

**Partner Organizations for the  
2018-2019 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 2018 - 2019.

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)