



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.

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.

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.
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: Kent Polen
Title: Superintendent
IRN: 046425
Phone: 3303856831
Email: kent.polen@beaverlocal.org
Address: 13093 State Route 7
City: Lisbon
State: Ohio
Zip: 44432

Sign:
Date:

Secondary Applicant/Consortium Member

Name: James Herring
Title: Superintendent
IRN: 043919
Phone: 3303857132
Email: jherring@elcsd.k12.oh.us
Address: 810 West 8th Street
City: East Liverpool
State: Ohio
Zip: 43920

Sign:
Date:





Consortium Member (if applicable)

Name: Richard Bereschik
Title: Superintendent
IRN: 045039
Phone: 3305322643
Email: rbereschik@wellsville.k12.oh.us
Address: 929 Center Street
City: Wellsville
State: Ohio
Zip: 43068

Sign: *Richard E. Bereschik*
Date: 10-24-13

Consortium Member (if applicable)

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

Sign: _____
Date: _____

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