  |
| E-mail: |  |