

JACOBS-ABBEY GLOBAL INSTITUTE FOR LEADERSHIP STUDIES

PARTNERSHIP APPLICATION



Name of Organization /Group

Contact Person

Contact Number (Include country code)

Address

Email

Provide a General description of your Organization

Provide a general description and overview of the proposed activity

When does the activity occur?

What are the key goals you hope to achieve by this partnership?

What are the key operational or promotional milestones leading up to the proposed activity(ies)?

What value of investment are you seeking from JAGILS?

Are you seeking in-kind support from JAGILS? If yes, please provide details and an approximate value.

What level of partnership are you proposing for JAGILS? E.g.: Naming Rights,....

Please list the benefits JAGILS will receive

What is the proposed term of the partnership? E.g.: one off, one year

What other levels or options for partnership may be available to JAGILS should we not be able to provide the requested level?

Has the organization or group had previous affiliations with JAGILS?

Please list any other partners that are involved. If no other partners have been secured, please outline your proposed structure.

Is there existing or previous involvement of any Leadership Institutions in this partnership?

Are there any other government agencies , statutory authorities or government owned corporations involved?

Provide some detail regarding the reach and profile of your organization and this partnership

e.g. estimated attendance, geographical reach, target market demographics

How do you plan to determine the success of this Partnership?

What type of reporting will you provide to partners on the outcomes of their partnership?

Signed:

Date: