



**Managing Advancement Programs (MAP) Partner Agreement
Between College Now Greater Cleveland and _____
(Insert name of organization)**

College Now Greater Cleveland Inc., a 501(c)(3) organization, currently located in Cleveland, Ohio (hereinafter “College Now”) has created the MAP (Managing Advancement Programs), a searchable database of available postsecondary training opportunities that lead to living wage employment, especially in high demand employment sectors, in Northeast Ohio (Cuyahoga, Lake, Lorain, Medina and Summit Counties). College Now will maintain the use of and the data within MAP and allow local agencies (both direct service providers and/or training providers) to use it, provided those agency employees are trained by College Now to use MAP effectively.

Direct service providers can utilize MAP to assist high school, college and adult students in pursuing postsecondary educational pathways that lead to living wage occupations. MAP will facilitate better advising for student or clients about occupations within high demand industries, and the corresponding training and education necessary to achieve those occupations.

Training providers will find MAP useful as a tool to better publicize the availability of their programs that lead to in-demand occupations. Training providers may apply for a MAP user account in order to monitor the information in MAP and must provide timely updates of their program details to College Now at least every six months.

Currently, only training and education programs that lead to in-demand occupations in the information technology, healthcare and manufacturing sectors appear in MAP. The intention is to continue to find and include all available programs in the five-county area in those three sectors, then add programs that lead to in-demand occupations in more industries.

College Now is not responsible for the accuracy of the data in MAP.

My Organization _____ covenants and agrees to indemnify, defend, and hold harmless College Now, (and its directors, officers and employees) and hold it (and such directors, officers and employees) harmless from and against any and all loss, liability (whether real or asserted) claims, demands, damages, expenses, costs (including legal fees), and causes of action of any nature incurred by College Now arising out of or in connection with this Partner Agreement and/or with the administration of its duties hereunder, including but not limited to, reasonable attorneys’ fees and other costs and expenses of defending or preparing to defend against any claim of liability unless and except to the extent such loss, liability, damage, cost

and expense shall be caused by College Now's gross negligence, bad faith or willful misconduct. This indemnification obligation shall survive the term of this Partner Agreement.

My Organization, _____, would like access to the MAP database for the following purpose(s) (please check all that apply):

_____ As a direct service provider to clients or students.

_____ As a training provider whose training or education program(s) will appear in the MAP database.

As a MAP direct service or training provider partner, my Organization will:

- Affirm that our organizational goals align with the MAP project's goal of increasing the number of adults and students enrolling in and completing postsecondary training and education that lead to family sustaining or living wage positions in high-demand industries.
- Arrange for any of our staff that will use MAP to receive a two-hour MAP database training provided by College Now.
- Track and report biannually the number of clients or students using MAP.
- Notify College Now of any incorrect data, training program updates, technology issues and/or recommendations for improvement, as these are discovered in using MAP.
- Remain informed about the MAP project so that our Organization can provide current, accurate MAP information and promote MAP accordingly among our clients and partner networks.
- Attend an annual MAP partner meeting hosted by College Now.

College Now will provide the following at no cost to all partner organizations, including (organization name) _____ :

- Unlimited use of the MAP database for your Organization's trained staff.
- Training to your staff, including new staff that are added after the initial training.
- Technical support for MAP database users.
- Quarterly updates of the training and education program data.
- A portal to provide regular recommendations for improvement and/or data corrections.
- The opportunity to be actively involved in an important collective movement that is working to significantly increase postsecondary education and job preparedness in our region.

Please complete the following fields to activate the MAP partnership. List the contact below who will coordinate the training schedule.

Organization: _____

Address: _____

Training facilitator name: _____

Training facilitator e-mail address: _____

Training facilitator phone number: _____

Number of MAP accounts desired: _____

First name: _____

Last name: _____

Email address: _____

First name: _____

Last name: _____

Email address: _____

First name: _____

Last name: _____

Email address: _____

First name: _____

Last name: _____

Email address: _____

First name: _____

Last name: _____

Email address: _____

First name: _____

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First name: _____

Last name: _____

Email address: _____

First name: _____

Last name: _____

Email address: _____

First name: _____

Last name: _____

Email address: _____

First name: _____

Last name: _____

Email address: _____

The parties agree and understand that the MAP Partner Agreement must be renewed annually. If the terms of the signed Partner Agreement are not met, _____ risks losing access to MAP.

By typing your name in the box below—which you hereby adopt as your electronic signature—you affirmatively consent and agree that you are signing this Partner Agreement electronically and your electronic signature on agreements and documents has the same effect as if you signed them in ink. You further agree that your electronic signature is the legal equivalent of your manual signature.

Authorized by:

Name (Printed)

Signature

Title

Organization

Date

Authorized by:

Julie Szeltner
Name (printed)

Signature

Senior Director of Adult Programs
Title

College Now Greater Cleveland
Organization

Date