

# Be Part of a Movement

Applying the Transformational Power of Acknowledgment



## Make A Difference Program - School Agreement

This agreement is made between Mary Robinson Reynolds dba Heart Productions & Publishing (HPP) and School or School District named below (School) for the purpose of implementing the MDPA program described in a separate document attached. This agreement is contingent upon the acquisition of full funding of the program by outside sponsorship partners. These partners will make separate agreements with Mary Reynolds for the purpose of funding this program in exchange for certain advertising of their funding to be included in two primary locations: 1) a 6' x 8' plastic banner (supplied by Facilitator through partner funding) and 2) give acknowledgment to funding partners in school newsletter. School also hereby agrees to allow partners to create and display any manner of additional public advertising or promotion of the program and their funding thereof.

Name of School District committing to implement the Program: \_\_\_\_\_

Scope of Program (continue on back): School Name,	Location	Grades
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total numbers involved: \_\_\_ Faculty and Staff. \_\_\_ Students. \_\_\_ Family Members. \_\_\_ Community Members.

Name of Program Coordinator: \_\_\_\_\_ Phone / Contact: \_\_\_\_\_

Contact at School District: \_\_\_\_\_ Phone / Contact: \_\_\_\_\_

Projected date(s) of Program: \_\_\_\_\_ Projected Time Begin-End: \_\_\_\_\_

Projected date of Staff - Parent Meeting : \_\_\_\_\_ Projected Time: \_\_\_\_\_

- \_\_\_ Option 1: "I Make A Difference" Acknowledgment Ceremony – using the "I Make A Difference" wristbands and/or stickers - in each school building K-12.
  - \_\_\_ Option 2: Using the training and materials provided in the *Make A Difference with the Power of Acknowledgment* Program UTrain® Leader's Manual, each School's Principal or Director of Pupil Support & Instruction presents Overview of MDPA WEEK Program for faculty and staff.
  - \_\_\_ Option 3: Mary Reynolds trains Principals and school leaders to do MDPA Program.
    - \_\_\_ Half Day
    - \_\_\_ Full Day
    - \_\_\_ Teachers download Lesson Plans OR
    - \_\_\_ Printed Materials added
  - \_\_\_ Option 4: Mary Reynolds trains faculty, staff and student leaders in each school.
    - \_\_\_ Half Day
    - \_\_\_ Full Day
    - \_\_\_ Teachers download Lesson Plans OR
    - \_\_\_ Printed Materials added
- Trainings will take place: \_\_\_ Before School \_\_\_ After school \_\_\_ Saturday

School agrees to the following:  
\_\_\_ Place 6' X 8' banner recognizing Funding Partners on front lawn (or inside) each school building participating in the MDPA Program for duration of the Program.  
\_\_\_ Give one full page acknowledgment to partners in school newsletter.  
\_\_\_ Implement program within 120 days of receiving *Make A Difference with the Power of Acknowledgment* Program materials and supplies.

Signature of authorized representative of School: \_\_\_\_\_ Date: \_\_\_\_\_

Print name and title of signatory: \_\_\_\_\_

By: Mary Robinson Reynolds  
Heart Productions & Publishing  
P.O. Box 56, Newton Jct., NH 03859 \_\_\_\_\_ Date: \_\_\_\_\_

# Make A Difference Program - School Application

This application will be evaluated on several criteria, one of which is this list of the vendors that supply the school district with significant quantities of products and services, as well as other substantial businesses in the geographical area covered by the school district. This list will be used by Heart Productions & Publishing as the primary resource for locating Funding Partners to support bringing the MDPA Program into the schools.

## Category 1: Vendors that supply the school district with products or services:

Business Name	Type of Prod/Svc	Contact Name	Contact Phone
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____

## Category 2: Substantial Local Business that sell products or services to the community:

Also, if anyone in the school district hierarchy has a personal relationship with any business owner and is willing to give us a personal reference or introduction to any of the owners of these businesses, that would be very helpful.

Business Name	Type of Prod/Svc	Contact Name	Contact Phone
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____
_____	_____	_____	(____)____-_____

Print and fill in both pages. Fax to 603-382-1595