



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: The Autism Model School by Mary Walters
Title: Director
IRN: 134122
Phone: 419-897-4400
Email: mlw.model@gmail.com
Address: 3020 Tremainsville Road
City: Toledo
State: Ohio
Zip: 43613

Sign: [Signature]
Date: 10-25-13

Primary Partner

Name: The Univ. of Toledo by Barbaranne Benjamin, PhD
Title: Associate Dean, Health and Human Services
Tax ID/IRN: [Redacted]
Phone: 419.530.2757
Email: barbaranne.benjamin@utoledo.edu
Address: 2801 W Bancroft St HHS Bldg. Room 2400H
City: Toledo
State: Ohio
Zip: 43606

Sign: [Signature]
Date: 10-26-13



Secondary Applicant (if applicable)

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

Sign: _____
 Date: _____

Secondary Applicant (if applicable)

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

Sign: _____
 Date: _____

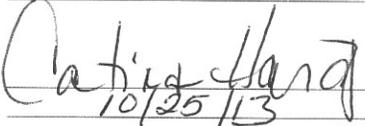
Secondary Applicant (if applicable)

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

Sign: _____
 Date: _____

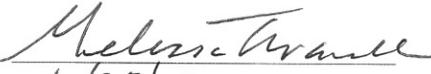
Secondary Partner (if applicable)

Name: The Great Lakes Autism Collaborative by Catina Harding
 Title: Executive Director
 Tax ID/IRN: [REDACTED]
 Phone: 419-654-0634
 Email: catina@bex.net
 Address: 2040 W. Central Avenue
 City: Toledo
 State: Ohio
 Zip: 43606

Sign: 
 Date: 10/25/13

Secondary Partner (if applicable)

Name: Promedica Early Intervention Program by Melissa Twarek
 Title: Director
 Tax ID/IRN: [REDACTED]
 Phone: 419-291-7039
 Email: Melissa.Twarek@ProMedica.org
 Address: 2040 W. Central Avenue
 City: Toledo
 State: Ohio
 Zip: 43606

Sign: 
 Date: 10/25/13

Secondary Partner (if applicable)

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

Sign: _____
 Date: _____

