DESCRIPTION OF NATURE OF CONSORTIUM RELATIONSHIP

An education consortium is an association of two or more school districts, school buildings, community schools or STEM schools pooling resources to share human and material assets and link academic and administrative resources with the objective of participating in the development and execution of a Straight A Fund grant application. A grant application submitted by an education consortium uses the shared resources of its members to achieve the goals of the grant application through cooperative purchasing, course sharing, professional development, information technology integration and/or faculty and staff networking. Unlike a partnership, each member of an education consortium is responsible for ensuring the Straight A Fund grant application is developed and executed according to the terms of the grant agreement with the Straight A Program Governing Board. Like individual grant applicants, an education consortium can partner with educational stakeholder(s) via a Partnership Agreement to accomplish the goals of the grant application.

In order to ensure the effective implementation of the Straight A Fund throughout the state, each education consortium must identify each member of the education consortium and attach a description of each respective member’s role and responsibilities. Additionally, a separate Description of Nature of Partnership must be submitted for any educational stakeholder(s) partnering with the education consortium.

Each member of the education consortium is responsible for the following assurances:

1. Be knowledgeable about the consortium’s Straight A Fund grant proposal and application, including advocacy of the Straight A Fund program.
2. Sign and accept the Straight A Program Grant Assurances.
3. Maintain familiarity with the consortium’s members and services to enhance the proposal, including specific goals and practices.
4. Demonstrate a commitment to clear roles and responsibilities of each consortium member as it relates to the grant proposal and application.
5. Sustain consistent communication among consortium members and stakeholders with a shared vision of the goals of the grant proposal. This includes participating in regularly scheduled meetings for project management and identifying areas for improvement.
6. Ensure consortium members have appropriate access to data for purposes of grant program improvement and evaluation in accordance with state and federal law.
7. Develop a clear project management plan to sustain the grant project over time.

Education Consortium Signatures

<table>
<thead>
<tr>
<th>Lead Applicant/Consortium Member</th>
<th>Secondary Applicant/Consortium Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Maggie Lynch</td>
<td>Name: Steve Barrett</td>
</tr>
<tr>
<td>Title: Superintendent, Auburn Career Center</td>
<td>Title: Superintendent, Kirtland Local</td>
</tr>
<tr>
<td>IRN: 051169</td>
<td>IRN: 947878</td>
</tr>
<tr>
<td>Phone: 440-357-7542</td>
<td>Phone: 440-256-3360</td>
</tr>
<tr>
<td>Email: <a href="mailto:mlynh@auburnec.org">mlynh@auburnec.org</a></td>
<td>Email: <a href="mailto:steve.barrett@kirtlandschools.org">steve.barrett@kirtlandschools.org</a></td>
</tr>
<tr>
<td>Address: 8140 Auburn Rd.</td>
<td>Address: 9252 Chillicothe Rd.</td>
</tr>
<tr>
<td>City: Concord</td>
<td>City: Kirtland</td>
</tr>
<tr>
<td>State: Ohio</td>
<td>State: Ohio</td>
</tr>
<tr>
<td>Zip: 44077</td>
<td>Zip: 44094</td>
</tr>
</tbody>
</table>

Sign: [Signature]
Date: 10-24-13

Sign: [Signature]
Date: 10/17/13
Consortium Member (if applicable)

Name: Matthew Miller
Title: Superintendent, Mentor Exempted Village
IRN: 045492
Phone: 440-255-4444
Email: mmiller@mentorschools.org
Address: 6451 Center Street
City: Mentor
State: Ohio
Zip: 44060

Sign: Matthew Miller
Date: 10/18/13

Consortium Member (if applicable)

Name: John Shepard
Title: Superintendent, Painesville City Local
IRN: 044628
Phone: 440-392-5060
Email: john.shepard@pcels.net
Address: 58 Jefferson Street
City: Painesville
State: Ohio
Zip: 44077

Sign: John Shepard
Date: 10-18-13

Consortium Member (if applicable)

Name: James Kalis
Title: Superintendent, Riverside Local
IRN: 047894
Phone: 440-352-0668
Email: james.kalis@riversideschools.net
Address: 585 Riverside Dr.
City: Painesville
State: Ohio
Zip: 44077

Sign: James Kalis
Date: 8/12/13

Consortium Member (if applicable)

Name: Jack Thompson
Title: Superintendent, Perry Local
IRN: 047902
Phone: 440-259-3881
Email: thompsoni@perry-lake.org
Address: 4325 Manchester Ave.
City: Perry
State: Ohio
Zip: 44081

Sign: Jack Thompson
Date: 10/18/13

Consortium Member (if applicable)

Name: James Costanza
Title: Superintendent, Wickliffe City
IRN: 045088
Phone: 440-943-6900
Email: james.costanza@wickliffeschools.org
Address: 2221 Rockefeller Road
City: Wickliffe
State: Ohio
Zip: 44092

Sign: James Costanza
Date: 10/23/13

Consortium Member (if applicable)

Name: Steve Thompson
Title: Superintendent, Willoughby-Eastlake City
IRN: 045104
Phone: 440-946-5000
Email: steve.thompson@weschools.org
Address: 37047 Ridge Road
City: Willoughby
State: Ohio
Zip: 44094

Sign: Steve Thompson
Date: 10/23/2013
DESCRIPTION OF NATURE OF PARTNERSHIP

A partnership is an association between a grant applicant and educational stakeholder(s) in which the stakeholder agrees to provide human and material assets or access to academic and administrative resources to the grant applicant to develop or execute a Straight A Fund grant application. However, in a partnership, only the grant applicant is responsible for ensuring the grant is developed and executed according to the terms of the grant agreement with the Straight A Program Governing Board. Grant applicant partners are responsible only to the extent provided in their Partnership Agreement with the grant applicant.

In order to ensure the effective implementation of the Straight A Fund throughout the state, applicants are encouraged to partner with education stakeholders. Each applicant must identify its partners and attach a description of each respective partner's roles and responsibilities.

Each member of the partnership is responsible for the following assurances:

1. Be knowledgeable about the applicant’s Straight A Fund grant proposal and application, including advocacy of the Straight A Fund program.
2. Maintain familiarity with the partner's services to enhance the proposal, including specific goals and practices.
3. Demonstrate a commitment to clear roles and responsibilities of each partner as it relates to the grant proposal and application.
4. Sustain consistent communication among partners and stakeholders with a shared vision of the goals of the grant proposal. This includes participating in regularly scheduled meetings for project management and identifying areas for improvement.
5. Ensure partners have appropriate access to data for purposes of grant program improvement and evaluation in accordance with state and federal law.
6. Develop a clear project management plan to sustain the project over time.

Partnership Signatures

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Primary Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Maggie Lynch</td>
<td>Name: Jan Morrison</td>
</tr>
<tr>
<td>Title: Superintendent, Auburn Career Center</td>
<td>Title: President &amp; CEO, TIES</td>
</tr>
<tr>
<td>IRN: 051169</td>
<td>IRN: [Redacted]</td>
</tr>
<tr>
<td>Phone: 440-357-7542</td>
<td>Phone: 443-421-1076</td>
</tr>
<tr>
<td>Email: <a href="mailto:mlyrch@auburncc.org">mlyrch@auburncc.org</a></td>
<td>Email: <a href="mailto:jannmorrison@tiesteach.org">jannmorrison@tiesteach.org</a></td>
</tr>
<tr>
<td>Address: 8140 Auburn Rd.</td>
<td>Address: PO Box 18050</td>
</tr>
<tr>
<td>City: Concord</td>
<td>City: Cleveland Heights</td>
</tr>
<tr>
<td>State: Ohio</td>
<td>State: Ohio</td>
</tr>
<tr>
<td>Zip: 44077</td>
<td>Zip: 440118</td>
</tr>
</tbody>
</table>

| Sign: [Signature] | Sign: [Signature] |
| Date: 10-24-13 | Date: 10-21-13 |
Secondary Partner (if applicable)

Name: Mark Rantala
Title: Exec. Director, Lake Co. Port Authority
Tax ID: _____
Phone: 440-357-2290
Email: m rantala@leport.org
Address: One Victoria Place, Suite 265A
City: Painesville
State: Ohio
Zip: 44077

Sign: Mark Rantala
Date: 10-23-13

Additional Partner (if applicable)

Name: Brian Bontempo
Title: Superintendent, Lake Co. ESC
IRN: 047860
Phone: 440-350-2563
Email: bbonemp@lakeesc.org
Address: 382 Blackbrook Rd.
City: Painesville
State: Ohio
Zip: 44077

Sign: Brian Bontempo
Date: 10-22-13

Additional Partner (if applicable)

Name: Dave Miller
Title: Senior Director, NORT2H
IRN: 048108
Phone: 440-324-3172
Email: miller@nort2h.org
Address: 1885 Lake Ave.
City: Elyria
State: Ohio
Zip: 44035

Sign: Dave Miller
Date: 10-31-13

Additional Partner (if applicable)

Name: Jana Holwick
Title: VP of Academic Affairs
IRN: _
Phone: 440-375-7252
Email: jholwick@lec.edu
Address: 391 West Washington St.
City: Painesville
State: Ohio
Zip: 44077

Sign: Jana Holwick
Date: 10-31-13

Additional Partner (if applicable)

Name: Margaret Bartow
Title: Lakeland Community College Exec. V.P.
IRN: Tax ID: 
Phone: 440-526-1181
Email: m bartow@lakelandcc.edu
Address: 7700 Clocktow Dr.
City: Kirtland
State: Ohio
Zip: 44094

Sign: Margaret Bartow
Date: 10-23-13

Additional Partner (if applicable)

Name: Karen Royer
Title: Chairperson, PSE
IRN: Tax ID:
Phone: 440-255-7489
Email: kroyer@lakeland.cc.edu
Address: c/o The Lakeland Foundation
City: Kirtland
State: Ohio
Zip: 44094

Sign: Karen Royer
Date: 10-23-13
Additional Partner (if applicable)

Name: Alyson Scott
Title: CFO, Fredon
IRN: Tax ID: [redacted]
Phone: 440-651-9200
Email: Alyson.Scott@Fredon.com
Address: 7911 Enterprise Dr., PO Box 500
City: Mentor
State: Ohio
Zip: 44061-0600

Sign: [Signature]
Date: 1/27/13

Additional Partner (if applicable)

Name: Gary Robinson
Title: V.P. Gov't & Community Affairs, Lake Health
IRN: [redacted]
Phone: 440-234-1113
Email: gary.robinson@lakehealth.org
Address: 7590 Auburn Rd.
City: Concord
State: Ohio
Zip: 44077

Sign: [Signature]
Date: 1/27/13

Additional Partner (if applicable)

Name: ______________________
Title: ______________________
IRN: ______________________
Phone: ______________________
Email: ______________________
Address: ______________________
City: ______________________
State: ______________________
Zip: ______________________

Sign: ______________________
Date: ______________________

Additional Partner (if applicable)

Name: ______________________
Title: ______________________
IRN: ______________________
Phone: ______________________
Email: ______________________
Address: ______________________
City: ______________________
State: ______________________
Zip: ______________________

Sign: ______________________
Date: ______________________