

AFFIRMATION OF PARTNERSHIP FORM – APPENDIX A

Teacher Development Program

(This form must be completed, signed and uploaded in the application for each partner using the UPLOAD tab.)

Local Education Agency

Teacher Development Program

June 1, 2025 – May 31, 2026

Instructions to Applicant/Lead Agency: Please have each **partner** complete a separate copy of this form, including the school district partner, and any other agencies or school district **partners**. Submit all copies as attachments using the upload tab with the grant application.

Instruction to Partner Agency: This document is to be signed by an eligible **partner** and included with the application as evidence of the collaboration between the applicant/lead agency and the eligible **partner** in the New Jersey Apprenticeship Program. The chief school administrator (CSA), Dean, chief executive officer (CEO) or other head of a partnering agency must complete and sign the statement below:

I COMMIT to being a collaborative partner with Rowan University, the applicant/lead agency and to ensure that my agency acts in full support of the proposed project through the provision of personnel, time, activities, information, data, services, and/or resources necessary to plan, implement, monitor and evaluate the grant project with fidelity.

I AGREE to protect the confidentiality of individual students and/or educators as necessary when providing information to the applicant and the project evaluator to fulfill project requirements.

I CERTIFY that a designated representative, my agency's grant lead person, will continue to collaborate with the applicant to meet the requirements of this grant opportunity as specified in the grant application.

DR. MARK J. SILVERSTEIN
(Print Name) (CSA/ Dean/CEO/Head from Partner Agency)

of Glassboro Public Schools
(Print Name) (Partner Agency)

[Signature]
Signature of CSA/Dean/CEO/Head from Partner Agency

05/14/25
Date