



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

Lead Applicant/Consortium Member

Name: MARGARET T. LYNCH
Title: SUPERINTENDENT
IRN: 051169
Phone: 440-358-8011
Email: mlynch@auburncc.org
Address: 8140 Auburn Road
City: Concord Twp
State: OH
Zip: 44037

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

Secondary Applicant/Consortium Member

Name: Jerome R. Brockway, Ph D
Title: Superintendent
IRN: 050815
Phone: 440-576-6015 ext. 1048
Email: jerome.brockway@alech.edu
Address: A-Tech / 1565 State Route 167
City: Jefferson
State: Ohio
Zip: 44047

Sign: [Signature]
Date: October 24, 2013



STRAIGHT FUND

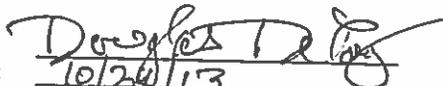
Consortium Member (if applicable)

Name: Mary D. Zappitelli
 Title: Superintendent
 IRN: 0244057
 Phone: 440-466-4831 X1175
 Email: mary.zappitelli@ncmsd.org
 Address: 135 S. Eagle St.
 City: Geneva
 State: OH
 Zip: 44041

Sign: 
 Date: 10/24/13

Consortium Member (if applicable)

Name: Berkshire Local Schools
 Title: Suprintendent
 IRN: 047167
 Phone: 440-834-3380
 Email: doug.delong@berkshireschools.org
 Address: 14259 Claridon Troy Road
 City: Burton
 State: Ohio
 Zip: 44021

Sign: 
 Date: 10/24/13

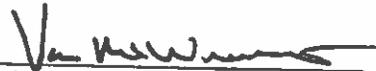
Consortium Member (if applicable)

Name: Jack Thompson
 Title: Supt. Perry Local
 IRN: 047962
 Phone: 440-259-9200
 Email: thompsonj@perry-lake.org
 Address: 4325 Manchester Rd
 City: Perry
 State: OH
 Zip: 44081

Sign: 
 Date: 10/24/13

Consortium Member (if applicable)

Name: Van McWreath
 Title: Harvey High School Principal
 IRN: 044628
 Phone: 440-392-5110
 Email: van.mcwreath@pcls.net
 Address: 200 W. Walnut street
 City: Painesville
 State: Ohio
 Zip: 44077

Sign: 
 Date: 10-24-2013

Consortium Member (if applicable)

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

Sign: _____
 Date: _____

Consortium Member (if applicable)

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

Sign: _____
 Date: _____



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.

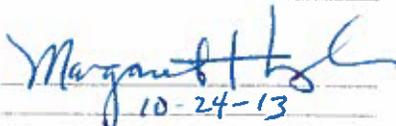
Each member of the partnership is responsible for the following assurances:

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

Applicant

Name: MARGARET I. LYNETT
 Title: SUPERINTENDENT
 IRN: 051169
 Phone: 440-358-8011
 Email: mlynette@auburncc.org
 Address: 8190 Auburn Road
 City: Concord Twp
 State: Ohio
 Zip: 44077

Sign: 
 Date: 10-24-13

Primary Partner

Name: ~~STUART~~ STUART MUSZYNSKI
 Title: PRESIDENT + CEO
 Tax ID/IRN: [REDACTED]
 Phone: 440-442-5683
 Email: stuartm@projectlove.org
 Address: 5244 MAYFIELD RD
 City: LYNCHURST
 State: OHIO
 Zip: 44124

Sign: 
 Date: 10/23/13



Partnership Signatures

Secondary Partner (if applicable)

Name: John N Rampe
 Title: CEO
 Tax ID/IRN: [REDACTED]
 Phone: 440-352-8995
 Email: jnr@torquetrans.com
 Address: 1246 High Street
 City: Fairport Harbor
 State: Ohio
 Zip: 44077
 Sign: *John N Rampe*
 Date: October 22, 2013

Secondary Partner (if applicable)

Name: Fran Broda
 Title: Store Manager
 Tax ID/IRN: [REDACTED]
 Phone: 216-378-2121
 Email: Fran.Broda@Nordstrom.com
 Address: 26200 Cedar Rd
 City: Beechwood
 State: OH
 Zip: 44122
 Sign: *M. Bruel*
 Date: 10/22/13

Secondary Partner (if applicable)

Name: ANDREW L. MEINHOLD
 Title: PRESIDENT
 Tax ID/IRN: [REDACTED]
 Phone: 440-203-8100
 Email: AMEINHOLD@LAKEONTONALBANK.COM
 Address: 7402 CENTER ST.
 City: MENTOR
 State: OHIO
 Zip: 44060
 Sign: *Andrew L. Meinhold*
 Date: 10/17/13

Secondary Partner (if applicable)

Dwellworks, LLC
 Name: Eugene A. Novak
 Title: Executive Vice President
 Tax ID/IRN: [REDACTED]
 Phone: 216.682.4337
 Email: gene.novak@dwellworks.com
 Address: 1317 Euclid Ave, Floor 2
 City: Cleveland
 State: Ohio
 Zip: 44115
 Sign: *Eugene A. Novak*
 Date: 10.22.2013

Secondary Partner (if applicable)

Name: BLUE TECHNOLOGIES
 Title: DIR of Comm
 Tax ID/IRN: [REDACTED]
 Phone: 216-211-4800
 Email: bpalamara@btallo.com
 Address: 5085 Grant Ave
 City: Cleveland
 State: Ohio
 Zip: 44105
 Sign: *bpalamara*
 Date: 10/23/13

Secondary Partner (if applicable)

Name: KEVIN J. CAMPANY
 Title: Chief Financial Officer
 Tax ID/IRN: [REDACTED]
 Phone: 440-451-3907
 Email: KCAMPANY@marasbrothers.com
 Address: 712 Joseph Louis Parkway
 City: Wickliffe, Ohio
 State: Ohio
 Zip: 44094
 Sign: *Kevin J. Campany*
 Date: 10/24/2013

Secondary Partner (if applicable)

Name: Greg Schmidt
 Title: Lead Manager of Workforce Initiatives
 Tax ID/IRN: [REDACTED]
 Phone: (518)265-5262
 Email: Gregory.Schmidt@CVSCaremark.com
 Address: 939 Route 146
 City: Clifton Park
 State: New York
 Zip: 12065
 Sign: *Greg Schmidt*

Secondary Partner (if applicable)

Name: Matthew Galemmo
 Title: Superintendent, Geauga Co. ESC
 Tax ID/IRN: 047159
 Phone: 440-279-1700
 Email: math.galemmo@geaugaesc.org
 Address: 470 Center St. Bldg #2
 City: Chardon
 State: OH
 Zip: 44024
 Sign: *Matthew Galemmo*
 Date: 10/24/13

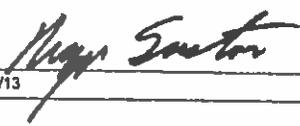
Date: October 24, 2013

Partnership Signatures

Secondary Partner (if applicable)

Name: Irving Rosner
Title: Partner
Tax ID/IRN: [REDACTED]
Phone: (216) 861-4211
Email: irosner@dworkenlaw.com
Address: 55 Public Square, Suite #950
City: Cleveland
State: Ohio
Zip: 44113
Sign: Irving Rosner, Partner
Date: 10/22/2013

Secondary Partner (if applicable)

Name: Roger Suster
Title: President, Board of Trustees - AWT Foundation
IRN: Tax ID [REDACTED]
Phone: (440) 951-5200
Email: Roger.Suster@fredon.com
Address: P.O. Box 600
City: Mentor
State: OH
Zip: 44061-0600
Sign: 
Date: 10/23/13

Name: _____
Title: _____
Tax ID/IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____
Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: _____
Title: _____
Tax ID/IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____
Sign: _____

Date: _____
Secondary Partner (if applicable)
Name: _____
Title: _____
Tax ID/IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____
Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: _____
Title: _____
Tax ID/IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____
Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: _____
Title: _____
Tax ID/IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____
Sign: _____
Date: _____

Secondary Partner (if applicable)

Name: _____
Title: _____
Tax ID/IRN: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
Zip: _____
Sign: _____