

**Partner Organizations for the
2017-2018 Adult Literacy Grant
Letter of Participation**

Library Name _____

Organization Name _____

The above named organization agrees to partner with the above named library to carry out the activities of the New York State Adult Literacy Grant in 2017 - 2018.

In addition, the partner organization agrees to provide statistics, as needed to satisfy grant requirements, to the above named library.

[Organization Name] _____ will be responsible for the following activities:

[Library Name] _____ will be responsible for the following activities

Signature _____ Date _____

Organization Director Name (please print)

Signature _____ Date _____

Library Director Name (please print)