

Date Submitted: _____

Date Received: _____

Financial Literacy Coalition of Central Texas

PARTNERSHIP REQUEST

The Mission of the Financial Literacy Coalition of Central Texas (FLCCT) is to foster community prosperity by enhancing the knowledge and skills Central Texans need for improved financial decision-making. To accomplish this mission, we seek to partner with organizations or businesses that see in their clientele, members, or staff the need for education about money management issues.

We value these partnerships and encourage clear and constant communication so that these collaborations are of benefit to all involved. Please provide us with the following information:

Sponsoring Organization Name: _____

Contact Person: _____

Address/ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

PARTNER EXPECTATIONS

As a 501 (c)(3) non-profit organization, the Financial Literacy Coalition of Central Texas (FLCCT) has limited resources. There is no charge for our classes, but we ask for a commitment from partnering organizations/businesses to make the classes a success.

The Financial Literacy Coalition of Central Texas agrees to provide the following:

1. *Trained volunteer instructors to facilitate the classes and/or train-the-trainer sessions about basic financial topics.*
2. *Unbiased, sound information about basic personal financial management.*
3. *Appropriate handouts for participants.*

The Sponsoring Organization/Business agrees to provide the following to support the classes:

1. *Publicity about the classes for the target audience*
2. *A minimum of 10 pre-registered participants*
3. *Sufficient site facilities and set-up*
4. *Overhead projector*
5. *Blackboard or Whiteboard with makers*
6. *Easel with flipchart and markers*
7. *Participant name badges*
8. *Childcare for participants (as needed)*
9. *Appropriate accommodations for participants with disabilities (as needed)*
10. *Snacks for participants (as needed)*
11. *Other support as determined by the sponsoring organization/business and the Financial Literacy Coalition of Central Texas (this could include door prizes and/or incentives, writing materials, workbooks, etc.)*
12. *Return evaluation forms to Texas Cooperative Extension Office.*

Please note the FLCCT requires a MINIMUM OF 10 PARTICIPANTS to be pre-registered in order for a class to be held.

9/3/08

REQUEST FOR CLASSES

Please help us to tailor the classes to your group by providing the following logistical information.

CLASS FORMAT:

Number of Classes: _____ Length of Each Class: _____

Class Days/Time(s): _____

Potential Dates: _____

Class Location (full address please): _____

Audience type and # of Potential Participants: _____

Preferred Language: English Spanish

Other Notes: _____

Preferred class topics (please check and prioritize, with 1 as most important and 10 as least important):

_____ Banking	_____ Consumer Banking Rights
_____ Credit and Borrowing	_____ Credit Reports
_____ Checking Accounts	_____ Credit Cards
_____ Budgeting	_____ Consumer Loans
_____ Savings	_____ Financing a Home
_____ Retirement	_____ Other _____

There is a cost to deliver educational programs and we welcome donations. Could you make a contribution to help support the work we do in the Central Texas community?

YES NO If yes, how much? _____

If your program is a grant program, we ask that you consider the FLCCT, Inc. in your budgeting process.

Do we have your approval to post your agency/organization/business name on the FLCCT website as a partner?

YES NO

PLEASE SEND THE COMPLETED FORM OR DIRECT ANY QUESTIONS TO:

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1600-B Smith Road
Austin, Texas 78721
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