

COLLABORATIVE AGREEMENT
2017-2018

By signing this agreement, you will be committing to participate in the support program developed by the Collaborative to Support Initially Licensed Professionals.

Name of School System: _____

Superintendent: _____

Address: _____

Phone: _____

Fax: _____

Representative to Advisory Committee: _____

Number of 1st year BTs _____

Number of 2nd year BTs _____

Total number of BTs Year 1 and Year 2 _____

Rate of contribution formula-- \$750 (base) + (BTs X \$75)

Total contribution = _____

(Involvement of 3rd year ILPs is on a needs basis as identified by the LEA.)

Actual contribution calculated on September 1, 2017.

Payment due on September 15, 2017. Adjustments for revised number of ILTs to be made effective December 1, 2017 and due January 13, 2018.

Superintendent's Signature

Date

Make checks payable to Weldon City Schools (FedID: 56-6001132)

**Please submit check
and agreement form to:**

Ralph Evans, Director
Collaborative to Support Initially Licensed Professionals
P.O. Box 68
Hollister, NC 27844